State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Filing at a Glance

Company:	RiverSource Life Insurance Company
Product Name:	Long Term Care
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	09/11/2014
SERFF Tr Num:	AERS-129718202
SERFF Status:	Closed-Approved and Filed
State Tr Num:	AERS-129718202
State Status:	Approved & Filed
Co Tr Num:	30160A 2014
Implementation Date Requested:	On Approval
Author(s):	Jeff Pederson, Cheryl Meyer, Kathleen Felton, Peg VanDrisse, Elaine Zurovski, Erik Stone, Lynn Blount
Reviewer(s):	Janet Houser (primary), Elsie Andy
Disposition Date:	04/06/2017
Disposition Status:	Approved and Filed
Implementation Date:	

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

General Information

Project Name: 30160A 2014
Project Number: 30160A 2014
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: Resubmission
Individual Market Type:
Filing Status Changed: 04/06/2017
State Status Changed: 04/06/2017
Created By: Cheryl Meyer
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Previous Filing Number: AERS-129644834
Overall Rate Impact: 17%
Deemer Date:
Submitted By: Cheryl Meyer
State Sub-TOI: LTC03I.001 Qualified

Filing Description:

The referenced rate filing is being submitted by RiverSource Life Insurance Company (previously IDS Life Insurance Company) for your review.

30160A-VA is an existing individual policy form providing benefits for confinement in a nursing home with home care services and was previously approved in 1997. The form was issued in Virginia from March 1998 through December 2000, and is no longer being marketed in any state, and, outside of Virginia was last issued in 2003.

For applications received May 19, 2000 and later, policies were issued with a different set of rates and endorsement form 32100, which changed the benefit trigger from 2 of 5 activities of daily living to 2 of 6 (bathing added as the sixth), provided for waiver of premium while receiving home care and allowed for a 20% spousal premium discount. This rate filing does not apply to policies with the endorsement.

The company is requesting the approval of a premium rate increase on the above-listed form and all associated riders. At this time, a premium rate increase of 17% is being requested for policies issued in Virginia without endorsement. Although a larger premium rate increase is currently supportable, to minimize the impact on policyowners to the extent we can, an increase of only 17% is being requested at this time. Unless emerging experience improves, we believe it likely that additional rate increases will be requested in the future.

As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on this form. A 33.1% increase was approved in June 2007 (filing number not readily available) and implemented as three consecutive annual increases of 10% on each contract's next policy anniversary beginning in December 2007. A 13% increase was approved in August 2012 (SERFF Tracking #AERS-127793983) and implemented on each contract's next policy anniversary beginning in December 2012.

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

The following electronic items are included in this submission:

• this cover letter;
• the Virginia Rate Revision Checklist;

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

• the Virginia Rate Request Summary;
• copies of sample policyholder notification letters and FAQ*;
• a letter from Milliman Inc. describing their involvement and review of this filing; and
• an Actuarial Memorandum and Rate Schedules.

* In the future, slight variations in policy letter and FAQ language may occur that do not materially change the information being provided to the policyholder.

The contact person for this filing is:

Cheryl Meyer
Senior Contract Analyst
9550 Ameriprise Financial Center
Minneapolis, MN 55474
(612) 671-5583
cheryl.d.meyer@ampf.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company

Company and Contact

Filing Contact Information

Cheryl Meyer, Sr. Manager - Insurance Product Filing
9550 Ameriprise Financial Center
H25/9550
Minneapolis, MN 55474

Cheryl.D.Meyer@ampf.com

612-671-5583 [Phone]
612-678-0034 [FAX]

Filing Company Information

RiverSource Life Insurance Company
9550 Ameriprise Financial Center, H22/9550
Minneapolis, MN 55474
(612) 671-2465 ext. [Phone]

CoCode: 65005
Group Code: 4
Group Name:
FEIN Number: 41-0823832

State of Domicile: Minnesota
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	04/06/2017	04/06/2017

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	11/14/2016	11/28/2016
Info has been requested from company	Janet Houser	05/04/2016	05/04/2016
Info has been requested from company	Janet Houser	02/22/2016	02/22/2016
Info has been requested from company	Janet Houser	11/09/2015	11/09/2015
Info has been requested from company	Janet Houser	07/13/2015	07/13/2015
Disapproved	Janet Houser	04/28/2015	04/28/2015
Disapproved	Janet Houser	04/27/2015	04/27/2015
Disapproved	Janet Houser	11/07/2014	11/07/2014
Disapproved	Janet Houser	10/16/2014	10/16/2014
Disapproved	Janet Houser	09/16/2014	09/17/2014

Response Letters

Responded By	Created On	Date Submitted
Cheryl Meyer	03/01/2017	03/01/2017
Cheryl Meyer	11/03/2016	11/03/2016
Kathleen Felton	04/13/2016	04/13/2016
Kathleen Felton	04/13/2016	04/13/2016
Cheryl Meyer	10/28/2015	11/05/2015
Cheryl Meyer	06/29/2015	06/29/2015
Cheryl Meyer	04/28/2015	04/28/2015
Cheryl Meyer	12/17/2014	12/17/2014
Cheryl Meyer	11/04/2014	11/04/2014
Cheryl Meyer	09/29/2014	09/29/2014

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Exhibit XVII from VA Revised Premiums 30160A 20161102VA ExhXIV Premiums 30160A	Cheryl Meyer	04/06/2017	04/06/2017
Supporting Document	Response 4-6-17	Cheryl Meyer	04/06/2017	04/06/2017

SERFF Tracking #:	AERS-129718202	**State Tracking #:**	AERS-129718202	**Company Tracking #:**	30160A 2014

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Response 3-21-17	Cheryl Meyer	03/21/2017	03/21/2017
Supporting Document	Response to obj letter dated 2-22-16 is included in the VA response letter dated 4-12-16	Kathleen Felton	04/13/2016	04/13/2016
Supporting Document	Response and Rate Summary	Cheryl Meyer	01/16/2015	01/16/2015

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
phone message 4/6/17	Note To Filer	Janet Houser	04/06/2017	04/06/2017
Rate/Rule Schedule	Note To Filer	Janet Houser	04/05/2017	04/05/2017
additional questions	Note To Filer	Janet Houser	03/21/2017	03/21/2017
Readability Certification	Note To Filer	Janet Houser	11/28/2016	11/28/2016
Updated Experiene Request	Note To Filer	Janet Houser	10/12/2016	10/12/2016
Updated Experience Request	Note To Reviewer	Cheryl Meyer	10/11/2016	10/11/2016
FAQ	Note To Reviewer	Cheryl Meyer	04/27/2016	04/27/2016
FAQ	Note To Filer	Janet Houser	04/26/2016	04/26/2016
Response - Note to filer of 10/30/15	Note To Reviewer	Cheryl Meyer	10/30/2015	10/30/2015
Policyholder letters	Note To Filer	Janet Houser	10/30/2015	10/30/2015
Response Note to Filer Attachment 3	Note To Reviewer	Cheryl Meyer	09/18/2015	09/18/2015
Attachment 3	Note To Filer	Janet Houser	09/18/2015	09/18/2015
Endorsement Language	Note To Filer	Janet Houser	03/10/2015	03/10/2015
Update on note to filer of 2/18/15 and 2/23/15	Note To Reviewer	Cheryl Meyer	02/26/2015	02/26/2015
Update to 2.18.15 Note to Filer	Note To Filer	Janet Houser	02/23/2015	02/23/2015
2/18/15 phone message	Note To Filer	Janet Houser	02/18/2015	02/18/2015
Rate Summary	Note To Filer	Janet Houser	01/15/2015	01/15/2015
12.16.14 Phone conversation with Anju Gupta-Lavey	Note To Filer	Janet Houser	12/17/2014	12/17/2014
RRS	Reviewer Note	Janet Houser	04/06/2017	
rate summary part 2	Reviewer Note	Janet Houser	02/05/2015	
rates	Reviewer Note	Janet Houser	01/06/2015	
Form 291524-VA	Reviewer Note	Janet Houser	01/05/2015	
Act Review	Reviewer Note	Janet Houser	09/30/2014	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Disposition

Disposition Date: 04/06/2017

Implementation Date:

Status: Approved and Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
RiverSource Life Insurance Company	159.600%	34.600%	$823,671	1,205	$2,388,758	34.600%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Cover Letter and Third Party Document	Received & Acknowledged	Yes
Supporting Document (revised)	LTC Rate Increase Policyholder Q&A	Received & Acknowledged	Yes
Supporting Document	NAIC Model Bulletin Information	Received & Acknowledged	Yes
Supporting Document	Response 9-29-14	Received & Acknowledged	Yes
Supporting Document	Response 11-4-14	Received & Acknowledged	Yes
Supporting Document	Response 12-17-14	Received & Acknowledged	Yes
Supporting Document	Response and Rate Summary	Received & Acknowledged	Yes
Supporting Document	Response 6-29-15	Received & Acknowledged	Yes
Supporting Document (revised)	Additional Examples of Policy Holder Letters	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Response 11-3-15	Received & Acknowledged	Yes
Supporting Document (revised)	Readability Certification	Received & Acknowledged	Yes
Supporting Document	John Doe versions of the Endorsement form 112459	Received & Acknowledged	Yes
Supporting Document	VA Response letter dated 4-12-16	Received & Acknowledged	Yes
Supporting Document	Response to obj letter dated 2-22-16 is included in the VA response letter dated 4-12-16	Received & Acknowledged	Yes
Supporting Document	Response 11-3-16 and red line documents	Received & Acknowledged	Yes

SERFF Tracking #: AERS-129718202 **State Tracking #:** AERS-129718202 **Company Tracking #:** 30160A 2014

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response 3-1-17	Received & Acknowledged	Yes
Supporting Document	Response 3-21-17	Received & Acknowledged	Yes
Supporting Document	Response 4-6-17	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Sample Policy Holder Letters	Withdrawn	Yes
Supporting Document	Additional Examples of Policy Holder Letters	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Readability Certification	Withdrawn	Yes
Form	Lont-Term Care Insurance Policy	Withdrawn	Yes
Form (revised)	LTC Waiver Policyholder Notification Letter	Filed	Yes
Form (revised)	LTC Non-waiver Policyholder Notification Letter	Filed	Yes
Form (revised)	Endorsement	Approved	Yes
Form	LTC Waiver Policyholder Notification Letter	Withdrawn	Yes
Form	LTC Waiver Policyholder Notification Letter	Withdrawn	Yes
Form	LTC Waiver Policyholder Notification Letter	Withdrawn	Yes
Form	LTC Non-waiver Policyholder Notification Letter	Withdrawn	Yes
Form	LTC Non-waiver Policyholder Notification Letter	Withdrawn	Yes
Form	LTC Non-waiver Policyholder Notification Letter	Withdrawn	Yes
Form	Endorsement	Withdrawn	Yes
Form	Endorsement	Withdrawn	Yes
Rate (revised)	VA ExhXIV Premiums 30160A	Approved	Yes
Rate (revised)	Exhibit XVII from VA Revised Premiums 30160A 20161102VA ExhXIV Premiums 30160A	Approved	Yes
Rate	VA ExhXIV Premiums 30160A	Withdrawn	Yes
Rate	CO ExhXIV_Premiums_30160A	Withdrawn	Yes
Rate	VA ExhXIV Premiums 30160A	Withdrawn	Yes

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/28/2016
Submitted Date	11/28/2016
Respond By Date	

Dear Cheryl Meyer,

Introduction:

As a result of the rate request revision, before additional consideration may be given, this new information presents the following concerns and /or questions:

1.Please explain the difference between Exhibit VIII on pages 34 and 35. Also, please provide the projection corresponding to Exhibit VIII but including the proposed increase.
2.14VAC5-200-150.B. requires the use of the greater of 60% or the originally expected loss ratio, which the Company has reported in Table 1 as 62.8%. Please modify the projection in Exhibit XV to use 62.8%.
3.Please provide a projection of future experience utilizing the actual policies in force at the projection date, but utilizing original assumptions for mortality, lapse, morbidity and interest from the projection date forward and utilizing the original premium scale with no increases.
4.Please provide an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the in force annualized premium for each state.
5.Please provide a projection including the proposed rate increase but without shock lapses and anti-selective morbidity adjustments.
6.Please indicate the average maximum valuation interest rate for the policies inforce.
7. Does the Company intend to implement this increase as a series or not? If so, changes would be needed in the policyholder letter, the Actuarial Memorandum, and rate schedules.
8. The response to objections regarding the endorsement form remain under review by the Forms Examiner. We will provide any concerns regarding the form as soon as such is available.
9. Please provide an updated Long Term Care Rate Request Summary reflecting the revised rate increase of 34.6%.

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:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/04/2016
Submitted Date	05/04/2016
Respond By Date	

Dear Cheryl Meyer,

Introduction:

Thank you for your recent response letter. Please address the following concerns:

Objection 1

- Statement of Variability (Supporting Document)

- Endorsement, 112459 (Form)

Comments: Please provide us with the minimum benefit for the Benefit Period variable field for the LTC Endorsement Form 112459.

Both the Exercised Nonforfeiture Option and the Exercised Contingent Benefit Upon Lapse sections of the form include the following language:

Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

If the policy is paid-up with a shortened benefit period, please explain how this benefit, would be applicable. Would a premium continue to be charged for such a benefit after the policy is paid-up?

Objection 2

- LTC Waiver Policyholder Notification Letter, 112016 (Form)

- LTC Non-waiver Policyholder Notification Letter, 112018 (Form)

Comments: For conformity with 14 VAC 5-200-185 D and for consistency with other RiverSource documents, the reference to contingent nonforfeiture benefit upon lapse should be contingent benefit upon lapse.

Objection 3

- Sample Policy Holder Letters (Supporting Document)

Comments: In further review of the Frequently Asked Questions document (FAQ), the following concerns should be addressed:

1) Please expand or modify the response to question 2 to incorporate all or part of the language used in the company's policyholder notification letter for the increase which is as follows:

"Rates are being raised on all policies like yours to offset 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 increased 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."

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

2) Question 8 is in regards to the options to "offset" the premium increase. It may be more accurate to state the available options to "reduce or eliminate" the premium increase.

3) Question 10 may be somewhat misleading and the answer should be expanded to indicate that although there may be no premium refund, it may be possible to maintain reduced paid up coverage, if eligible, under a nonforfeiture or contingent benefit option.

4) Question 14 speaks of taxes which is not something normally seen. For our purposes, would you provide more of an explanation as to the reason for this statement being included in the FAQ. We are not asking that it be removed.

.

Objection 4

- LTC Waiver Policyholder Notification Letter, 112016 (Form)

Comments: It does not appear the waiver letter has been amended as noted in your VA Response letter dated 4-12-16 under objection 3 :

Policy forms 112016 and 112018 have been revised to replace this current sentence:

Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

with the following sentence:

Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

Objection 5

- LTC Waiver Policyholder Notification Letter, 112016 (Form)

- LTC Non-waiver Policyholder Notification Letter, 112018 (Form)

Comments: Please indicate under "Lapsing your policy",that in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

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:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/22/2016
Submitted Date	02/22/2016
Respond By Date	

Dear Cheryl Meyer,

Introduction:

Although we have not received a reply to our November 9, 2015 objection letter, we do have an additional question. The proposed policyholder letter references Benefit Adjustments as an option to reduce the impact of the rate increase. It does not specifically mention an inflation rider, if applicable. If the insured requested a change in the inflation rider, please explain how the Company would adjust the benefit. For example, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

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:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/09/2015
Submitted Date	11/09/2015
Respond By Date	

Dear Cheryl Meyer,

Introduction:

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

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

Objection 1

- LTC Waiver Policyholder Notification Letter, 112016 (Form)

- LTC Non-waiver Policyholder Notification Letter, 112018 (Form)

- Endorsement, 112459 (Form)

Comments: Two letters have been submitted: a waiver and a non-waiver policyholder notification. The waiver letter does not contain the options available for reducing the rate increase as set forth in 14VAC5-200-75 D2. We realize until the person is no longer on waiver, the rate increase would not be effective; however, the letter should still contain the options for compliance with the regulations. The company may wish to combine the two letters into one and simply have the section entitled "Your premium payments currently waived" as variable information that would only be inserted if the policyholder was on waiver.

The company declined to include a statement that the insured has a right to a revised premium or rate schedule; however, this does not satisfy the requirement as set for in 14VAC5-200-75 D1. As a suggestion, it would seem logical to add this statement to the section entitled "Your new premium."

According to your November 4, 2014 correspondence, the company indicated it would not seek a rate increase for three years. This information should be included in the letter as information the policyholder should have.

Please confirm the FAQ is an enclosure and not part of the actual notification.

Please confirm the Long-Term Care Coverage Change Request Form will not be attached to the policy itself.

Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3 for the two policyholder letters and endorsement form.

Objection 2

- CO ExhXIV_Premiums_30160A, [30160A-VA, 30165A] (Rate)

Comments: According to the Rate/Rule Schedule, two forms are affected: 30160A-VA and 30165A. The rate attachment appears to only refer to Form 30160A-VA. Based on the prior SERFF filing Form AERS-127792983, form number 30165A is an optional nonforfeiture benefit rider and the rate is calculated as a percentage of the premium for the base policy form number 30160-VA. Please indicate on the rate schedule the percentage that is charged for this benefit rider and confirm the amount of such percentage is not changing.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection 3

- Statement of Variability (Supporting Document)

- Endorsement, 112459 (Form)

Comments: Please provide a Certification of Readability pursuant to 14VAC5-110-60.

The final version of the form should include all of the potential options as noted in the policyholder notification letter. The Statement of Variability (SOV) includes the Daily Benefit Amount, Benefit Period, Elimination Period, Benefit Increase Option, and Optional Home Care Rider elimination. Please be sure the SOV and bracketed information in the form correspond with each other.

Please provide John Doe versions of how the Endorsement will appear based on the changes made.

How is the policy updated if the policyholder exercises the nonforfeiture benefit rider or the contingent benefit upon lapse option?

Objection 4

- Statement of Variability (Supporting Document)

Comments: Please expand the Statement of Variability (SOV) to include all bracketed information in Form 112018. For example, there are brackets on page 2 of the letter for which there are no explanations.

The SOV indicates Virginia State Corporation Commission is bracketed in the letter; however, there are no brackets. We are unsure where the "Alternate Premium Amount" as noted in the SOV appears in the letter.

Please make sure both the brackets in both form letters and SOV correspond with each other.

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:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/13/2015
Submitted Date	07/13/2015
Respond By Date	

Dear Cheryl Meyer,

Introduction:

Thank you for providing updated policyholder letters as requested. Since this filing is still pending and would not be able to meet the 75 day notice as required in the revised regulations under 14VAC5-200-75, the letter must comply with all requirements noted in the revised regulation.

As a result, the following concerns must be addressed:

1) Please provide a Certification of Compliance for forms 112016 and 112018 in accordance with 14VAC5-100-40 3.

2) For compliance with 14VAC5-200-75 D1, please include a disclosure the insured has a right to a revised premium rate or rate schedule upon request.

3) For compliance with 14VAC5-200-75 D 2 b please include a disclosure that all options available to the policyholder may not be of equal value.

4) Please change the reference to the Virginia Bureau of Insurance to the Virginia State Corporation Commission.

5) To avoid any confusion regarding previous rate increases, the company may wish to clarify a rate increase for this policy form was approved in 2007 for 33.1% implemented over three years and another increase was approved 2012 for 13%.

As previously stated, 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. As of today such an endorsement form has not been forwarded for review. Please advise.

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:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	04/28/2015
Submitted Date	04/28/2015
Respond By Date	

Dear Cheryl Meyer,

Introduction:

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

There is no need for an extension. We will review the filing whenever the information is provided. I do, however, want to bring to your attention the following which may impact your submission since it questionable if the proposed rate increase would be approved prior to the revised regulations taking effect on policies renewing on or after September 1, 2015:

The commission recently 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 commission's 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. 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 A;
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;
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; 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 the 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.

Given the effective date of the regulation and the 75 day notice requirement, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised, for any policyholder notifications sent on or after September 1, 2015. Such policyholder notifications should be submitted in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a form number. Since such letters must be "filed", please attach the letters to the Form Schedule in SERFF.

Conclusion:

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

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 at 804-371-9390.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	04/27/2015
Submitted Date	04/27/2015
Respond By Date	

Dear Cheryl Meyer,

Introduction:

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

At this time we have not received a reply to our note to filer dated March 10, 2015. So that we may recommend this filing for approval, please advise when endorsement forms will be available for review.

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:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	11/07/2014
Submitted Date	11/07/2014
Respond By Date	

Dear Cheryl Meyer,

Introduction:

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

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

•Please provide a loss ratio projection similar to Exhibit VIII in the actuarial memorandum, but reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

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:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	10/16/2014
Submitted Date	10/16/2014
Respond By Date	

Dear Cheryl Meyer,

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:

1.Please explain the difference in the Incurred Claims for historical years between Attachment 1 and Exhibit VIII.

2.Please provide calculations of the statistical credibility of both the nationwide and Virginia-only incurred claims experience, including discussion of the Company's standard for full credibility.

3.While Exhibit XII provides information related to compliance with one section of the NAIC Model Bulletin, all aspects of the Bulletin have not been addressed. Please provide additional discussion of the Company's compliance with each section of the Model Bulletin.

4. The September 29, 2014 letter referred to SERFF tracking # AERS-129644834 in error. This filing was rejected and replaced with SERFF tracking # AERS-129718202. Please refer to this tracking number in the future.

5. According to your response to item 2 in your September 29, 2014 letter, the overall percent change indicated was updated to 112.9%; however, our filing continues to reflect 142%.

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:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	09/16/2014
Submitted Date	09/17/2014
Respond By Date	

Dear Cheryl Meyer,

Introduction:

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

We'll continue our review upon receipt of the company's responses. Let me know if you have any questions.

Has the company addressed all objections raised in the prior rate filing?

Please provide documentation supporting the company's assertion that a 142.00% rate increase is justified.

Please state the lifetime loss ratio anticipated in the original filing and, if applicable, an explanation why the current projected loss ratio is less than the originally anticipated.

Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction.

Please 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 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.

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

Please confirm Form #30165A is a nonforfeiture rider and there no other associated riders with the policy. It is our understanding from the previous rate filing, the premium for this rider is a percentage of the base policy. Will that percentage change with this rate request or stay the same?

Thank you for providing copies of the policyholder correspondence. It appears, however, on your other pending LTC rate filings, we have received updated letters under form numbers 13207 E(8/13) and 132106 E(8/13). Those letters have already been reviewed and issues resolved. We suggest the company may wish to use those letters for this filing as well. If not, please let us know as there are concerns that we would need to resolve with the company.

Please confirm how the policy is amended for any changes the policyholder requests. It is our understanding from a previous filing, a revised Schedule of Benefits is sent with a letter of confirmation. Please provide evidence the Schedule of Benefits was approved with such variability. Also, are any forms the insured signed to change the policy attached to the policy at a later date?

Conclusion:

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

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/01/2017
Submitted Date	03/01/2017

Dear Janet Houser,

Introduction:

Thank you for the letter of 11-14-16.

Response 1

Comments:

Please see the attached response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised_ActMem_30160A_20170301.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA Revised_ActMem_30160A_20161102.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA ActMem_30160A_20140909.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised_ActMem_30160A_20170301.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA Revised_ActMem_30160A_20161102.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA ActMem_30160A_20140909.pdf*

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Readability Certification -3-1-17.pdf
Previous Version	
Satisfied - Item:	*Readability Certification*
Comments:	*In response to objection #3 of your letter dated 11-09-15 is the Readability Certification.*
Attachment(s):	*VA Readability Certification - 4-13-16 prt.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised_ActMem_30160A_20170301.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA Revised_ActMem_30160A_20161102.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA ActMem_30160A_20140909.pdf*

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Readability Certification -3-1-17.pdf
Previous Version	
Satisfied - Item:	*Readability Certification*
Comments:	*In response to objection #3 of your letter dated 11-09-15 is the Readability Certification.*
Attachment(s):	*VA Readability Certification - 4-13-16 prt.pdf*

Satisfied - Item:	Response 3-1-17
Comments:	
Attachment(s):	VA Response_30160A_20170301.pdf VA Rate Request Summary_30160A_20170301.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Cheryl Meyer

SERFF Tracking #:	AERS-129718202	**State Tracking #:**	AERS-129718202	**Company Tracking #:**	30160A 2014

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/03/2016
Submitted Date	11/03/2016

Dear Janet Houser,

Introduction:

Thank you for the letter of 5-4-16.

Response 1

Comments:

Please see the attached response. We have also submitted a post submission update to reflect the revised rates.

Related Objection 1

Applies To:

- *Endorsement, 112459 (Form)*
- *Statement of Variability (Supporting Document)*

Comments: Please provide us with the minimum benefit for the Benefit Period variable field for the LTC Endorsement Form 112459.

Both the Exercised Nonforfeiture Option and the Exercised Contingent Benefit Upon Lapse sections of the form include the following language:

Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

If the policy is paid-up with a shortened benefit period, please explain how this benefit, would be applicable. Would a premium continue to be charged for such a benefit after the policy is paid-up?

Changed Items:

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Increase Policyholder Q&A
Comments:	
Attachment(s):	LTC Rate Increase Policyholder Q&A.Virginia.20161103.pdf
Previous Version	
Satisfied - Item:	*Sample Policy Holder Letters*
Comments:	
Attachment(s):	*Sample LTC Policyholder Notification Letter - On Waiver.VIRGINIA.pdf* *Sample LTC Policyholder Notification Letter - Not On Waiver.VIRGINIA.pdf* *LTC Rate Increase Policyholder Q&A.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Increase Policyholder Q&A
Comments:	
Attachment(s):	LTC Rate Increase Policyholder Q&A.Virginia.20161103.pdf
Previous Version	
Satisfied - Item:	*Sample Policy Holder Letters*
Comments:	
Attachment(s):	*Sample LTC Policyholder Notification Letter - On Waiver.VIRGINIA.pdf* *Sample LTC Policyholder Notification Letter - Not On Waiver.VIRGINIA.pdf* *LTC Rate Increase Policyholder Q&A.pdf*

Satisfied - Item:	Additional Examples of Policy Holder Letters
Comments:	
Attachment(s):	112016 A-John Doe.pdf 112016 B-John Doe.pdf 112016 C-John Doe.pdf 112016 D-John Doe.pdf 112016 E-John Doe.pdf 112016 F-John Doe.pdf 112016 G-John Doe.pdf 112016 H-John Doe.pdf 112018 M-John Doe.pdf 112018 N-John Doe.pdf 112018 O-John Doe.pdf 112018 P-John Doe.pdf 112018 Q-John Doe.pdf 112018 R-John Doe.pdf 112018 S-John Doe.pdf 112018 T-John Doe.pdf
Previous Version	
Satisfied - Item:	*Additional Examples of Policy Holder Letters*
Comments:	
Attachment(s):	*112016 A-John Doe.pdf* *112018 D-John Doe.pdf* *112018 E-John Doe.pdf* *112018 F-John Doe.pdf* *112018 G-John Doe.pdf* *112018 J-John Doe.pdf* *112018 K-John Doe.pdf* *112018 L-John Doe.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Increase Policyholder Q&A
Comments:	
Attachment(s):	LTC Rate Increase Policyholder Q&A.Virginia.20161103.pdf
Previous Version	
Satisfied - Item:	*Sample Policy Holder Letters*
Comments:	
Attachment(s):	*Sample LTC Policyholder Notification Letter - On Waiver.VIRGINIA.pdf* *Sample LTC Policyholder Notification Letter - Not On Waiver.VIRGINIA.pdf* *LTC Rate Increase Policyholder Q&A.pdf*

Satisfied - Item:	Additional Examples of Policy Holder Letters
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Attachment(s):	112016 A-John Doe.pdf 112016 B-John Doe.pdf 112016 C-John Doe.pdf 112016 D-John Doe.pdf 112016 E-John Doe.pdf 112016 F-John Doe.pdf 112016 G-John Doe.pdf 112016 H-John Doe.pdf 112018 M-John Doe.pdf 112018 N-John Doe.pdf 112018 O-John Doe.pdf 112018 P-John Doe.pdf 112018 Q-John Doe.pdf 112018 R-John Doe.pdf 112018 S-John Doe.pdf 112018 T-John Doe.pdf
Previous Version	
Satisfied - Item:	*Additional Examples of Policy Holder Letters*
Comments:	
Attachment(s):	*112016 A-John Doe.pdf* *112018 D-John Doe.pdf* *112018 E-John Doe.pdf* *112018 F-John Doe.pdf* *112018 G-John Doe.pdf* *112018 J-John Doe.pdf* *112018 K-John Doe.pdf* *112018 L-John Doe.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459 20161103.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 20161103.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*In response to the objection letter dated 11-09-15 are the revised SOV's for the form 112459 and letters 112016 and 112018.*
Attachment(s):	*SOV VA LTC Endorsement 112459 .20160301 final.pdf* *SOV for Virginia LTC Policyholder Letters 112016 112018 - 2-18-16.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *SOV for Virginia LTC Policyholder Letters 112016 112018.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV for Virginia LTC Policyholder Letters 6-29-15.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Increase Policyholder Q&A
Comments:	
Attachment(s):	LTC Rate Increase Policyholder Q&A.Virginia.20161103.pdf
Previous Version	
Satisfied - Item:	*Sample Policy Holder Letters*
Comments:	
Attachment(s):	*Sample LTC Policyholder Notification Letter - On Waiver.VIRGINIA.pdf* *Sample LTC Policyholder Notification Letter - Not On Waiver.VIRGINIA.pdf* *LTC Rate Increase Policyholder Q&A.pdf*

Satisfied - Item:	Additional Examples of Policy Holder Letters
Comments:	
Attachment(s):	112016 A-John Doe.pdf 112016 B-John Doe.pdf 112016 C-John Doe.pdf 112016 D-John Doe.pdf 112016 E-John Doe.pdf 112016 F-John Doe.pdf 112016 G-John Doe.pdf 112016 H-John Doe.pdf 112018 M-John Doe.pdf 112018 N-John Doe.pdf 112018 O-John Doe.pdf 112018 P-John Doe.pdf 112018 Q-John Doe.pdf 112018 R-John Doe.pdf 112018 S-John Doe.pdf 112018 T-John Doe.pdf
Previous Version	
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SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

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TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Satisfied - Item:	Statement of Variability
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Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *SOV for Virginia LTC Policyholder Letters 112016 112018.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV for Virginia LTC Policyholder Letters 6-29-15.pdf*

Satisfied - Item:	Response 11-3-16 and red line documents
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459 20161103 w changes.pdf 112016 LTC Waiver Policyholder Notification Letter - 20161102 red line prt.pdf 112018 LTC Non-Waiver Policyholder Notification Letter - 20161102 red line.pdf VA Response_30160A_20161103.pdf 112459 VA LTC Endorsement - clean 20161012 red line prt.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 20161103 w changes.pdf

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Increase Policyholder Q&A
Comments:	
Attachment(s):	LTC Rate Increase Policyholder Q&A.Virginia.20161103.pdf
Previous Version	
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Comments:	
Attachment(s):	*Sample LTC Policyholder Notification Letter - On Waiver.VIRGINIA.pdf* *Sample LTC Policyholder Notification Letter - Not On Waiver.VIRGINIA.pdf* *LTC Rate Increase Policyholder Q&A.pdf*

Satisfied - Item:	Additional Examples of Policy Holder Letters
Comments:	
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Previous Version	
Satisfied - Item:	*Additional Examples of Policy Holder Letters*
Comments:	
Attachment(s):	*112016 A-John Doe.pdf* *112018 D-John Doe.pdf* *112018 E-John Doe.pdf* *112018 F-John Doe.pdf* *112018 G-John Doe.pdf* *112018 J-John Doe.pdf* *112018 K-John Doe.pdf* *112018 L-John Doe.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459 20161103.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 20161103.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*In response to the objection letter dated 11-09-15 are the revised SOV's for the form 112459 and letters 112016 and 112018.*
Attachment(s):	*SOV VA LTC Endorsement 112459 .20160301 final.pdf* *SOV for Virginia LTC Policyholder Letters 112016 112018 - 2-18-16.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *SOV for Virginia LTC Policyholder Letters 112016 112018.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV for Virginia LTC Policyholder Letters 6-29-15.pdf*

Satisfied - Item:	Response 11-3-16 and red line documents
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459 20161103 w changes.pdf 112016 LTC Waiver Policyholder Notification Letter - 20161102 red line prt.pdf 112018 LTC Non-Waiver Policyholder Notification Letter - 20161102 red line.pdf VA Response_30160A_20161103.pdf 112459 VA LTC Endorsement - clean 20161012 red line prt.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 20161103 w changes.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised_ActMem_30160A_20161102.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA ActMem_30160A_20140909.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

SERFF Tracking #:	AERS-129718202	**State Tracking #:**	AERS-129718202	**Company Tracking #:**	30160A 2014

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter - 20161102 brkt prt.pdf	Date Submitted: 11/03/2016 By: Cheryl Meyer
Previous Version								
1	*LTC Waiver Policyholder Notification Letter*	*112016*	*OTH*	*Initial*		*40.700*	*112016 LTC Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf*	*Date Submitted: 04/13/2016 By: Kathleen Felton*
Previous Version								
1	*LTC Waiver Policyholder Notification Letter*	*112016*	*OTH*	*Initial*		*40.700*	*112016 LTC Waiver Policyholder Notification Letter.20151103 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*
Previous Version								
1	*LTC Waiver Policyholder Notification Letter*	*112016*	*OTH*	*Initial*		*40.700*	*112016 LTC Waiver Policyholder Notification Letter.20150629 brkt prt.pdf*	*Date Submitted: 06/29/2015 By: Cheryl Meyer*
2	LTC Non-waiver Policyholder Notification Letter	112018	OTH	Initial		40.600	112018 LTC Non-Waiver Policyholder Notification Letter - 20161102 brkt prt.pdf	Date Submitted: 11/03/2016 By: Cheryl Meyer
Previous Version								
2	*LTC Non-waiver Policyholder Notification Letter*	*112018*	*OTH*	*Initial*		*40.600*	*112018 LTC Non-Waiver Policyholder Notification*	*Date Submitted: 04/13/2016 By: Kathleen Felton*

SERFF Tracking #:	AERS-129718202	**State Tracking #:**	AERS-129718202	**Company Tracking #:**	30160A 2014

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter - 20161102 brkt prt.pdf	Date Submitted: 11/03/2016 By: Cheryl Meyer
							Letter.20160304 brktd - 3-04-16pdf.pdf	
Previous Version								
2	*LTC Non-waiver Policyholder Notification Letter*	*112018*	*OTH*	*Initial*		*40.600*	*112018 LTC Non-Waiver Policyholder Notification Letter.20151103 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*
Previous Version								
2	*LTC Non-waiver Policyholder Notification Letter*	*112018*	*OTH*	*Initial*		*40.600*	*112018 LTC Non-Waiver Policyholder Notification Letter.20150629 brkt prt.pdf*	*Date Submitted: 06/29/2015 By: Cheryl Meyer*
3	Endorsement	112459	POLA	Initial		46.400	112459 VA LTC Endorsement - clean 20161012 brkt prt.pdf	Date Submitted: 11/03/2016 By: Cheryl Meyer
Previous Version								
3	*Endorsement*	*112459*	*POLA*	*Initial*		*46.400*	*112459 VA LTC Endorsement.20160413 final doc brcktd prt.pdf*	*Date Submitted: 04/13/2016 By: Kathleen Felton*
Previous Version								
3	*Endorsement*	*112459*	*POLA*	*Initial*		*46.400*	*VA LTC Endorsement 112459 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA ExhXIV Premiums 30160A	30160A-VA	Revised	Previous State Filing Number: AERS-127792983 Percent Rate Change Request: 34.6	VA Revised_Premiums_30160A_20161102.pdf,	11/03/2016 By: Cheryl Meyer
Previous Version						
1	*VA ExhXIV Premiums 30160A*	*30160A-VA*	*Revised*	*Previous State Filing Number: AERS-127792983 Percent Rate Change Request: 17*	*VA ExhXIV_Premiums_30160A_20140909.pdf, VA Response_30160A_20160412- Attachment 1.pdf,*	*04/13/2016 By: Kathleen Felton*
Previous Version						
1	*CO ExhXIV_Premiums_30160A*	*30160A-VA, 30165A*	*Revised*	*Previous State Filing Number: AERS-127792983 Percent Rate Change Request: 17*	*VA ExhXIV_Premiums_30160A_20140909.pdf,*	*09/11/2014 By: Cheryl Meyer*

Response 2

Comments:

Please see the attached response in objection 1.

Related Objection 2

Applies To:

- *LTC Waiver Policyholder Notification Letter, 112016 (Form)*
- *LTC Non-waiver Policyholder Notification Letter, 112018 (Form)*

Comments: For conformity with 14 VAC 5-200-185 D and for consistency with other RiverSource documents, the reference to contingent nonforfeiture benefit upon lapse should be contingent benefit upon lapse.

Changed Items:

SERFF Tracking #:	AERS-129718202	**State Tracking #:**	AERS-129718202	**Company Tracking #:**	30160A 2014

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response in objection 1.

Related Objection 3

Applies To:

- Sample Policy Holder Letters (Supporting Document)

Comments: In further review of the Frequently Asked Questions document (FAQ), the following concerns should be addressed:

1) Please expand or modify the response to question 2 to incorporate all or part of the language used in the company's policyholder notification letter for the increase which is as follows:

"Rates are being raised on all policies like yours to offset 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 increased 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."

2) Question 8 is in regards to the options to "offset" the premium increase. It may be more accurate to state the available options to "reduce or eliminate" the premium increase.

3) Question 10 may be somewhat misleading and the answer should be expanded to indicate that although there may be no premium refund, it may be possible to maintain reduced paid up coverage, if eligible, under a nonforfeiture or contingent benefit option.

4) Question 14 speaks of taxes which is not something normally seen. For our purposes, would you provide more of an explanation as to the reason for this statement being included in the FAQ. We are not asking that it be removed.

.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the attached response in objection 1.

Related Objection 4

Applies To:

- LTC Waiver Policyholder Notification Letter, 112016 (Form)

Comments: It does not appear the waiver letter has been amended as noted in your VA Response letter dated 4-12-16 under objection 3 :

Policy forms 112016 and 112018 have been revised to replace this current sentence:

Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

with the following sentence:

Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see the attached response in objection 1.

Related Objection 5

Applies To:

- LTC Waiver Policyholder Notification Letter, 112016 (Form)
- LTC Non-waiver Policyholder Notification Letter, 112018 (Form)

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Comments: Please indicate under "Lapsing your policy",that in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Cheryl Meyer

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/13/2016
Submitted Date	04/13/2016

Dear Janet Houser,

Introduction:

Our response to this objection letter is included in our response letter dated 4-12-16.

Response 1

Comments:

Our response to this objection letter is included in our response letter dated 4-12-16.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thanks for your review of our filing.

Sincerely,
Kathleen Felton

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/13/2016
Submitted Date	04/13/2016

Dear Janet Houser,

Introduction:

See response letter dated 4-13-16 with the revised forms, SOV, Certification of Compliance, Certification of Readability, John Doe versions of the endorsement 112459, Attachment 1 under the Rate Rule schedule for 30160A.

Our response also includes our response to your letter dated 2-22-16.

Response 1

Comments:

See response letter dated 4-13-16 with the revised forms, SOV, Certification of Compliance, Certification of Readability, John Doe versions of the endorsement 112459, Attachment 1 under the Rate Rule schedule for 30160A.

Related Objection 1

Applies To:

- *Endorsement, 112459 (Form)*
- *LTC Waiver Policyholder Notification Letter, 112016 (Form)*
- *LTC Non-waiver Policyholder Notification Letter, 112018 (Form)*

SERFF Tracking #:	AERS-129718202	**State Tracking #:**	AERS-129718202	**Company Tracking #:**	30160A 2014

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Comments: Two letters have been submitted: a waiver and a non-waiver policyholder notification. The waiver letter does not contain the options available for reducing the rate increase as set forth in 14VAC5-200-75 D2. We realize until the person is no longer on waiver, the rate increase would not be effective; however, the letter should still contain the options for compliance with the regulations. The company may wish to combine the two letters into one and simply have the section entitled "Your premium payments currently waived" as variable information that would only be inserted if the policyholder was on waiver.

The company declined to include a statement that the insured has a right to a revised premium or rate schedule; however, this does not satisfy the requirement as set for in 14VAC5-200-75 D1. As a suggestion, it would seem logical to add this statement to the section entitled "Your new premium."

According to your November 4, 2014 correspondence, the company indicated it would not seek a rate increase for three years. This information should be included in the letter as information the policyholder should have.

Please confirm the FAQ is an enclosure and not part of the actual notification.

Please confirm the Long-Term Care Coverage Change Request Form will not be attached to the policy itself.

Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3 for the two policyholder letters and endorsement form.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #: AERS-129718202 **State Tracking #:** AERS-129718202 **Company Tracking #:** 30160A 2014

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
Previous Version								
1	*LTC Waiver Policyholder Notification Letter*	*112016*	*OTH*	*Initial*		*40.700*	*112016 LTC Waiver Policyholder Notification Letter.20151103 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*
Previous Version								
1	*LTC Waiver Policyholder Notification Letter*	*112016*	*OTH*	*Initial*		*40.700*	*112016 LTC Waiver Policyholder Notification Letter.20150629 brkt prt.pdf*	*Date Submitted: 06/29/2015 By: Cheryl Meyer*
2	LTC Non-waiver Policyholder Notification Letter	112018	OTH	Initial		40.600	112018 LTC Non-Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
Previous Version								
2	*LTC Non-waiver Policyholder Notification Letter*	*112018*	*OTH*	*Initial*		*40.600*	*112018 LTC Non-Waiver Policyholder Notification Letter.20151103 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*
Previous Version								
2	*LTC Non-waiver Policyholder Notification Letter*	*112018*	*OTH*	*Initial*		*40.600*	*112018 LTC Non-Waiver Policyholder*	*Date Submitted: 06/29/2015 By: Cheryl Meyer*

SERFF Tracking #: AERS-129718202 **State Tracking #:** AERS-129718202 **Company Tracking #:** 30160A 2014

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
							Notification Letter.20150629 brkt prt.pdf	
3	Endorsement	112459	POLA	Initial		46.400	112459 VA LTC Endorsement.20160413 final doc brcktd prt.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
Previous Version								
3	*Endorsement*	*112459*	*POLA*	*Initial*		*46.400*	*VA LTC Endorsement 112459 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*

No Rate/Rule Schedule items changed.

Response 2

Comments:

See response letter dated 4-13-16 with the revised forms, SOV, Certification of Compliance, Certification of Readability, John Doe versions of the endorsement 112459, Attachment 1 under the Rate Rule schedule for 30160A.

Related Objection 2

Applies To:

- CO ExhXIV_Premiums_30160A, [30160A-VA, 30165A] (Rate)

Comments: According to the Rate/Rule Schedule, two forms are affected: 30160A-VA and 30165A. The rate attachment appears to only refer to Form 30160A-VA. Based on the prior SERFF filing Form AERS-127792983, form number 30165A is an optional nonforfeiture benefit rider and the rate is calculated as a percentage of the premium for the base policy form number 30160-VA. Please indicate on the rate schedule the percentage that is charged for this benefit rider and confirm the amount of such percentage is not changing.

Changed Items:

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA ExhXIV Premiums 30160A	30160A-VA	Revised	Previous State Filing Number: AERS-127792983 Percent Rate Change Request: 17	VA ExhXIV_Premiums_30160A_20140909.pdf, VA Response_30160A_20160412- Attachment 1.pdf,	04/13/2016 By: Kathleen Felton
Previous Version						
1	*CO ExhXIV_Premiums_30160A*	*30160A-VA, 30165A*	*Revised*	*Previous State Filing Number: AERS-127792983 Percent Rate Change Request: 17*	*VA ExhXIV_Premiums_30160A_20140909.pdf,*	*09/11/2014 By: Cheryl Meyer*

Response 3

Comments:

See response letter dated 4-13-16 with the revised forms, SOV, Certification of Compliance, Certification of Readability, John Doe versions of the endorsement 112459, Attachment 1 under the Rate Rule schedule for 30160A.

Related Objection 3

Applies To:

- *Endorsement, 112459 (Form)*
- *Statement of Variability (Supporting Document)*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Comments: Please provide a Certification of Readability pursuant to 14VAC5-110-60.

The final version of the form should include all of the potential options as noted in the policyholder notification letter. The Statement of Variability (SOV) includes the Daily Benefit Amount, Benefit Period, Elimination Period, Benefit Increase Option, and Optional Home Care Rider elimination. Please be sure the SOV and bracketed information in the form correspond with each other.

Please provide John Doe versions of how the Endorsement will appear based on the changes made.

How is the policy updated if the policyholder exercises the nonforfeiture benefit rider or the contingent benefit upon lapse option?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	In response to the objection letter dated 11-09-15 are the revised SOV's for the form 112459 and letters 112016 and 112018.
Attachment(s):	SOV VA LTC Endorsement 112459 .20160301 final.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 2-18-16.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *SOV for Virginia LTC Policyholder Letters 112016 112018.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV for Virginia LTC Policyholder Letters 6-29-15.pdf*

SERFF Tracking #: AERS-129718202 **State Tracking #:** AERS-129718202 **Company Tracking #:** 30160A 2014

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Endorsement	112459	POLA	Initial		46.400	112459 VA LTC Endorsement.20160413 final doc brcktd prt.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
Previous Version								
1	*Endorsement*	*112459*	*POLA*	*Initial*		*46.400*	*VA LTC Endorsement 112459 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*

No Rate/Rule Schedule items changed.

Response 4

Comments:

See response letter dated 4-13-16 with the revised forms, SOV, Certification of Compliance, Certification of Readability, John Doe versions of the endorsement 112459, Attachment 1 under the Rate Rule schedule for 30160A.

Related Objection 4

Applies To:

- Statement of Variability (Supporting Document)

Comments: Please expand the Statement of Variability (SOV) to include all bracketed information in Form 112018. For example, there are brackets on page 2 of the letter for which there are no explanations.

The SOV indicates Virginia State Corporation Commission is bracketed in the letter; however, there are no brackets. We are unsure where the "Alternate Premium Amount" as noted in the SOV appears in the letter.

Please make sure both the brackets in both form letters and SOV correspond with each other.

Changed Items:

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	In response to your objection letter dated 11-09-15 is the revised VA Certification of Compliance for the forms 112016, 112018 and 112459.
Attachment(s):	VA Certification of Compliance - 4-13-16 prt.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Rate_Revision_Checklist_30160A_20140909.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	In response to your objection letter dated 11-09-15 is the revised VA Certification of Compliance for the forms 112016, 112018 and 112459.
Attachment(s):	VA Certification of Compliance - 4-13-16 prt.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Rate_Revision_Checklist_30160A_20140909.pdf*

Satisfied - Item:	John Doe versions of the Endorsement form 112459
Comments:	In response to objection #3, attached are the John Doe versions of how the endorsement form 112459 will appear based on the changes made.
Attachment(s):	112459 VA LTC Endorsement.John Doe A 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe B 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe C 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe D 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe E 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Q 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe R 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe S 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe T 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe U 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe V 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe W 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe X 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Y 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Z 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe F 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe G 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe H 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe J 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe K 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe L 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe M 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe N 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe O 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe P 4.12.16 pdf prt.pdf

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	In response to your objection letter dated 11-09-15 is the revised VA Certification of Compliance for the forms 112016, 112018 and 112459.
Attachment(s):	VA Certification of Compliance - 4-13-16 prt.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Rate_Revision_Checklist_30160A_20140909.pdf*

Satisfied - Item:	John Doe versions of the Endorsement form 112459
Comments:	In response to objection #3, attached are the John Doe versions of how the endorsement form 112459 will appear based on the changes made.
Attachment(s):	112459 VA LTC Endorsement.John Doe A 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe B 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe C 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe D 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe E 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Q 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe R 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe S 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe T 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe U 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe V 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe W 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe X 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Y 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Z 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe F 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe G 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe H 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe J 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe K 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe L 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe M 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe N 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe O 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe P 4.12.16 pdf prt.pdf

Satisfied - Item:	VA Response letter dated 4-12-16
Comments:	The attachment 1 provided with this response letter is also located under the Rate/Rule Schedule.
Attachment(s):	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

	VA Response_30160A_20160412.pdf

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	In response to your objection letter dated 11-09-15 is the revised VA Certification of Compliance for the forms 112016, 112018 and 112459.
Attachment(s):	VA Certification of Compliance - 4-13-16 prt.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Rate_Revision_Checklist_30160A_20140909.pdf*

Satisfied - Item:	John Doe versions of the Endorsement form 112459
Comments:	In response to objection #3, attached are the John Doe versions of how the endorsement form 112459 will appear based on the changes made.
Attachment(s):	112459 VA LTC Endorsement.John Doe A 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe B 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe C 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe D 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe E 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Q 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe R 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe S 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe T 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe U 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe V 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe W 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe X 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Y 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Z 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe F 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe G 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe H 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe J 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe K 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe L 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe M 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe N 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe O 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe P 4.12.16 pdf prt.pdf

Satisfied - Item:	VA Response letter dated 4-12-16
Comments:	The attachment 1 provided with this response letter is also located under the Rate/Rule Schedule.
Attachment(s):	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

	VA Response_30160A_20160412.pdf

Satisfied - Item:	Statement of Variability
Comments:	In response to the objection letter dated 11-09-15 are the revised SOV's for the form 112459 and letters 112016 and 112018.
Attachment(s):	SOV VA LTC Endorsement 112459 .20160301 final.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 2-18-16.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *SOV for Virginia LTC Policyholder Letters 112016 112018.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV for Virginia LTC Policyholder Letters 6-29-15.pdf*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	In response to your objection letter dated 11-09-15 is the revised VA Certification of Compliance for the forms 112016, 112018 and 112459.
Attachment(s):	VA Certification of Compliance - 4-13-16 prt.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Rate_Revision_Checklist_30160A_20140909.pdf*

Satisfied - Item:	John Doe versions of the Endorsement form 112459
Comments:	In response to objection #3, attached are the John Doe versions of how the endorsement form 112459 will appear based on the changes made.
Attachment(s):	112459 VA LTC Endorsement.John Doe A 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe B 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe C 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe D 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe E 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Q 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe R 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe S 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe T 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe U 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe V 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe W 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe X 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Y 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Z 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe F 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe G 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe H 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe J 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe K 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe L 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe M 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe N 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe O 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe P 4.12.16 pdf prt.pdf

Satisfied - Item:	VA Response letter dated 4-12-16
Comments:	The attachment 1 provided with this response letter is also located under the Rate/Rule Schedule.
Attachment(s):	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

	VA Response_30160A_20160412.pdf

Satisfied - Item:	Statement of Variability
Comments:	In response to the objection letter dated 11-09-15 are the revised SOV's for the form 112459 and letters 112016 and 112018.
Attachment(s):	SOV VA LTC Endorsement 112459 .20160301 final.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 2-18-16.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *SOV for Virginia LTC Policyholder Letters 112016 112018.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV for Virginia LTC Policyholder Letters 6-29-15.pdf*

Satisfied - Item:	Readability Certification
Comments:	In response to objection #3 of your letter dated 11-09-15 is the Readability Certification.
Attachment(s):	VA Readability Certification - 4-13-16 prt.pdf

SERFF Tracking #: AERS-129718202 **State Tracking #:** AERS-129718202 **Company Tracking #:** 30160A 2014

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
Previous Version								
1	*LTC Waiver Policyholder Notification Letter*	*112016*	*OTH*	*Initial*		*40.700*	*112016 LTC Waiver Policyholder Notification Letter.20151103 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*
Previous Version								
1	*LTC Waiver Policyholder Notification Letter*	*112016*	*OTH*	*Initial*		*40.700*	*112016 LTC Waiver Policyholder Notification Letter.20150629 brkt prt.pdf*	*Date Submitted: 06/29/2015 By: Cheryl Meyer*
2	LTC Non-waiver Policyholder Notification Letter	112018	OTH	Initial		40.600	112018 LTC Non-Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
Previous Version								
2	*LTC Non-waiver Policyholder Notification Letter*	*112018*	*OTH*	*Initial*		*40.600*	*112018 LTC Non-Waiver Policyholder Notification Letter.20151103 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*
Previous Version								
2	*LTC Non-waiver Policyholder Notification Letter*	*112018*	*OTH*	*Initial*		*40.600*	*112018 LTC Non-Waiver Policyholder*	*Date Submitted: 06/29/2015 By: Cheryl Meyer*

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
							Notification Letter.20150629 brkt prt.pdf	
3	Endorsement	112459	POLA	Initial		46.400	112459 VA LTC Endorsement.20160413 final doc brcktd prt.pdf	Date Submitted: 04/13/2016 By: Kathleen Felton
Previous Version								
3	*Endorsement*	*112459*	*POLA*	*Initial*		*46.400*	*VA LTC Endorsement 112459 brkt prt.pdf*	*Date Submitted: 11/05/2015 By: Cheryl Meyer*

SERFF Tracking #: AERS-129718202 **State Tracking #:** AERS-129718202 **Company Tracking #:** 30160A 2014

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA ExhXIV Premiums 30160A	30160A-VA	Revised	Previous State Filing Number: AERS-127792983 Percent Rate Change Request: 17	VA ExhXIV_Premiums_30160A_20140909.pdf, VA Response_30160A_20160412- Attachment 1.pdf,	04/13/2016 By: Kathleen Felton
Previous Version						
1	*CO ExhXIV_Premiums_30160A*	*30160A-VA, 30165A*	*Revised*	*Previous State Filing Number: AERS-127792983 Percent Rate Change Request: 17*	*VA ExhXIV_Premiums_30160A_20140909.pdf,*	*09/11/2014 By: Cheryl Meyer*
2	VA ExhXIV Premiums 30160A	30165A	Other	Previous State Filing Number: Rate Action Other Explanation: X% of the premium where the percentage rate is the same as at the time the policy was originally issued		04/13/2016 By: Kathleen Felton

Conclusion:

Thanks for your continued review of our filing.

Kathy

Sincerely,

Kathleen Felton

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/28/2015
Submitted Date	11/05/2015

Dear Janet Houser,

Introduction:

Thank you for the letter of 7/13/15.

Response 1

Comments:

Please see the attached response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 11-3-15
Comments:	AWAIT ANJU'S RESPONSE DOCUMENT
Attachment(s):	VA Response_30160A_20151103.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 11-3-15
Comments:	AWAIT ANJU'S RESPONSE DOCUMENT
Attachment(s):	VA Response_30160A_20151103.pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf SOV for Virginia LTC Policyholder Letters 112016 112018.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*SOV for Virginia LTC Policyholder Letters 6-29-15.pdf*

SERFF Tracking #: AERS-129718202 **State Tracking #:** AERS-129718202 **Company Tracking #:** 30160A 2014

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter.20151103 brkt prt.pdf	Date Submitted: 11/05/2015 By: Cheryl Meyer
Previous Version								
1	*LTC Waiver Policyholder Notification Letter*	*112016*	*OTH*	*Initial*		*40.700*	*112016 LTC Waiver Policyholder Notification Letter.20150629 brkt prt.pdf*	*Date Submitted: 06/29/2015 By: Cheryl Meyer*
2	LTC Non-waiver Policyholder Notification Letter	112018	OTH	Initial		40.600	112018 LTC Non-Waiver Policyholder Notification Letter.20151103 brkt prt.pdf	Date Submitted: 11/05/2015 By: Cheryl Meyer
Previous Version								
2	*LTC Non-waiver Policyholder Notification Letter*	*112018*	*OTH*	*Initial*		*40.600*	*112018 LTC Non-Waiver Policyholder Notification Letter.20150629 brkt prt.pdf*	*Date Submitted: 06/29/2015 By: Cheryl Meyer*
3	Endorsement	112459	POLA	Initial		46.400	VA LTC Endorsement 112459 brkt prt.pdf	Date Submitted: 11/05/2015 By: Cheryl Meyer

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Cheryl Meyer

SERFF Tracking #:	AERS-129718202	**State Tracking #:**	AERS-129718202	**Company Tracking #:**	30160A 2014

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/29/2015
Submitted Date	06/29/2015

Dear Janet Houser,

Introduction:

Thank you for the letter of 4-28-15.

Response 1

Comments:

Please see the attached response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 6-29-15
Comments:	
Attachment(s):	VA Response_30160A_20150629.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 6-29-15
Comments:	
Attachment(s):	VA Response_30160A_20150629.pdf

Satisfied - Item:	Additional Examples of Policy Holder Letters
Comments:	
Attachment(s):	112016 A-John Doe.pdf 112018 D-John Doe.pdf 112018 E-John Doe.pdf 112018 F-John Doe.pdf 112018 G-John Doe.pdf 112018 J-John Doe.pdf 112018 K-John Doe.pdf 112018 L-John Doe.pdf

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 6-29-15
Comments:	
Attachment(s):	VA Response_30160A_20150629.pdf

Satisfied - Item:	Additional Examples of Policy Holder Letters
Comments:	
Attachment(s):	112016 A-John Doe.pdf 112018 D-John Doe.pdf 112018 E-John Doe.pdf 112018 F-John Doe.pdf 112018 G-John Doe.pdf 112018 J-John Doe.pdf 112018 K-John Doe.pdf 112018 L-John Doe.pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV for Virginia LTC Policyholder Letters 6-29-15.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter.20150629 brkt prt.pdf	Date Submitted: 06/29/2015 By: Cheryl Meyer
2	LTC Non-waiver Policyholder Notification Letter	112018	OTH	Initial		40.600	112018 LTC Non-Waiver Policyholder Notification Letter.20150629 brkt prt.pdf	Date Submitted: 06/29/2015 By: Cheryl Meyer

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

SERFF Tracking #:	AERS-129718202	**State Tracking #:**	AERS-129718202	**Company Tracking #:**	30160A 2014

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Sincerely,
Cheryl Meyer

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/28/2015
Submitted Date	04/28/2015

Dear Janet Houser,

Introduction:

Thank you for the letter of 4-27-2015.

Response 1

Comments:

Thank you for your follow-up. We are still working on the content of the endorsement and determining the administrative systems enhancements necessary to support its delivery. Please extend the review period an additional 30 days so we may make a more complete response.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.
Sincerely,
Cheryl Meyer

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/17/2014
Submitted Date	12/17/2014

Dear Janet Houser,

Introduction:

Thank you for the letter of 11/7/14 and the note to filer of 12/17/14.

Response 1

Comments:

Please see the attached response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 12-17-14
Comments:	
Attachment(s):	VA Response_30160A_20141217.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Cheryl Meyer

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/04/2014
Submitted Date	11/04/2014

Dear Janet Houser,

Introduction:

Thank you for the letter of 10/16/14.

Response 1

Comments:

Please see the attached response. We have also submitted a post submission update to amend the Overall Percent Indicated Change to 112.9%

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 11-4-14
Comments:	
Attachment(s):	VA Response_30160A_20141104.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Cheryl Meyer

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/29/2014
Submitted Date	09/29/2014

Dear Janet Houser,

Introduction:

Thank you for the letter of 9-16-14.

Response 1

Comments:

Please see the attached response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 9-29-14
Comments:	
Attachment(s):	VA Response_30160A_20140929.pdf Revised Sample LTC Policyholder Notification Letter - On Waiver.pdf Revised Sample LTC Policyholder Notification Letter - Not On Waiver.pdf 30160A-VA sm.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Cheryl Meyer

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Amendment Letter

Submitted Date: 04/06/2017

Comments:

RE: Rate/Rule Schedule 30165A

Thank you for the note to filer and phone call today. We have added back in a line item for 30165A with the respective attached premium schedule. Thank you for your review of this filing. We appreciate the work you do.

Best Regards,
Cheryl Meyer

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Exhibit XVII from VA Revised Premiums 30160A 20161102VA ExhXIV Premiums 30160A	30165A	Other	Previous State Filing Number: AERS-127792983 Rate Action Other Explanation: X% of the premium where the percentage rate is the same as at the time the policy was originally issued	Exhibit XVII from VA Revised_Premiums_30160A_20161102 (1).pdf,	04/06/2017 By:
Previous Version						
1	*VA ExhXIV Premiums 30160A*	*30165A*	*Other*	*Previous State Filing Number:* *Rate Action Other Explanation:* *X% of the premium where the percentage rate is the same as at the time the policy was originally issued*		*04/13/2016* *By: Kathleen Felton*

No Supporting Documents Changed.

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Amendment Letter

Submitted Date: 04/06/2017

Comments:

RE: Response Note to Filer

Thank you for the note to filer of 4/52017. Please see the attached response. We have submitted a post submission update to revise the rate schedule accordingly.

Best Regards,
Cheryl Meyer

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 4-6-17
Comments:	
Attachment(s):	VA Response_30160A_20170405.pdf Revised VA Long Term Care Insurance Rate Request Summary_30160A_20170405.pdf

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Amendment Letter

Submitted Date: 03/21/2017

Comments:

Thank you for the note to filer today. Please see the attached response.

Best Regards,
Cheryl Meyer

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 3-21-17
Comments:	
Attachment(s):	VA Response_30160A_20170321.pdf

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Amendment Letter

Submitted Date: 04/13/2016

Comments:

comment regarding response to objection letter dated 2-22-16.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to obj letter dated 2-22-16 is included in the VA response letter dated 4-12-16
Comments:	Response to obj letter dated 2-22-16 is included in the VA response letter dated 4-12-16
Attachment(s):	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Amendment Letter

Submitted Date: 01/16/2015

Comments:

Re: Rate Request Summary

Thank you for the phone call and note to reviewer of 1/14/15. Please see the attached information.

Best Regards,
Cheryl Meyer

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response and Rate Summary
Comments:	
Attachment(s):	VA Response_30160A_20150116.pdf VA Rate Request Summary_30160A_20150116.pdf

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Filer

Created By:

Janet Houser on 04/06/2017 01:38 PM

Last Edited By:

Janet Houser

Submitted On:

04/06/2017 01:38 PM

Subject:

phone message 4/6/17

Comments:

Please add form 30165A as an Affected Form number under line item 1 on the Rate/Rule Schedule or add this as a separate line item with the appropriate rate schedule for approval. Even though the percentages are not changing, the actual dollar amount of the premium will change based on the increase in the base premium and must be approved.

I apologize for not bringing this to your attention earlier. Please call me with any questions at 804-371-9390.

Janet Houser

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Filer

Created By:

Janet Houser on 04/05/2017 12:51 PM

Last Edited By:

Janet Houser

Submitted On:

04/05/2017 12:51 PM

Subject:

Rate/Rule Schedule

Comments:

According to the Rate/Rule Schedule, the minimum and maximum range of the rate increase is level at 34.6%. This, however, does not correspond with Exhibit XVI in the Actuarial Memorandum which states the proposed rate increase is 1.346 times the current rates, subject to a maximum rate of $999.98. The exhibit would indicate the range is actually between 0% and 34.6%.

So that the filing may be approved, please send in a post submission update to change the minimum percentage change to 0% unless there are no actual policies in force in Virginia which will receive an increase of less that 34.6%. The minimum percentage and the average annual premium in the Rate Request Summary submitted in March should also be amended to match the Rate/Rule Schedule for consistency.

If you have any questions, please feel free to contact me at 804-371-9390.

Janet Houser

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Note To Filer

Created By:

Janet Houser on 03/21/2017 09:49 AM

Last Edited By:

Janet Houser

Submitted On:

03/21/2017 09:51 AM

Subject:

additional questions

Comments:

Before recommending this filing for approval, please respond to the following:

1) In its April 12, 2016 response, the Company changed the policyholder letter to state: "Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years." Since this is a variable statement in the letter and the proposed rate increase has been updated, is the Company still agreeing to this?

2) If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?

Please call me if you have any questions or concerns.

Janet Houser
804-371-9390

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Filer

Created By:

Janet Houser on 11/28/2016 08:28 AM

Last Edited By:

Janet Houser

Submitted On:

11/28/2016 08:28 AM

Subject:

Readability Certification

Comments:

Through an oversight on my part, the Readability Certification does not include the required language as set forth in 14VAC5-110-60. I apologize for not bringing this to your attention previously and including it as an objection our letter dated today.

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Note To Filer

Created By:

Janet Houser on 10/12/2016 05:41 AM

Last Edited By:

Janet Houser

Submitted On:

10/12/2016 05:42 AM

Subject:

Updated Experiene Request

Comments:

Certainly, if the company wishes to revise its rate request, it may do so with a post submission update. The filing will be reviewed and there may be additional requests for information as needed.

We look forward to hearing from you.

Thanks!

Janet Houser

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Note To Reviewer

Created By:

Cheryl Meyer on 10/11/2016 03:42 PM

Last Edited By:

Cheryl Meyer

Submitted On:

10/11/2016 03:42 PM

Subject:

Updated Experience Request

Comments:

We apologize for the delay in responding the May 4, 2016 objection. We are in the process of finalizing the response to this objection and plan to submit it no later than October 21st. Since the time of the original submission in September 2014, emerging experience on this block of business indicates a much higher rate increase is supportable. If the Bureau will allow it, the company would like to revise this current rate increase request from 17.0% to 34.6%, providing updated experience to support the higher requested rate increase along with the response to the May 4, 2016 objection. Please let us know if this is acceptable.

Best Regards,
Cheryl Meyer

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Reviewer

Created By:

Cheryl Meyer on 04/27/2016 04:15 PM

Last Edited By:

Cheryl Meyer

Submitted On:

04/27/2016 04:15 PM

Subject:

FAQ

Comments:

Thank you for the phone call of 4-26-16. This is to confirm that there have been no content changes of the FAQ that was submitted on 9/11/2014.

Best Regards,
Cheryl Meyer

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Filer

Created By:

Janet Houser on 04/26/2016 08:44 AM

Last Edited By:

Janet Houser

Submitted On:

04/26/2016 08:44 AM

Subject:

FAQ

Comments:

This is to confirm my phone message I left today (4.26.16). Is there an updated version of the FAQ that was submitted on 9/11/2014?

Thanks.

Janet

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Reviewer

Created By:

Cheryl Meyer on 10/30/2015 01:51 PM

Last Edited By:

Cheryl Meyer

Submitted On:

10/30/2015 01:51 PM

Subject:

Response - Note to filer of 10/30/15

Comments:

Thank you for the note to filer. We will capture this information in our response. The response should come early next week.

Best Regards,
Cheryl Meyer

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Note To Filer

Created By:

Janet Houser on 10/30/2015 11:39 AM

Last Edited By:

Janet Houser

Submitted On:

10/30/2015 11:44 AM

Subject:

Policyholder letters

Comments:

In light of our discussion this morning about the policyholder letters, I wanted to let you know the Bureau of Insurance has provided more clarity as to how requirements as set forth in the revised 14VAC5-200-75 D may be satisfied in the policyholder notification letters.

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

- In regards to item 3 in our objection letter, this "disclosure" that all options available to the policyholder may not be of equal value should be emphasized in a manner that draws attention to it such as highlighting the statement, bolding the statement or using larger print.

Should you have any questions, please let me know.

Janet Houser
804-371-9390

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Reviewer

Created By:

Cheryl Meyer on 09/18/2015 10:37 AM

Last Edited By:

Cheryl Meyer

Submitted On:

09/18/2015 10:37 AM

Subject:

Response Note to Filer Attachment 3

Comments:

Thank you for the note and phone call today. We will be sure to include an updated Attachment 3 with our response.

Best Regards,
Cheryl Meyer

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Filer

Created By:

Janet Houser on 09/18/2015 09:16 AM

Last Edited By:

Janet Houser

Submitted On:

09/18/2015 09:16 AM

Subject:

Attachment 3

Comments:

Please provide an updated Attachment 3 Status of Long Term Care Rate Filings when responding to our July 13, 2015 objection letter.

Thank you.

Janet Houser

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Note To Filer

Created By:

Janet Houser on 03/10/2015 02:03 PM

Last Edited By:

Janet Houser

Submitted On:

03/10/2015 02:03 PM

Subject:

Endorsement Language

Comments:

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

As we previously discussed, the senior Management of the Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. In an effort to provide you with additional assistance in creating such endorsements, we hope the following information will be helpful.

A revised Schedule of Benefits may be sent to the insured; however, the policy must be endorsed to reflect those changes. The following are at a minimum the information the endorsement should include:

1) the full corporate name of the company
2) appropriate signatures of the officers
3) the endorsement form number in the lower left hand corner
4) form titled as an endorsement and that it is be attached to the policy
5) the effective date of endorsement
6) the policyholder name, the insured's policy number, and affected policy form number
7) language that clearly states the policy is being endorsed for changes made to policy
8) a statement that this change does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

A simple approach could be wording to the effect that “as a result of your election to [insert option] the current coverage/benefit under this policy has been reduced/changed to [ ]. This would be directed at changes in the Schedule of Benefits and actually eliminate the need to generate a revised schedule.

If the optional nonforfeiture rider or contingent benefit upon lapse comes into play the wording could be: “Due to a [non-election of an option, by default,] or [election of the nonforfeiture option] the coverage/benefit continues under a paid-up status with a shortened benefit period for a period of [ ].”

A statement of variability should list all potential changes including riders that may be deleted, reductions in the inflation rider, reductions in maximum daily benefits, changes to the benefit period or waiting period and the appropriate ranges for such.

Should the company wish include a revised schedule, the endorsement should clearly state the revised schedule of benefits replaces the existing schedule in the policy which should be attached to the policy along with the endorsement.

We would be glad to review a prototype of the proposed endorsement if that would help.

Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3 and a readability certification in accordance with 14 VAC-110-60.

If you have any questions, please feel free to contact me at 804-371-9390.

Janet

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Note To Reviewer

Created By:

Cheryl Meyer on 02/26/2015 02:22 PM

Last Edited By:

Cheryl Meyer

Submitted On:

02/26/2015 02:23 PM

Subject:

Update on note to filer of 2/18/15 and 2/23/15

Comments:

Thank you for the note to filer regarding the new requirement to include an endorsement to the policy. We appreciate you taking time to confirm the requirement in speaking with Jeff Pederson on 2/25/15. We are in the process of preparing the form and will amend the filing to include the endorsement in the near future.

Best Regards,
Cheryl Meyer

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Note To Filer

Created By:

Janet Houser on 02/23/2015 01:57 PM

Last Edited By:

Janet Houser

Submitted On:

02/23/2015 01:57 PM

Subject:

Update to 2.18.15 Note to Filer

Comments:

Just as a reminder, if new forms must be submitted for review and approval, please include a Certification of Compliance as required in 14VAC5-100-40 3. Also, please provide a statement of variability should the form include such.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Note To Filer

Created By:

Janet Houser on 02/18/2015 08:31 AM

Last Edited By:

Janet Houser

Submitted On:

02/18/2015 08:31 AM

Subject:

2/18/15 phone message

Comments:

This to confirm my phone message left today. The management at the Bureau of Insurance has determined that a policy must be updated via an endorsement or amendment that effects any change the policyholder has requested. Because it would be a part of the entire contract, this would have to be an approved form; the company cannot not simply send a revised policy schedule page.

If the company already has such forms previously approved which become a part of the contract, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form(s) is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form.

Please feel free to contact me at 804-371-9390 if you have any questions or concerns.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Note To Filer

Created By:

Janet Houser on 01/15/2015 02:31 PM

Last Edited By:

Janet Houser

Submitted On:

01/15/2015 02:31 PM

Subject:

Rate Summary

Comments:

Per our discussion today, please complete the attached form which should explain in consumer friendly language what is driving the need for a rate increase at this time. If you have any questions, please feel free to contact me at 804-371-9390.

Reset Form

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

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

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

Form#	**"Product Name"(if applicable)**

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

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

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30160A 2014/30160A 2014		

Note To Filer

Created By:

Janet Houser on 12/17/2014 06:55 AM

Last Edited By:

Janet Houser

Submitted On:

12/17/2014 06:56 AM

Subject:

12.16.14 Phone conversation with Anju Gupta-Lavey

Comments:

Per our conversation, the actuary has revised his request as follows:

Utilizing the actual inforce as of the projection date, please provide a projection of the expected future earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

If there are still questions, a conference call may need to be arranged.

Thank you.

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Reviewer Note

Created By:

Janet Houser on 04/06/2017 01:12 PM

Last Edited By:

Janet Houser

Submitted On:

04/06/2017 02:09 PM

Subject:

RRS

Comments:

rate summaries

Reset Form

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

Company Name and NAIC Number:	RiverSource Life Insurance Company, #65005
SERFF Tracking Number:	AERS-129718202
Effective Date:	Upon approval

Revised Rates

Average Annual Premium Per Member:	2,668
Average Requested Percentage Rate Change Per Member:	34.6%
Minimum Requested Percentage Rate Change Per Member:	0.00%
Maximum Requested Percentage Rate Change Per Member:	34.6%
Number of Policy Holders Affected :	1,205

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

Form#	**"Product Name"(if applicable)**
30160A-VA	

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

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

Narrative: Explanation of Justification for Rate Increase

Rates are being raised on all policies issued under these policy forms to offset anticipated claims that are higher than previously 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 increased costs and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance and included the necessary actuarial data and other items requested by the Virginia Bureau of Insurance to support the increase.

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

Company Name and NAIC Number: RiverSource Life Insurance Company,

#65005 **SERFF Tracking Number:** AERS-**129718202**

Disposition: Approve

Approval Date: 4/6/2017

Revised Rates

Average Annual Premium Per Member: 2,668

Average Requested Percentage Rate Change Per Member: 34.6%

Minimum Requested Percentage Rate Change Per Member: 0%

Maximum Requested Percentage Rate Change Per Member: 34.6%

Number of Policy Holders Affected: 1,205

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

RiverSource Life Insurance Company (the Company) initially requested a rate increase of 17% in September 2014. Due to the length of time that had elapsed, the Company in November 2016 revised their request to be 34.6%, which is a combination of the original 17% request and an additional 15% increase. Because the Company subjected its increase to a maximum rate of $999.98, the increases range from 0% to 34.6%.

This is an individual, closed block of business issued from March 1998 through December 2000 and is subject to the requirements of 14VAC5-200-150. The Company previously raised rates by 10% per year for three consecutive years, effective in years 2007-2010, and by 13% in 2012. After implementation of a 34.6% rate increase, the cumulative increase would be 105.1%. As of the date of submission, there were 1,205 premium paying policies in force in Virginia.

The Company stated that lower than anticipated lapse rates are the primary driver of the need for remediation on this block of business, which will result in higher claims than originally anticipated in the pricing. Since actual claims experience has proven to be materially different from the company's original pricing assumptions and is expected to continue in the future as a result of more policyholders living longer and keeping their policies longer than originally expected, a premium increase is needed to ensure that sufficient funding is available to pay all expected claims.

The Bureau's review, using actuarially accepted and justified assumptions, indicated the proposed rate increase meets the requirements set forth in Virginia law and regulation. The original pricing loss ratio for this plan was 62.8%. The projected lifetime loss ratio with the requested 34.6% increase is anticipated to be 88.6%. Since the filing met the requirements of 14 VAC5-200-150 after implementation of the rate increase, approval was recommended.

The company agreed to not seek another rate increase effective within three years of the implementation date of these increases. The Company anticipates it is likely additional increases will be needed even if current best estimates for key assumptions are realized in future years.

Policyholders have several available options to reduce or eliminate the premium increase by reducing coverage. Policyholders can lower daily benefits, decrease the benefit period, increase the elimination period, terminate riders or take a paid-up policy.

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.

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

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

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Reviewer Note

Created By:

Janet Houser on 02/05/2015 12:50 PM

Last Edited By:

Janet Houser

Submitted On:

02/20/2015 01:22 PM

Subject:

rate summary part 2

Comments:

2.3.15

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

Company Name and NAIC Number: Riversource Life Insurance Company - 65005

SERFF Tracking Number: AERS-129718202

Disposition: Click here to enter text.

Approval Date: Click here to enter a date.

Revised Rates

Average Annual Premium Per Member:	$2,337
Average Requested Percentage Rate Change Per Member:	17%
Minimum Requested Percentage Rate Change Per Member:	17%
Maximum Requested Percentage Rate Change Per Member:	17%
Number of Policy Holders Affected:	1,293

+

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

History: On 9/11/2014, the Company submitted a rate increase request of 17% for this block of individual long-term care policies. They previously have raised rates by 10% per year for three consecutive years, effective in years 2007-2010, and by 13% in 2012 for a cumulative 50.4% rate increase. This increase would apply to the 1,293 policies in force in Virginia as of 3/31/2014.

Company Rationale: The Company states that the "primary reason for this rate increase is due to actual voluntary lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages."

Review Procedure: Since all of the policies were issued prior to the effective date of the rate stabilization requirements (10/1/2003), we have reviewed this filing pursuant to the requirements of 14VAC5-200-150 and 14VAC5-130-70. The company provided its assumptions, historical experience and future projections of claims and premium both on a nationwide and Virginia-only basis. The assumptions and projections were reviewed and checked for reasonableness. All of the projected loss ratios exceed the statutory minimums. We have reviewed the data for consistency and reasonableness and where data was found inconsistent or unreasonable, clarification was requested. We have utilized generally accepted actuarial methodologies in arriving at our opinion and confirm this increase is in compliance with applicable Virginia laws and regulations.

Conclusion: After review, we believe that the Company has provided all of the information required by 14VAC5-130-70 and 14VAC5-200-150 and that the information provided sufficiently demonstrates that premiums are reasonable in relation to the benefits provided.

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

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Reviewer Note

Created By:

Janet Houser on 01/06/2015 11:42 AM

Last Edited By:

Janet Houser

Submitted On:

02/20/2015 01:22 PM

Subject:

rates

Comments:

Per the filer, rates may be slightly off due to system restraints and rounding.

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Reviewer Note

Created By:

Janet Houser on 01/05/2015 12:54 PM

Last Edited By:

Janet Houser

Submitted On:

02/20/2015 01:22 PM

Subject:

Form 291524-VA

Comments:

Approved under SERFF AERS-128075059

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Reviewer Note

Created By:

Janet Houser on 09/30/2014 12:36 PM

Last Edited By:

Janet Houser

Submitted On:

04/06/2017 02:09 PM

Subject:

Act Review

Comments:

9.30.14 - sent to Shawn; due date 10.14.14

10.15.14 - add'l info needed

11.4.14 - add'l info rec'd'; sent to act 11.5.14; due date 11.19.14

11.6.14 - add'l info needed

12.17.14 - info rec'd; sent to act 12.18.14 - due date 1/5/15

2.3.15 - recommendation

11.4.16 - revised request; due date 11.18.16

11.12.16 - add'l info needed

3.1.17 - add'l info rec'd; due date 3.15.17

3.21.17 - recommend approval

4.3.17 - follow up question & response

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October 15, 2014

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

Subject: **Riversource Life Insurance Company**
SERFF Tracking # AERS-129718202
Policy Form 30160A

Dear Bob:

At your request, we have reviewed the filing for the above captioned submission from Riversource Life Insurance Company (the "Company"). This is a filing to request a rate increase pursuant to the requirements of 14VAC5-200-150 for this Individual Long Term Care Insurance plan, written under Policy Form 30160A. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we recommend that the Virginia SCC Bureau of Insurance (the "Bureau") disapprove the proposed rates and ask the Company to respond to the following:

1. Please explain the difference in the Incurred Claims for historical years between Attachment 1 and Exhibit VIII.
2. Please provide calculations of the statistical credibility of both the nationwide and Virginia-only incurred claims experience, including discussion of the Company's standard for full credibility.
3. While Exhibit XII provides information related to compliance with one section of the NAIC Model Bulletin, all aspects of the Bulletin have not been addressed. Please provide additional discussion of the Company's compliance with each section of the Model Bulletin.

Background

The form was issued in Virginia from 3/1998 through 12/2000 and is not subject to the rate stabilization regulations. They previously have raised rates by 10% per year for three consecutive years, effective in years 2007-2010, and by 13% in 2012 for a cumulative 50.4% rate increase. The Company has submitted a 17% rate increase request

based on revised current estimates of morbidity, mortality and persistency. The cumulative increase if this request is approved would be 76.0%. While the Company reports that a rate increase of 112.9% is justifiable, they have stated that they are attempting "to minimize the impact on policyholders to the extent we can" by limiting the current rate increase request to 17% in lieu of a large one-time increase.

Analysis

Assumptions

The current assumptions are based on the Company's experience on both this form and other LTC forms issued by the Company. We have analyzed the changes in assumptions since the 2012 filing and summarize those below:

- Mortality – The Company originally used 100% of the 1983 IAM Table. At each rate increase filing (2007, 2012 and current) they have applied selection factors to the 1983 IAM Table. These factors are all lower than the original assumptions and while they have generally decreased over time, a few factors have increased slightly from filing to filing. Without detailed demographic data for the block, it is difficult to assess whether the changes for this filing result in a net increase in projected loss ratio versus the 2012 assumptions.
- Lapse – The Company had originally projected an ultimate lapse rate of 5% for these forms. Current ultimate lapse assumptions range from 1.1% to 5.4%. The current assumptions are unchanged from those used in the 2012 rate increase filing.
- Morbidity – The Company has analyzed their experience over time and produced morbidity adjustment factors that vary by issue age and duration. In general, their experience has been better than originally assumed for the younger issue ages (under 58) and worse than originally expected for the older issue ages (above 62). The changes from one rate increase filing to the next have followed the same general pattern of getting worse for older issue ages and better at younger issue ages.

Based on this analysis, we believe that the change in the morbidity assumption accounts for the largest difference in projected loss ratio as compared to the 2012 assumptions.

The approach that the Company has described in developing the assumptions is in accordance with commonly accepted actuarial methods. However, we have asked for some additional numeric demonstrations of how the Company has applied those methods.

Loss Ratios

The minimum required loss ratio for this form is 60% as defined by 14VAC5-200-150. The Company has included both nationwide and Virginia-only loss ratio projections. In order to enhance credibility, the Company has used the nationwide experience under this form, adjusted for differences in prior rate increases, as the basis for its request.

The projected lifetime loss ratio in the current filing without the requested rate increase is 83.7%. For comparison, the corresponding projection at the time of the 2012 rate filing was 76.5%. The projected lifetime loss ratio with the requested 17% increase is 80.1%.

The future loss ratio calculation taking into account the active life reserves as of 3/31/14 is 75.4%.

There is a slight discrepancy in the historical incurred claims in the projection with premiums restated from inception to be equal to the requested rates, so we have asked for clarification. The Company's calculation produced a lifetime loss ratio of 55.6%, while our calculation with the original historical claims data produced a lifetime loss ratio of 55.1%. In either case, this value is less than the 60% benchmark, and in 2012, the Bureau used this measure to negotiate a lower rate increase percentage (13% vs. the requested 15%). The allowable increase under this measure would be between 8.1%-9.1% depending on the Company's response to the claims discrepancy.

The actuarial memorandum and certification include all of the required elements of 14VAC5-200-150 and 14VAC5-130-70.

Analysis of Model Bulletin Issues

As requested, we have also analyzed this filing in light of the requirements of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin").This analysis focuses on the six major aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests
- Approval of Rate Increases
- Requirement to Administer Contingent Benefit Upon Lapse
- Policyholder Notification of Premium Increase
- Application of New Loss Ratio Standards
- Consideration of New Approaches

Note that the Company has not specifically addressed most of the aspects of the Bulletin, so we have asked the Company for additional information. Our analysis below may change based on their response.

<u>Actuarial Assumptions for Establishing Rate Increase Requests</u>
As discussed above, the methods described by the Company to develop the assumptions used in support of this rate increase appear to be reasonable, but we have asked for some additional demonstrations. The present and accumulated values are also consistent with the three requirements spelled out in the Bulletin.

<u>Approval of Rate Increases</u>
Two scenarios are laid out in the Bulletin: 1) a single rate increase with a three year moratorium on future rate increases, or 2) an actuarially equivalent series of increases. The Company has not agreed to either of these scenarios.

Requirement to Administer Contingent Benefit Upon Lapse
The Company has not explicitly agreed to provide contingent benefit upon lapse.

Policyholder Notification of Premium Increase
The four elements of this section of the Bulletin are addressed in the sample policyholder notification letters submitted with the filing.

Application of New Loss Ratio Standards
Exhibit XII provides a demonstration of compliance with the new dual loss ratios requirements for pre-rate-stability forms. By our independent calculation, a rate increase of 113% would be allowable under this methodology.

Consideration of New Approaches
No new approaches are being requested at this time.

Reliance and Qualifications

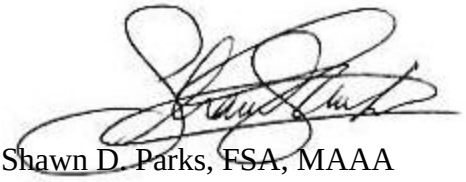
We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,



Shawn D. Parks, FSA, MAAA

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November 6, 2014

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

Subject: **Riversource Life Insurance Company**
SERFF Tracking # AERS-129718202
Policy Form 30160A

Dear Bob:

At your request, we have continued our review of the filing for the above captioned submission from Riversource Life Insurance Company (the "Company"). This is a filing to request a rate increase pursuant to the requirements of 14VAC5-200-150 for this Individual Long Term Care Insurance plan, written under Policy Form 30160A. This block of business is not available for new issues. As requested, this filing was also reviewed for compliance with the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin").

Recommendation

After review of the Company's submission, we recommend that the Virginia SCC Bureau of Insurance (the "Bureau") disapprove the proposed rates and ask the Company to respond to the following:

- Please provide a loss ratio projection similar to Exhibit VIII in the actuarial memorandum, but reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

Background

The form was issued in Virginia from 3/1998 through 12/2000 and is not subject to the rate stabilization regulations. They previously have raised rates by 10% per year for three consecutive years, effective in years 2007-2010, and by 13% in 2012 for a cumulative 50.4% rate increase. The Company has submitted a 17% rate increase request

based on revised current estimates of morbidity, mortality and persistency. The cumulative increase if this request is approved would be 76.0%. While the Company reports that a rate increase of 112.9% is justifiable, they have stated that they are attempting "to minimize the impact on policyholders to the extent we can" by limiting the current rate increase request to 17% in lieu of a large one-time increase.

Analysis

Assumptions

The current assumptions are based on the Company's experience on both this form and other LTC forms issued by the Company. We have analyzed the changes in assumptions since the 2012 filing and summarize those below:

- Mortality – The Company originally used 100% of the 1983 IAM Table. At each rate increase filing (2007, 2012 and current) they have applied selection factors to the 1983 IAM Table. These factors are all lower than the original assumptions and while they have generally decreased over time, a few factors have increased slightly from filing to filing. Without detailed demographic data for the block, it is difficult to assess whether the changes for this filing result in a net increase in projected loss ratio versus the 2012 assumptions.
- Lapse – The Company had originally projected an ultimate lapse rate of 5% for these forms. Current ultimate lapse assumptions range from 1.1% to 5.4%. The current assumptions are unchanged from those used in the 2012 rate increase filing.
- Morbidity – The Company has analyzed their experience over time and produced morbidity adjustment factors that vary by issue age and duration. In general, their experience has been better than originally assumed for the younger issue ages (under 58) and worse than originally expected for the older issue ages (above 62). The changes from one rate increase filing to the next have followed the same general pattern of getting worse for older issue ages and better at younger issue ages.

Based on this analysis, we believe that the change in the morbidity assumption accounts for the largest difference in projected loss ratio as compared to the 2012 assumptions.

The approach that the Company has described in developing the assumptions is in accordance with commonly accepted actuarial methods. However, we have asked for some additional numeric demonstrations of how the Company has applied those methods.

Loss Ratios

The minimum required loss ratio for this form is 60% as defined by 14VAC5-200-150. The Company has included both nationwide and Virginia-only loss ratio projections. In order to enhance credibility, the Company has used the nationwide experience under this form, adjusted for differences in prior rate increases, as the basis for its request.

The projected lifetime loss ratio in the current filing without the requested rate increase is 83.7%. For comparison, the corresponding projection at the time of the 2012 rate filing was 76.5%. The projected lifetime loss ratio with the requested 17% increase is 80.1%.

The future loss ratio calculation taking into account the active life reserves as of 3/31/14 is 75.4%.

We asked the Company to explain the slight discrepancy in the historical incurred claims in the projection with premiums restated from inception to be equal to the requested rates. They explained that the historical claims changed due to an increase in waiver of premium claims due to the higher premium assumption in this projection, which is a reasonable explanation for the difference. The resulting lifetime loss ratio of 55.6% is less than the 60% benchmark. At the time of the last increase, the Company lowered their rate increase percentage (13% vs. the originally requested 15%) due to this same loss ratio measure being less than 60% at that time. The allowable increase under this measure would be between 9.1%. To evaluate whether the Company is attempting to recoup past losses, we are requesting an additional projections of future experience utilizing original pricing assumptions and premiums.

The actuarial memorandum and certification include all of the required elements of 14VAC5-200-150 and 14VAC5-130-70.

Analysis of Model Bulletin Issues

As requested, we have also analyzed this filing in light of the requirements of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin").This analysis focuses on the six major aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests
- Approval of Rate Increases
- Requirement to Administer Contingent Benefit Upon Lapse
- Policyholder Notification of Premium Increase
- Application of New Loss Ratio Standards
- Consideration of New Approaches

<u>Actuarial Assumptions for Establishing Rate Increase Requests</u>
As discussed above, the methods described by the Company to develop the assumptions used in support of this rate increase appear to be reasonable, but we have asked for some additional demonstrations. The present and accumulated values are also consistent with the three requirements spelled out in the Bulletin.

<u>Approval of Rate Increases</u>
Two scenarios are laid out in the Bulletin: 1) a single rate increase with a three year moratorium on future rate increases, or 2) an actuarially equivalent series of increases. The Company states that it is willing to agree not to seek any increase effective within three years of the approval date of the currently requested increase.

Requirement to Administer Contingent Benefit Upon Lapse
The Company will offer insureds a contingent benefit upon lapse in accordance with the duration and trigger percentages referenced in the Bulletin, regardless of the issue date of the policy.

Policyholder Notification of Premium Increase
The four elements of this section of the Bulletin are addressed in the sample policyholder notification letters submitted with the filing.

Application of New Loss Ratio Standards
Exhibit XII provides a demonstration of compliance with the new dual loss ratios requirements for pre-rate-stability forms. By our independent calculation, a rate increase of 113% would be allowable under this methodology.

Consideration of New Approaches
No new approaches are being requested at this time.

Reliance and Qualifications

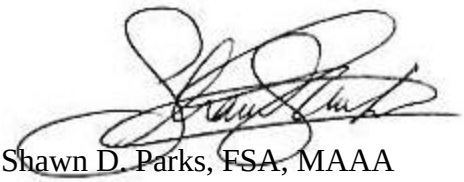
We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,



Shawn D. Parks, FSA, MAAA

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February 3, 2015

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

Subject: **RiverSource Life Insurance Company**
SERFF Tracking # AERS-129718202
Policy Form 30160A

Dear Janet:

At your request, we have completed our review of the filing for the above captioned submission from RiverSource Life Insurance Company (the "Company"). This is a filing to request a rate increase pursuant to the requirements of 14VAC5-200-150 for this Individual Long Term Care Insurance plan, written under Policy Form 30160A. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we believe that the Company has provided all of the information required by 14VAC5-130-70 and 14VAC5-200-150 and that the information provided sufficiently demonstrates that premiums are reasonable in relation to the benefits provided. We therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") approve the proposed rate increase.

Background

The form was issued in Virginia from 3/1998 through 12/2000 and is not subject to the rate stabilization regulations. They previously have raised rates by 10% per year for three consecutive years, effective in years 2007-2010, and by 13% in 2012 for a cumulative 50.4% rate increase. The Company has submitted a 17% rate increase request based on revised current estimates of morbidity, mortality and persistency. The cumulative increase if this request is approved would be 76.0%. While the Company reports that a rate increase of 112.9% is justifiable, they have stated that they are attempting "to minimize the impact on policyholders to the extent we can" by limiting the current rate increase request to 17% in lieu of a large one-time increase.

Analysis

The minimum required loss ratio for this form is 60% as defined by 14VAC5-200-150. The Company has included both nationwide and Virginia-only loss ratio projections. In order to enhance credibility, the Company has used the nationwide experience under this form, adjusted for differences in prior rate increases, as the basis for its request.

The projected lifetime loss ratio in the current filing without the requested rate increase is 83.7%. For comparison, the corresponding projection at the time of the 2012 rate filing was 76.5%. The projected lifetime loss ratio with the requested 17% increase is 80.1%.

The anticipated future loss ratio taking into account the active life reserves as of 3/31/14 is 75.4%.

As requested, we have also analyzed this filing in light of the requirements of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin"). Our analysis focuses on two major aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests – A thorough analysis of the assumptions was performed as detailed in our October 15, 2014 report.
- Application of New Loss Ratio Standards – Both the lifetime and future loss ratios were analyzed in relation to the dual-loss ratio approach outlined in the Bulletin. The original pricing loss ratio for this plan was 62.8%. The maximum allowable rate increase percentage based on the projected lifetime loss ratio would be 113.6%. The maximum allowable rate increase percentage based on the anticipated future loss ratio would be 35.5%. Since the Company has requested only a 17% rate increase, the filing is in compliance with the Bulletin.

The lifetime loss ratio with premiums restated from inception to be equal to the requested rates is 55.6%, which is less than the 60% benchmark. At the time of the last increase, the Company lowered their rate increase percentage (13% vs. the originally requested 15%) due to this same loss ratio measure being less than 60% at that time. If enforced, the allowable increase under this measure would be 9.1%.

As an alternate measure of whether the Company is attempting to recoup past losses, we requested a projection of future experience utilizing original pricing assumptions and premiums. The anticipated future loss under original assumptions is $368 million, which is less than the $491 million projected future loss with the requested rates and current assumptions. Since the future projected losses under current assumptions exceed those under the original assumptions, we conclude that the Company is not attempting to recoup past losses with the 17% rate increase requested.

The actuarial memorandum and certification include all of the required elements of 14VAC5-200-150 and 14VAC5-130-70.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

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November 12, 2016

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

Subject: **SERFF Tracking # AERS-129718202**

Dear Janet:

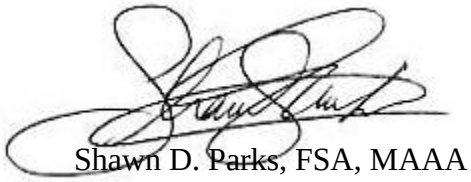
At your request, we have completed our review of the filing for the above captioned submission from **RiverSource Life Insurance Company** (the "Company"). This is a filing to request a rate increase pursuant to the requirements of 14VAC5-200-150 for this Individual Long Term Care Insurance plan. This block of business is not available for new issues.

Request
Please ask the Company to respond to the following:

1. Please explain the difference between Exhibit VIII on pages 34 and 35. Also, please provide the projection corresponding to Exhibit VIII but including the proposed increase.
2. 14VAC5-200-150.B. requires the use of the greater of 60% or the originally expected loss ratio, which the Company has reported in Table 1 as 62.8%. Please modify the projection in Exhibit XV to use 62.8%.
3. Please provide a projection of future experience utilizing the actual policies in force at the projection date, but utilizing original assumptions for mortality, lapse, morbidity and interest from the projection date forward and utilizing the original premium scale with no increases.
4. Please provide an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the in force annualized premium for each state.
5. Please provide a projection including the proposed rate increase but without shock lapses and anti-selective morbidity adjustments.
6. Please indicate the average maximum valuation interest rate for the policies inforce.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,



Shawn D. Parks, FSA, MAAA

From:	Shawn Parks
To:	Janet Houser
Subject:	RE: AERS-129718202 RiverSource
Date:	Monday, April 03, 2017 5:42:17 PM

Janet,
I did notice but determined that it was not material to our analysis since the vast majority of rates were 34.6%. The Bureau may wish to have the Company process a Post Submission Update to correct the values in the Rate Information tab to reflect the minimum of 0% and the average rate increase that reflects some policies are less than 34.6%. This of course assumes that there are actual policies in force in Virginia which will receive an increase less than 34.6%.
Shawn

From: Janet Houser [mailto:Janet.Houser@scc.virginia.gov]
Sent: Monday, April 3, 2017 2:32 PM
To: Shawn Parks
Cc: Bob Grissom
Subject: RE: AERS-129718202 RiverSource

Shawn, I am trying to wrap up this filing and noticed something I just want to confirm you noticed as well. The Company is requesting a 34.6% rate increase across the board but Exhibit XVI indicates rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98 (at the bottom of the spreadsheet). Does this present any problem or was this considered already in the review? Some individuals will receive a 0% increase.

Thanks!

From: Shawn Parks [mailto:shawn.parks@arcga.com]
Sent: Tuesday, March 14, 2017 12:49 PM
To: Janet Houser
Subject: RE: AERS-129718202 RiverSource

Janet,
Attached is our report. Due to recent email issues, please acknowledge receipt.
Shawn

From: Janet Houser [mailto:Janet.Houser@scc.virginia.gov]
Sent: Thursday, March 2, 2017 1:19 PM
To: Shawn Parks
Subject: FW: AERS-129718202 RiverSource

The Company has provided the additional information. Please review and provide your analysis no later than 3/15/17.

Thanks.

From: Shawn Parks [mailto:shawn.parks@arcga.com]
Sent: Saturday, November 12, 2016 3:43 PM
To: Janet Houser
Subject: RE: AERS-129718202 RiverSource

Janet,

Request for additional data attached.

Shawn

From: Janet Houser [mailto:Janet.Houser@scc.virginia.gov]
Sent: Friday, November 4, 2016 11:31 AM
To: Shawn Parks
Subject: AERS-129718202 RiverSource

Shawn, you recommended approval of a 17% rate increase in February 2015. The filing has not yet been approved due to form and policyholder letter issues. The company has now requested a higher rate increase. Please review and provide your analysis and recommendations no later than November 18, 2016.

Thanks.

ACTUARIAL RESOURCES CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

March 14, 2017

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

Subject: **SERFF Tracking # AERS-129718202**
Policy Form 30160A

Dear Janet:

At your request, we have completed our review of the filing for the above captioned submission from **RiverSource Life Insurance Company** (the "Company"). This is a filing to request a rate increase pursuant to the requirements of 14VAC5-200-150 for this Individual Long Term Care Insurance plan. This block of business is not available for new issues.

Recommendation

After review of the Company's submission, we believe that the Company has provided all of the information required by 14VAC5-130-70 and 14VAC5-200-150 and that the information provided sufficiently demonstrates that premiums are reasonable in relation to the benefits provided. We therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") approve the proposed rate increase.

Background

The form was issued in Virginia from 3/1998 through 12/2000 and is not subject to the rate stabilization regulations. There are 1,205 insureds in Virginia with $2.4 Million annual premium. The Company previously raised rates by 10% per year for three consecutive years, effective in years 2007-2010, and by 13% in 2012 for a cumulative 50.4% rate increase. This filing was initiated in 2014 with a 17% rate increase request based on revised estimates of morbidity, mortality and persistency. Due to the length of time that has elapsed, the Company in November 2016 revised their request to be 34.6%, which is a combination of the original 17% request and an additional 15% increase that is in process of being filed throughout the country. The cumulative increase if this request is approved would be 105.1%.

While the Company reports that a rate increase of 159.6% is justifiable, they have stated that they are attempting "to minimize the impact on policyholders to the extent we can" by limiting the current rate increase request to 34.6% in lieu of a large one-time increase.

Assumptions

Morbidity – The Company is adjusting the original pricing expected claim costs modified with a fairly sophisticated regression approach used to develop actual-to-expected adjustment factors which vary by issue age, benefit period, and duration. These adjustment factors range from 0.11 to 2.38. The overall A/E using the current factors is 101.6% based on 6,498 actual claims, giving the data full credibility by the typical measures.

Adverse selection of 5.8% in the year of rate increase grading off over six years is assumed.

Mortality – Durational selection factors which vary by issue age and duration have been developed based on over 48,000 deaths. These factors range from 20% to 110% and are applied to the 1983 IAM Basic table, producing an A/E of 100%.

Voluntary Lapse – Ultimate lapse rates range from 1.1% to 6.0% varying by issue age and benefit period. Shock lapses of 2.8% in the year of increase and 3.0% benefit reduction are also used in the projections. The original ultimate lapses were 5.0%.

Interest – 5.0%, consistent with the rate used to determine original premiums

Analysis

Loss Ratio Projections

As defined by 14VAC5-200-150.B., benefits under long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule, plus 80% applied to any premium rate increase.

The Company has included both nationwide and Virginia-only loss ratio projections. In order to enhance credibility, the Company has used the nationwide experience under this form, adjusted for differences in prior rate increases, as the basis for its request.

The projected lifetime loss ratio based on the current assumptions without the requested rate increase is 95.1%. For comparison, the corresponding projection in 2014 was 83.7% and at the time of the 2012 rate filing was 76.5%. The projected lifetime loss ratio with the requested 34.6% increase is 88.6%.

The anticipated future loss ratio taking into account the active life reserves as of 6/30/16 is 96.1%.

Exhibit XV shows the results of the dual loss ratio test required by 14VAC5-200-150.B. The original pricing loss ratio for this plan was 62.8%. Our estimate of the maximum allowable rate increase percentage based on the projected lifetime loss ratio would be 267%. The maximum allowable rate increase percentage based on the anticipated future loss ratio would be 97%. Since the Company has requested only a 34.6% rate increase, the filing is in compliance with the Bulletin.

The lifetime loss ratio with premiums restated from inception to be equal to the requested rates is 57.5%, which is less than the original 62.8% loss ratio. At the time of the last increase, the Company lowered their rate increase percentage (13% vs. the originally requested 15%) due to this same loss ratio measure being less than 60% at that time. If enforced, the allowable increase under this measure would be 25.3%.

As an alternate measure of whether the Company is attempting to recoup past losses, we requested a projection of future experience utilizing original pricing assumptions and premiums. The anticipated future loss under original assumptions is $445 million, which is less than the $683 million projected future loss with the requested rates and current assumptions. Since the future projected losses under current assumptions exceed those under the original assumptions, we conclude that the Company is not attempting to recoup past losses with the 34.6% rate increase requested.

Analysis of Rate Increases by State

From the data submitted as of 3/02/2017, the rate increase that would be consistent with the current national average is 15.4%. If the existing requests are approved in the eight states currently pending, a rate increase of 18.4% would reproduce the national average. Currently 15 states have approved an increase at the level requested in Virginia with seven additional states pending. Since there is not a vast difference in the percentage requested in Virginia versus the rest of the nation, we would not recommend that the Bureau request that the increase be reduced due to state equity.

Reliance and Qualifications

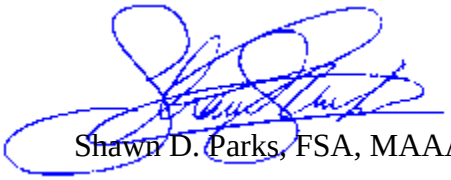
We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,



Shawn D. Parks, FSA, MAAA

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Post Submission Update Request Processed On 11/04/2016

Status: Allowed
Created By: Cheryl Meyer
Processed By: Janet Houser
Comments:

Company Rate Information:

Company Name:RiverSource Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	159.600%	112.900%
Overall % Rate Impact	34.600%	17.000%
Written Premium Change for this Program	$826510	$439212
Number of Policy Holders Affected for this Program	1205	1293
Written Premium for this Program	$2388758	$2583602
Maximum %Change (where required)	34.600%	17.000%
Minimum %Change (where required)	34.600%	17.000%

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Post Submission Update Request Processed On 11/04/2014

Status: Allowed
Created By: Cheryl Meyer
Processed By: Janet Houser
Comments:

Company Rate Information:

Company Name:RiverSource Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	112.900%	142.000%

State: *Virginia* ***Filing Company:*** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A 2014/30160A 2014*

Post Submission Update Request Processed On 04/06/2017

Status: Allowed
Created By: Cheryl Meyer
Processed By: Janet Houser
Comments:

Company Rate Information:

Company Name:RiverSource Life Insurance Company

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	$823671	$826510
Minimum %Change (where required)	0.000%	34.600%

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

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	Withdrawn 04/27/2015	Lont-Term Care Insurance Policy	30160A	POL	Other	rate increase		
2	Filed 04/06/2017	LTC Waiver Policyholder Notification Letter	112016	OTH	Initial		40.700	112016 LTC Waiver Policyholder Notification Letter - 20161102 brkt prt.pdf
3	Filed 04/06/2017	LTC Non-waiver Policyholder Notification Letter	112018	OTH	Initial		40.600	112018 LTC Non-Waiver Policyholder Notification Letter - 20161102 brkt prt.pdf
4	Approved 04/06/2017	Endorsement	112459	POLA	Initial		46.400	112459 VA LTC Endorsement - clean 20161012 brkt prt.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-70000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due January 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

You may also consider reducing your Home Care coverage benefits.

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:

> your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-60000001-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000001-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due January 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the January 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

You may also consider reducing your Home Care coverage benefits.

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than December 15, 2016 to ensure your requested changes are processed before January 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before December 15, 2016, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:
> your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us.

If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-1234567-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Nursing Home Daily Benefit changed to $XX.XX

Original Daily Benefit – Nursing Home changed to $XX.XX

Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX

Original Covered Care Daily Maximum changed to $XX.XX

Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX

Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX

Benefit Period

Nursing Home Benefit Limit changed to XX days

Confinement Benefit Limit changed to XX days

Home Care Rider Maximum Payment Period changed to XX days

Covered Care Maximum Payment Period changed to XX days

Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ)

Elimination Period

Nursing Home Deductible Period changed to XX days

Confinement Benefit Deductible (Elimination Period) changed to XX days

Covered Care Deductible (Elimination Period) changed to XX days

Deductible Period to XX days

Benefit Increase Option

Benefit Increase Option – Thru Age 85

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Home Care Benefit Rider Increase Option – Thru Age 85

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Home and Community Care Rider Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No), if Yes, Simple BIO paragraphs will follow (SIMPLE 5% BENEFIT INCREASES: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts.
Your Lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where:
(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year)

Optional Home Care Rider
Optional Home Care Rider is eliminated

Optional Nonforfeiture Benefit Rider
Optional Nonforfeiture Benefit Rider is eliminated

Exercised Nonforfeiture Option
Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

Exercised Contingent Benefit Upon Lapse

Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective xx/xx/xxxx.

RiverSource Life Insurance Company

Secretary

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	13.000%
Effective Date of Last Rate Revision:	12/01/2012
Filing Method of Last Filing:	Review and Approval

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):
RiverSource Life Insurance Company	159.600%	34.600%	$823,671	1,205	$2,388,758	34.600%	0.000%

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA ExhXIV Premiums 30160A	30160A-VA	Revised	Previous State Filing Number: AERS-127792983 Percent Rate Change Request: 34.6	VA Revised_Premiums_30160A_20161102.pdf,
2		Exhibit XVII from VA Revised Premiums 30160A 20161102VA ExhXIV Premiums 30160A	30165A	Other	Previous State Filing Number: AERS-127792983 Rate Action Other Explanation: X% of the premium where the percentage rate is the same as at the time the policy was originally issued	Exhibit XVII from VA Revised_Premiums_30160A_20161102 (1).pdf,

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
41	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
42	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
43	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
44	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
45	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
46	97.16	111.36	125.52	80.96	93.10	105.28	161.94	184.26	206.48	143.76	162.98	182.20	218.62	244.96	271.26	196.38	219.68	242.92
47	99.22	114.40	129.56	83.00	96.14	109.32	168.04	191.34	214.56	149.82	170.04	190.28	228.76	256.08	283.40	202.42	226.74	251.02
48	99.22	114.40	129.56	87.06	100.22	113.36	174.06	198.38	222.68	153.88	174.06	194.32	238.88	267.22	295.52	208.50	233.82	259.10
49	105.28	121.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	155.90	177.10	198.38	249.00	278.36	307.70	216.60	241.92	267.22
50	105.28	121.46	137.66	93.10	107.32	121.46	184.26	209.50	234.84	159.94	181.22	202.42	263.18	293.54	323.88	222.68	249.00	275.32
51	107.32	124.50	141.72	95.16	110.36	125.52	190.28	216.60	242.92	166.00	188.30	210.52	271.26	301.66	331.98	228.76	256.08	283.40
52	111.36	128.54	145.78	95.16	110.36	125.52	194.32	220.66	246.98	166.00	188.30	210.52	281.40	312.78	344.14	236.86	264.20	291.48
53	113.36	131.58	149.82	101.22	117.42	133.60	200.42	227.76	255.04	172.08	195.36	218.62	291.48	323.88	356.30	242.92	271.26	299.58
54	113.36	131.58	149.82	101.22	117.42	133.60	206.48	234.84	263.18	176.14	199.42	222.68	301.66	335.02	368.42	249.00	278.36	307.70
55	119.44	138.72	157.92	107.32	124.50	141.72	212.54	241.92	271.26	182.20	206.48	230.78	315.80	350.22	384.62	259.10	289.50	319.84
56	129.56	149.82	170.04	111.36	128.54	145.78	226.74	257.10	287.46	196.38	221.68	246.98	334.00	369.44	404.86	277.36	308.76	340.08
57	139.70	160.96	182.20	121.46	139.70	157.92	240.90	272.30	303.64	210.52	236.86	263.18	352.24	388.68	425.10	295.52	327.94	360.32
58	149.82	172.08	194.32	131.58	150.84	170.04	255.04	287.46	319.84	224.72	252.04	279.36	370.46	407.90	445.34	313.76	347.18	380.56
59	159.94	183.24	206.48	137.66	157.92	178.12	273.30	306.68	340.08	238.88	267.22	295.52	388.68	427.14	465.58	331.98	366.42	400.82
60	170.04	194.32	218.62	147.80	169.06	190.28	287.46	321.86	356.30	259.10	289.50	319.84	406.92	446.36	485.82	350.22	385.66	421.04
61	180.20	205.46	230.78	155.90	177.10	198.38	301.66	337.04	372.46	273.30	304.70	336.04	425.10	465.58	506.10	368.42	404.86	441.30
62	190.28	216.60	242.92	161.94	184.26	206.48	319.84	356.30	392.72	287.46	319.84	352.24	443.32	484.84	526.30	386.68	424.10	461.52
63	200.42	227.76	255.04	172.08	195.36	218.62	334.00	371.48	408.90	301.66	335.02	368.42	461.52	504.10	546.58	404.86	443.32	481.78
64	210.52	238.88	267.22	182.20	206.48	230.78	348.20	386.68	425.10	315.80	350.22	384.62	479.78	523.32	566.78	423.14	462.58	502.02
65	222.68	253.04	283.40	192.32	217.60	242.92	368.42	408.90	449.40	336.04	372.46	408.90	502.02	546.58	591.10	443.32	484.84	526.30
66	263.18	295.52	327.94	224.72	252.04	279.36	427.14	470.68	514.18	384.62	423.14	461.52	568.84	616.42	663.94	497.98	542.50	587.06
67	305.72	341.14	376.52	263.18	293.54	323.88	485.82	532.38	578.94	435.22	476.74	518.24	639.70	690.30	740.90	552.64	600.24	647.78
68	348.20	386.68	425.10	297.58	330.98	364.36	544.54	594.14	643.72	485.82	530.36	574.88	706.52	760.16	813.76	607.30	657.90	708.52
69	394.78	436.24	477.74	336.04	372.46	408.90	603.24	655.84	708.52	540.48	588.08	635.66	779.36	837.06	894.72	661.94	715.60	769.22
70	437.26	481.78	526.30	370.46	409.96	449.40	663.94	720.66	777.30	591.10	641.72	692.30	850.22	910.94	971.66	716.62	773.26	829.98
71	477.74	524.30	570.84	406.92	448.38	489.88	722.68	782.40	842.12	639.70	692.30	744.94	917.04	980.78	999.98	771.26	831.02	890.68
72	524.30	573.90	623.48	441.30	485.82	530.36	781.36	844.14	906.86	694.34	750.06	805.66	989.92	999.98	999.98	825.90	888.68	951.44
73	566.78	619.44	672.06	479.78	527.36	574.88	840.10	905.86	971.66	744.94	803.66	862.34	999.98	999.98	999.98	880.60	946.36	999.98
74	609.34	665.00	720.66	514.18	564.78	615.38	898.78	967.62	999.98	795.58	857.30	919.04	999.98	999.98	999.98	935.22	999.98	999.98
75	655.84	714.62	773.26	552.64	606.28	659.90	963.58	999.98	999.98	850.22	914.98	979.76	999.98	999.98	999.98	995.94	999.98	999.98
76	710.56	776.32	842.12	599.20	659.90	720.66	999.98	999.98	999.98	914.98	987.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.16	838.08	910.94	645.78	713.60	781.36	999.98	999.98	999.98	979.76	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	819.84	899.80	979.76	692.30	767.22	842.12	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	874.50	961.56	999.98	738.88	820.84	902.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
41	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
42	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
43	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
44	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
45	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
46	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	143.76	160.96	178.12
47	83.00	96.14	109.32	68.82	78.96	89.06	123.48	140.72	157.92	101.22	115.40	129.56	174.06	196.38	218.62	149.82	168.04	186.24
48	83.00	96.14	109.32	70.88	82.00	93.10	129.56	147.80	166.00	107.32	122.50	137.66	178.12	200.42	222.68	153.88	172.08	190.28
49	85.00	99.22	113.36	70.88	82.00	93.10	133.60	151.84	170.04	111.36	126.54	141.72	184.26	207.50	230.78	159.94	179.20	198.38
50	89.06	103.28	117.42	76.92	89.06	101.22	139.70	158.94	178.12	117.42	133.60	149.82	188.30	211.56	234.84	170.04	190.28	210.52
51	91.10	106.30	121.46	76.92	89.06	101.22	145.78	166.00	186.24	117.42	133.60	149.82	194.32	218.62	242.92	174.06	194.32	214.56
52	91.10	106.30	121.46	76.92	89.06	101.22	149.82	170.04	190.28	121.46	137.66	153.88	198.38	222.68	246.98	180.20	201.42	222.68
53	93.10	109.32	125.52	78.96	92.10	105.28	155.90	177.10	198.38	127.54	144.76	161.94	204.48	229.78	255.04	184.26	205.46	226.74
54	93.10	109.32	125.52	78.96	92.10	105.28	161.94	184.26	206.48	131.58	148.82	166.00	208.50	233.82	259.10	190.28	212.54	234.84
55	99.22	116.40	133.60	85.00	99.22	113.36	168.04	191.34	214.56	137.66	155.90	174.06	214.56	240.90	267.22	200.42	223.72	246.98
56	103.28	120.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	147.80	167.02	186.24	228.76	256.08	283.40	210.52	234.84	259.10
57	113.36	131.58	149.82	95.16	110.36	125.52	188.30	213.56	238.88	157.92	178.12	198.38	242.92	271.26	299.58	224.72	250.02	275.32
58	123.48	142.76	161.94	101.22	117.42	133.60	202.42	228.76	255.04	172.08	193.32	214.56	261.16	290.50	319.84	238.88	265.22	291.48
59	129.56	149.82	170.04	111.36	128.54	145.78	212.54	239.92	267.22	182.20	204.48	226.74	275.32	305.72	336.04	253.04	280.40	307.70
60	139.70	160.96	182.20	117.42	135.64	153.88	226.74	255.04	283.40	196.38	219.68	242.92	293.54	324.92	356.30	267.22	295.52	323.88
61	147.80	169.06	190.28	121.46	139.70	157.92	236.86	266.22	295.52	206.48	230.78	255.04	307.70	340.08	372.46	281.40	310.74	340.08
62	153.88	176.14	198.38	131.58	150.84	170.04	246.98	277.36	307.70	216.60	241.92	267.22	321.86	355.28	388.68	295.52	325.92	356.30
63	164.00	187.28	210.52	137.66	157.92	178.12	261.16	292.54	323.88	230.78	257.10	283.40	340.08	374.50	408.90	309.74	341.14	372.46
64	174.06	198.38	222.68	143.76	165.00	186.24	271.26	303.64	336.04	240.90	268.24	295.52	354.26	389.72	425.10	323.88	356.30	388.68
65	184.26	209.50	234.84	153.88	176.14	198.38	287.46	321.86	356.30	257.10	286.46	315.80	374.50	411.94	449.40	338.06	371.48	404.86
66	212.54	239.92	267.22	178.12	202.42	226.74	325.92	363.38	400.82	293.54	324.92	356.30	425.10	465.58	506.10	376.52	412.94	449.40
67	242.92	273.30	303.64	206.48	232.80	259.10	368.42	408.90	449.40	336.04	370.46	404.86	477.74	522.28	566.78	417.00	457.48	497.98
68	271.26	303.64	336.04	230.78	259.10	287.46	410.96	454.46	497.98	374.50	411.94	449.40	528.36	575.92	623.48	459.52	503.08	546.58
69	301.66	337.04	372.46	261.16	292.54	323.88	449.40	495.98	542.50	414.96	454.46	493.92	580.98	632.64	684.20	500.02	547.58	595.14
70	331.98	370.46	408.90	289.50	322.88	356.30	491.92	541.48	591.10	453.42	495.98	538.46	631.60	686.26	740.90	544.54	596.18	647.78
71	360.32	400.82	441.30	313.76	349.20	384.62	534.40	587.06	639.70	495.98	541.48	587.06	684.20	742.92	801.62	582.98	637.68	692.30
72	390.72	434.24	477.74	344.14	382.62	421.04	572.88	628.60	684.20	532.38	579.96	627.56	734.82	796.56	858.32	623.48	682.20	740.90
73	419.02	464.60	510.14	368.42	408.90	449.40	615.38	674.10	732.80	574.88	625.56	676.10	787.48	853.26	919.04	666.02	727.74	789.48
74	449.40	497.98	546.58	396.78	439.28	481.78	657.90	719.64	781.36	613.38	667.02	720.66	838.08	906.86	975.70	706.52	772.28	838.08
75	483.82	535.42	587.06	427.14	472.70	518.24	702.44	768.22	834.02	655.84	712.56	769.22	894.72	967.62	999.98	751.04	820.84	890.68
76	544.54	600.24	655.84	487.88	537.44	587.06	781.36	852.24	923.08	734.82	796.56	858.32	979.76	999.98	999.98	836.06	911.98	987.82
77	605.30	665.00	724.70	548.60	602.24	655.84	864.38	940.30	999.98	817.82	884.62	951.44	999.98	999.98	999.98	921.06	999.98	999.98
78	666.02	729.80	793.52	609.34	667.02	724.70	949.42	999.98	999.98	902.82	975.70	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	732.80	801.62	870.48	676.10	738.88	801.62	999.98	999.98	999.98	985.84	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
41	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
42	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
43	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
44	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
45	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
46	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
47	64.82	74.92	85.00	48.60	56.64	64.82	101.22	115.40	129.56	80.96	93.10	105.28	155.90	173.10	190.28	133.60	147.80	161.94
48	66.84	77.94	89.06	50.62	59.76	68.82	103.28	118.46	133.60	85.00	97.16	109.32	157.92	176.14	194.32	139.70	154.88	170.04
49	70.88	82.00	93.10	54.68	63.80	72.86	107.32	122.50	137.66	87.06	100.22	113.36	161.94	180.20	198.38	139.70	154.88	170.04
50	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
51	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
52	76.92	89.06	101.22	60.76	70.88	80.96	117.42	133.60	149.82	93.10	107.32	121.46	172.08	191.34	210.52	145.78	161.94	178.12
53	78.96	92.10	105.28	62.80	73.92	85.00	119.44	136.64	153.88	97.16	111.36	125.52	174.06	194.32	214.56	151.84	169.06	186.24
54	78.96	92.10	105.28	62.80	73.92	85.00	123.48	140.72	157.92	97.16	111.36	125.52	178.12	198.38	218.62	151.84	169.06	186.24
55	85.00	99.22	113.36	68.82	80.96	93.10	129.56	147.80	166.00	103.28	118.46	133.60	184.26	205.46	226.74	157.92	176.14	194.32
56	89.06	103.28	117.42	72.86	85.00	97.16	139.70	158.94	178.12	113.36	129.56	145.78	194.32	216.60	238.88	168.04	187.28	206.48
57	95.16	110.36	125.52	78.96	92.10	105.28	149.82	170.04	190.28	123.48	140.72	157.92	204.48	227.76	251.02	178.12	198.38	218.62
58	101.22	117.42	133.60	85.00	99.22	113.36	159.94	181.22	202.42	133.60	151.84	170.04	220.66	245.96	271.26	188.30	209.50	230.78
59	111.36	128.54	145.78	91.10	106.30	121.46	170.04	192.32	214.56	143.76	162.98	182.20	230.78	257.10	283.40	204.48	227.76	251.02
60	117.42	135.64	153.88	101.22	117.42	133.60	182.20	206.48	230.78	159.94	181.22	202.42	246.98	275.32	303.64	214.56	238.88	263.18
61	123.48	142.76	161.94	105.28	121.46	137.66	192.32	217.60	242.92	170.04	192.32	214.56	257.10	286.46	315.80	224.72	250.02	275.32
62	133.60	153.88	174.06	111.36	128.54	145.78	202.42	228.76	255.04	180.20	203.46	226.74	267.22	297.58	327.94	240.90	268.24	295.52
63	139.70	160.96	182.20	117.42	135.64	153.88	212.54	239.92	267.22	190.28	214.56	238.88	283.40	315.80	348.20	251.02	279.36	307.70
64	145.78	168.04	190.28	123.48	142.76	161.94	222.68	251.02	279.36	200.42	225.72	251.02	293.54	326.92	360.32	261.16	290.50	319.84
65	155.90	179.20	202.42	133.60	153.88	174.06	238.88	269.26	299.58	216.60	243.94	271.26	309.74	345.18	380.56	277.36	308.76	340.08
66	180.20	205.46	230.78	153.88	176.14	198.38	271.26	303.64	336.04	244.96	274.32	303.64	348.20	386.68	425.10	311.74	346.18	380.56
67	206.48	234.84	263.18	178.12	202.42	226.74	305.72	341.14	376.52	279.36	311.74	344.14	390.72	432.20	473.68	350.22	387.68	425.10
68	230.78	261.16	291.48	202.42	228.76	255.04	344.14	382.62	421.04	311.74	346.18	380.56	433.20	477.74	522.28	388.68	429.16	469.64
69	257.10	290.50	323.88	222.68	251.02	279.36	378.56	420.02	461.52	342.12	379.56	417.00	477.74	526.30	574.88	429.16	473.68	518.24
70	283.40	319.84	356.30	249.00	280.40	311.74	417.00	461.52	506.10	376.52	417.00	457.48	520.28	571.88	623.48	467.64	515.22	562.74
71	307.70	346.18	384.62	273.30	306.68	340.08	451.42	499.00	546.58	408.90	451.42	493.92	558.70	613.38	668.02	502.02	552.64	603.24
72	334.00	375.52	417.00	293.54	328.96	364.36	485.82	536.42	587.06	439.28	484.84	530.36	603.24	661.94	720.66	542.50	597.20	651.80
73	358.32	401.86	445.34	317.82	355.28	392.72	524.30	577.94	631.60	471.68	519.28	566.78	645.78	707.50	769.22	580.98	638.68	696.34
74	384.62	431.18	477.74	342.12	381.62	421.04	558.70	615.38	672.06	506.10	556.70	607.30	688.26	753.06	817.82	619.44	680.16	740.90
75	414.96	464.60	514.18	368.42	410.96	453.42	597.20	656.88	716.62	540.48	594.14	647.78	732.80	801.62	870.48	659.90	724.70	789.48
76	471.68	525.32	578.94	425.10	471.68	518.24	659.90	724.70	789.48	603.24	661.94	720.66	797.58	872.50	947.38	724.70	795.58	866.36
77	528.36	586.06	643.72	481.78	532.38	582.98	726.74	796.56	866.36	670.06	733.84	797.58	862.34	943.32	999.98	789.48	866.36	943.32
78	589.10	650.80	712.56	542.50	597.20	651.80	795.58	871.50	947.38	738.88	808.70	878.54	931.18	999.98	999.98	858.32	941.30	999.98
79	647.78	714.62	781.36	601.24	660.92	720.66	862.34	943.32	999.98	805.66	880.60	955.48	995.94	999.98	999.98	923.08	999.98	999.98
80				661.94	725.74					874.50	955.48					991.92	999.98	
81				718.66	786.46					941.30	999.98					999.98	999.98	
82				781.36	854.26					999.98	999.98					999.98	999.98	
83				844.14	922.08					999.98	999.98					999.98	999.98	
84				906.86	989.92					999.98	999.98					999.98	999.98	

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
41	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
42	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
43	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
44	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
45	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
46	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
47	48.60	56.64	64.82	36.46	42.52	48.60	78.96	90.10	101.22	62.80	71.88	80.96	113.36	127.54	141.72	91.10	102.26	113.36
48	50.62	59.76	68.82	38.48	45.56	52.64	80.96	93.10	105.28	64.82	74.92	85.00	113.36	127.54	141.72	97.16	109.32	121.46
49	50.62	59.76	68.82	38.48	45.56	52.64	85.00	97.16	109.32	68.82	78.96	89.06	119.44	134.64	149.82	97.16	109.32	121.46
50	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	119.44	134.64	149.82	103.28	116.40	129.56
51	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	125.52	141.72	157.92	107.32	120.46	133.60
52	56.64	66.84	76.92	44.56	52.64	60.76	95.16	108.30	121.46	78.96	90.10	101.22	125.52	141.72	157.92	107.32	120.46	133.60
53	58.74	69.88	80.96	46.58	55.68	64.82	97.16	111.36	125.52	80.96	93.10	105.28	131.58	148.82	166.00	113.36	127.54	141.72
54	58.74	69.88	80.96	46.58	55.68	64.82	101.22	115.40	129.56	85.00	97.16	109.32	131.58	148.82	166.00	117.42	131.58	145.78
55	64.82	76.92	89.06	52.64	62.80	72.86	107.32	122.50	137.66	91.10	104.26	117.42	137.66	155.90	174.06	123.48	138.72	153.88
56	68.82	80.96	93.10	52.64	62.80	72.86	111.36	126.54	141.72	95.16	108.30	121.46	143.76	162.98	182.20	129.56	145.78	161.94
57	74.92	88.04	101.22	58.74	69.88	80.96	121.46	137.66	153.88	105.28	119.44	133.60	153.88	174.06	194.32	135.64	152.86	170.04
58	80.96	95.16	109.32	64.82	76.92	89.06	127.54	144.76	161.94	111.36	126.54	141.72	164.00	185.26	206.48	145.78	164.00	182.20
59	87.06	102.26	117.42	68.82	80.96	93.10	137.66	155.90	174.06	121.46	137.66	153.88	174.06	196.38	218.62	151.84	171.08	190.28
60	97.16	113.36	129.56	74.92	88.04	101.22	143.76	162.98	182.20	127.54	144.76	161.94	184.26	207.50	230.78	161.94	182.20	202.42
61	101.22	117.42	133.60	80.96	95.16	109.32	153.88	174.06	194.32	137.66	155.90	174.06	194.32	218.62	242.92	168.04	189.26	210.52
62	107.32	124.50	141.72	85.00	99.22	113.36	159.94	181.22	202.42	143.76	162.98	182.20	204.48	229.78	255.04	174.06	196.38	218.62
63	113.36	131.58	149.82	91.10	106.30	121.46	170.04	192.32	214.56	153.88	174.06	194.32	214.56	240.90	267.22	184.26	207.50	230.78
64	119.44	138.72	157.92	97.16	113.36	129.56	176.14	199.42	222.68	159.94	181.22	202.42	224.72	252.04	279.36	190.28	214.56	238.88
65	129.56	149.82	170.04	103.28	120.46	137.66	186.24	210.52	234.84	170.04	192.32	214.56	234.84	263.18	291.48	200.42	225.72	251.02
66	145.78	168.04	190.28	119.44	138.72	157.92	206.48	232.80	259.10	186.24	210.52	234.84	263.18	293.54	323.88	220.66	247.98	275.32
67	161.94	186.24	210.52	135.64	156.90	178.12	226.74	255.04	283.40	202.42	228.76	255.04	291.48	323.88	356.30	240.90	270.28	299.58
68	182.20	208.50	234.84	151.84	175.12	198.38	249.00	280.40	311.74	218.62	246.98	275.32	321.86	357.30	392.72	263.18	295.52	327.94
69	198.38	226.74	255.04	168.04	193.32	218.62	269.26	302.66	336.04	234.84	265.22	295.52	350.22	387.68	425.10	283.40	317.82	352.24
70	220.66	252.04	283.40	184.26	211.56	238.88	295.52	331.98	368.42	251.02	283.40	315.80	380.56	421.04	461.52	305.72	343.14	380.56
71	236.86	270.28	303.64	200.42	229.78	259.10	315.80	354.26	392.72	267.22	301.66	336.04	408.90	451.42	493.92	325.92	365.40	404.86
72	253.04	288.48	323.88	216.60	247.98	279.36	336.04	376.52	417.00	283.40	319.84	356.30	437.26	481.78	526.30	346.18	387.68	429.16
73	273.30	310.74	348.20	232.80	266.22	299.58	358.32	401.86	445.34	299.58	338.06	376.52	467.64	515.22	562.74	368.42	412.94	457.48
74	289.50	328.96	368.42	249.00	284.44	319.84	378.56	424.10	469.64	315.80	356.30	396.78	495.98	545.56	595.14	388.68	435.22	481.78
75	311.74	354.26	396.78	269.26	306.68	344.14	404.86	453.42	502.02	331.98	374.50	417.00	526.30	578.94	631.60	414.96	464.60	514.18
76	352.24	398.82	445.34	309.74	351.24	392.72	441.30	493.92	546.58	368.42	414.96	461.52	570.84	627.56	684.20	459.52	513.18	566.78
77	396.78	447.38	497.98	354.26	399.80	445.34	481.78	538.46	595.14	408.90	459.52	510.14	615.38	676.10	736.86	504.10	561.76	619.44
78	443.32	499.00	554.66	400.82	451.42	502.02	518.24	578.94	639.70	445.34	500.02	554.66	659.90	724.70	789.48	548.60	610.32	672.06
79	483.82	543.58	603.24	441.30	495.98	550.62	560.74	626.54	692.30	487.88	547.58	607.30	704.44	773.26	842.12	593.14	658.90	724.70
80				487.88	547.58					524.30	588.08					637.68	707.50	
81				532.38	596.18					564.78	632.64					682.20	756.10	
82				578.94	647.78					607.30	680.16					726.74	804.66	
83				625.56	699.38					649.80	727.74					771.26	853.26	
84				672.06	751.04					692.30	775.30					815.78	901.80	

EXHIBIT XVII

RiverSource Life Insurance Company
Long-Term Care Insurance
Nonforfeiture Benefit Rider

Rider Form 30165A
(For Policy Form 30160A-VA)

Issue Age	Percentage of Premium
40	30%
41	30%
42	30%
43	30%
44	30%
45	30%
46	30%
47	30%
48	30%
49	30%
50	30%
51	30%
52	30%
53	30%
54	30%
55	30%
56	30%
57	30%
58	30%
59	30%
60	30%
61	30%
62	30%
63	30%
64	30%
65	30%
66	29%
67	28%
68	27%
69	26%
70	25%
71	24%
72	23%
73	22%
74	21%
75	20%
76	19%
77	18%
78	17%
79	16%
80	15%
81	15%
82	15%
83	15%
84	15%

EXHIBIT XVII

RiverSource Life Insurance Company
Long-Term Care Insurance
Nonforfeiture Benefit Rider

Rider Form 30165A
(For Policy Form 30160A-VA)

Issue Age	Percentage of Premium
40	30%
41	30%
42	30%
43	30%
44	30%
45	30%
46	30%
47	30%
48	30%
49	30%
50	30%
51	30%
52	30%
53	30%
54	30%
55	30%
56	30%
57	30%
58	30%
59	30%
60	30%
61	30%
62	30%
63	30%
64	30%
65	30%
66	29%
67	28%
68	27%
69	26%
70	25%
71	24%
72	23%
73	22%
74	21%
75	20%
76	19%
77	18%
78	17%
79	16%
80	15%
81	15%
82	15%
83	15%
84	15%

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	In response to your objection letter dated 11-09-15 is the revised VA Certification of Compliance for the forms 112016, 112018 and 112459.
Attachment(s):	VA Certification of Compliance - 4-13-16 prt.pdf
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised_ActMem_30160A_20170301.pdf
Item Status:	Received & Acknowledged
Status Date:	04/06/2017

Satisfied - Item:	Cover Letter and Third Party Document
Comments:	
Attachment(s):	VA CovLtr_30160A_20140909.pdf Milliman_Involvement_VA_30160A_20140909.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2014

Satisfied - Item:	LTC Rate Increase Policyholder Q&A
Comments:	
Attachment(s):	LTC Rate Increase Policyholder Q&A.Virginia.20161103.pdf
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	NAIC Model Bulletin Information
Comments:	This rate filing was prepared in accordance with NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases, as adopted by the NAIC on December 18, 2013.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	09/17/2014

Satisfied - Item:	Response 9-29-14
Comments:	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Attachment(s):	VA Response_30160A_20140929.pdf Revised Sample LTC Policyholder Notification Letter - On Waiver.pdf Revised Sample LTC Policyholder Notification Letter - Not On Waiver.pdf 30160A-VA sm.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2015

Satisfied - Item:	Response 11-4-14
Comments:	
Attachment(s):	VA Response_30160A_20141104.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2015

Satisfied - Item:	Response 12-17-14
Comments:	
Attachment(s):	VA Response_30160A_20141217.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2015

Satisfied - Item:	Response and Rate Summary
Comments:	
Attachment(s):	VA Response_30160A_20150116.pdf VA Rate Request Summary_30160A_20150116.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2015

Satisfied - Item:	Response 6-29-15
Comments:	
Attachment(s):	VA Response_30160A_20150629.pdf
Item Status:	Received & Acknowledged
Status Date:	07/13/2015

Satisfied - Item:	Additional Examples of Policy Holder Letters
Comments:	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Attachment(s):	112016 A-John Doe.pdf 112016 B-John Doe.pdf 112016 C-John Doe.pdf 112016 D-John Doe.pdf 112016 E-John Doe.pdf 112016 F-John Doe.pdf 112016 G-John Doe.pdf 112016 H-John Doe.pdf 112018 M-John Doe.pdf 112018 N-John Doe.pdf 112018 O-John Doe.pdf 112018 P-John Doe.pdf 112018 Q-John Doe.pdf 112018 R-John Doe.pdf 112018 S-John Doe.pdf 112018 T-John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459 20161103.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 20161103.pdf
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	Response 11-3-15
Comments:	AWAIT ANJU'S RESPONSE DOCUMENT
Attachment(s):	VA Response_30160A_20151103.pdf
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Readability Certification -3-1-17.pdf
Item Status:	Received & Acknowledged
Status Date:	03/02/2017

Satisfied - Item:	John Doe versions of the Endorsement form 112459
Comments:	In response to objection #3, attached are the John Doe versions of how the endorsement form 112459 will appear based on the changes made.

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Attachment(s):	112459 VA LTC Endorsement.John Doe A 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe B 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe C 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe D 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe E 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Q 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe R 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe S 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe T 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe U 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe V 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe W 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe X 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Y 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe Z 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe F 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe G 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe H 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe J 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe K 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe L 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe M 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe N 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe O 4.12.16 pdf prt.pdf 112459 VA LTC Endorsement.John Doe P 4.12.16 pdf prt.pdf
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	VA Response letter dated 4-12-16
Comments:	The attachment 1 provided with this response letter is also located under the Rate/Rule Schedule.
Attachment(s):	VA Response_30160A_20160412.pdf
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	Response to obj letter dated 2-22-16 is included in the VA response letter dated 4-12-16
Comments:	Response to obj letter dated 2-22-16 is included in the VA response letter dated 4-12-16
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	Response 11-3-16 and red line documents
Comments:	

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Attachment(s):	SOV VA LTC Endorsement 112459 20161103 w changes.pdf 112016 LTC Waiver Policyholder Notification Letter - 20161102 red line prt.pdf 112018 LTC Non-Waiver Policyholder Notification Letter - 20161102 red line.pdf VA Response_30160A_20161103.pdf 112459 VA LTC Endorsement - clean 20161012 red line prt.pdf SOV for Virginia LTC Policyholder Letters 112016 112018 - 20161103 w changes.pdf
Item Status:	Received & Acknowledged
Status Date:	11/28/2016

Satisfied - Item:	Response 3-1-17
Comments:	
Attachment(s):	VA Response_30160A_20170301.pdf VA Rate Request Summary_30160A_20170301.pdf
Item Status:	Received & Acknowledged
Status Date:	04/06/2017

Satisfied - Item:	Response 3-21-17
Comments:	
Attachment(s):	VA Response_30160A_20170321.pdf
Item Status:	Received & Acknowledged
Status Date:	04/06/2017

Satisfied - Item:	Response 4-6-17
Comments:	
Attachment(s):	VA Response_30160A_20170405.pdf Revised VA Long Term Care Insurance Rate Request Summary_30160A_20170405.pdf
Item Status:	Received & Acknowledged
Status Date:	04/06/2017

Virginia Compliance Certification

Company Name: RiverSource Life Insurance Company

Forms: 112459, 112016, and 112018

The company has reviewed the enclosed form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Date: April 13, 2016

Signature:

Title: Director of Product Filing

Name: Jeff Pederson

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

March 2017

Policy form 30160A-VA is an individual policy form providing benefits to individuals for confinement in a nursing home with home care services. This form was issued in Virginia from March 15, 1998 to December 15, 2000. It was updated with endorsement form 32100 for applications received starting May 19, 2000; this memorandum does not apply to policies with the endorsement.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

2. Description of Benefits

This is a federally tax qualified, individually underwritten policy form that provides comprehensive long term care coverage. Benefits are payable for nursing home and assisted living facility ("ALF") care, home and community care, adult day care, respite care, caregiver training, and case management services. Equipment purchase benefits are also included with a lifetime maximum of 50 times the home and community care daily maximum benefit amount. Benefits may be payable for other supplies and services if they are specified in an alternate plan of care agreed to by the insured, the insured's physician and RiverSource Life Insurance Company ("RiverSource Life").

This policy reimburses expenses incurred by the insured subject to the amount of coverage purchased. The facility care daily maximum benefit ("FCDMB") is elected by the proposed insured at the time of application. This facility care daily maximum benefit amount is applied to nursing home, ALF, bed reservation, respite care, and alternative plan of care benefits. The home and community care daily maximum benefit amount is also elected by the proposed insured at the time of application and is a percentage (50%, 75%, or 100%) of the facility care daily maximum benefit amount. The home and community care daily maximum benefit amount is applied to home care and adult day care.

A lifetime maximum benefit amount is also elected at the time of application. This establishes the maximum amount that will be paid under the policy for the combined total of all benefit payments. The choices are 730 x FCDMB, 1,460 x FCDMB, 2,190 x FCDMB, and unlimited.

INFLATION PROTECTION
At the time of application the proposed insured can elect no benefit increase, the simple benefit increase option, or the compound benefit increase option. The simple benefit increase option will increase the daily maximum benefit amounts (both facility and home and community care amounts) by 5% of the original daily maximum benefit amount each year starting with the second policy year and continuing for the life of the policy, while the compound benefit increase option will increase the previous year's daily maximum benefit amounts (both the facility and home and community care amounts) by 5% each year starting with the second policy year and continuing for the life of the policy. The increasing benefits apply even when the policy is in claim status. Also, the remaining

lifetime maximum benefit amount, before the increase, will increase each policy year by the same percentage that the facility care daily maximum benefit amount increases. When the total amount paid under a policy is equal to the current lifetime maximum benefit amount, the policy is terminated.

DEDUCTIBLE PERIOD
Benefit payments commence after a deductible period of 20 or 90 days of service, depending on the plan initially chosen. Satisfaction of the deductible period begins with the first day on which benefit eligibility is established and expenses are incurred for which payment would be made if there were no deductible period. Only days in which services are used are credited toward satisfaction of the deductible period. These days do not need to be consecutive, but they must occur within a continuous period of three times the number of days in the deductible period. Only one deductible period needs to be satisfied during the lifetime of the policy.

The deductible period applies to all policy benefits except caregiver training, case management, equipment purchase, and respite care. Days for which the only expenses incurred are expenses that are not subject to the deductible period will not be used to satisfy the deductible period.

BENEFIT ELIGIBILITY AND CONDITIONS
A licensed health care practitioner must certify the following eligibility conditions at least annually. Benefit eligibility is based on the following: (a) the insured being unable to perform at least 2 or more of the following 5 activities of daily living ("ADLs"): (1) eating, (2) toileting, (3) transferring, (4) dressing, and (5) continence, without substantial assistance for a period of at least 90 days due to a loss of functional capacity, or (b) severe cognitive impairment requiring substantial supervision, or (c) the insured having a level of disability similar to that described in (a) above, based on standards established by the Secretary of the Treasury.

A Medicare non-duplication provision excludes benefits that otherwise would be paid but for the application of a Medicare deductible or coinsurance amount.

FACILITY CARE BENEFITS
Facility care benefits are payable for nursing home confinement, whether skilled, intermediate, or custodial levels of care are received. Hospital confinement is not a prerequisite for benefit entitlement. Once benefit eligibility is established and the deductible period is satisfied, expenses incurred as a resident inpatient in a nursing home will be reimbursed up to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Facility care benefits are also payable for stays in a qualified ALF. A qualified ALF is one that has a minimum of 8 inpatients and has a 24-hour awake, trained, and ready to respond staff. Once benefit eligibility is established and the deductible period is satisfied, expenses incurred as a resident inpatient in an ALF will be reimbursed up to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Premium payments will be waived during extended nursing home and ALF stays. This waiver begins after 90 days of confinement (including during the deductible period) in a nursing home or ALF. These days do not need to be consecutive, but they must occur within a continuous period of 180 days. The waiver stops once nursing home and ALF benefits cease. Home or community care benefit days do not have premiums waived and are not counted towards satisfying the waiver of premium deductible period.

If a temporary hospitalization is required during a period of confinement in a nursing home or ALF, and there is a charge to reserve a bed in the facility, this policy will pay the facility care daily maximum benefit amount for up to 21 days per policy year. These days also count towards satisfying the deductible period.

HOME CARE BENEFITS

Home care benefits covered at 100% of the home and community care daily maximum benefit amount are services provided by a nurse, a licensed physical, occupational or speech therapist, a home health aide, a personal care attendant, and adult day care. Home care benefits covered at 80% of the home and community care daily maximum benefit amount are homemaker and chore services. These expenses will be reimbursed subject to the percent of the home and community care daily maximum benefit amount listed above on the day expenses are incurred.

ADDITIONAL BENEFITS

Benefits in this section do not count against either the facility or home and community care daily maximum benefit amounts. They are, however, deducted from the lifetime maximum benefit amount, except for certain case management services described below. These expenses are not subject to the deductible period and they may not be used to satisfy the deductible period.

Expenses incurred for the first 14 days of respite care received during a policy year will be reimbursed subject to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Pre-approved equipment purchase expenses will be reimbursed up to a lifetime maximum of 50 times the home and community care daily maximum benefit amount. This equipment must be expected to help the insured remain in their home for at least 90 days.

Caregiver training expenses will be reimbursed up to a lifetime maximum of 5 times the home and community care daily maximum benefit amount.

The initial assessment fee for case management services is reimbursable, but, to the extent it exceeds 5 times the facility care daily maximum benefit amount, it will be deducted from the lifetime maximum benefit amount. Other fees charged for case management services are reimbursable, but, to the extent they exceed 2 times the facility care daily maximum benefit amount per use, they are deducted from the lifetime maximum benefit amount.

NONFORFEITURE BENEFIT RIDER
At issue, the insured has the option to select a nonforfeiture benefit rider. The nonforfeiture benefit rider provides a reduced lifetime maximum benefit amount upon lapse. The facility and home and community care daily maximum benefit amounts will continue at the same level as of the date of lapse, regardless of whether a benefit increase option was selected by the insured at issue.

The nonforfeiture benefit will begin if the policy terminates due to nonpayment of premium after the policy and rider have been inforce for at least 3 years. The reduced lifetime maximum benefit amount is determined as the sum of all premiums paid at the time of lapse, including the premiums for the nonforfeiture benefit rider. The reduced lifetime maximum benefit amount will not be less than 30 times the facility care daily maximum benefit amount at the time of lapse. However, in no case will the sum of the benefits paid during the premium paying period and the reduced lifetime maximum benefit amount exceed the lifetime maximum benefit amount at time of lapse.

The provisions for the benefit are at least as favorable as those prescribed by the 1996 NAIC Model Regulation.

3. Renewability

This policy form is guaranteed renewable for life.

4. Applicability

This filing is applicable to inforce policies only, except for those issued with endorsement form 32100 (applications received on or after May 19, 2000), as this policy form is no longer being sold in the market.

5. Actuarial Assumptions

Exhibit I provides a comparison of the original pricing assumptions and the current assumptions used in this filing for morbidity, mortality, lapses and interest.

Exhibits II, III, IV and V provide experience analysis summaries for morbidity, mortality and lapse in support of the current rate increase assumptions.

The following discussion describes the actuarial assumptions used in the current rate increase analysis and summarizes our experience analysis in support of these current rate increase assumptions as well as the company's management of this block of business. We believe the current assumptions are justified by the underlying experience and that the changed assumptions from original pricing (and the prior rate increase filings) are reasonable.

<u>Morbidity</u>
Expected claim costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor.

Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for nursing home benefits. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on nursing home claims incidence. It was understood that the underwriting process would include an assessment of functional and cognitive abilities if considered appropriate.

Starting in 1990, RiverSource Life also marketed home health care benefit riders. At the time of original pricing, only limited insured experience was available for home and community care benefits. Therefore the expected claim costs for these benefits were derived from general population data with the assistance of RiverSource Life's reinsurer. Both the incidence rates and the length of home care usage for the first two years were determined through analysis of the "1982-1984 National Long Term Care Surveys", which polled elderly people who manifested impairments in ADLs. The home care incidence rates were modified by loading for cognitive impairment as a benefit trigger.

The data from the "1985 National Nursing Home Survey" was used to extrapolate the length of home care usage after the first two years. Additionally, experience data from continuing care retirement communities was used to verify the claim cost assumptions and to provide guidance in translating general population experience to anticipated insured population experience. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on home care claims incidence.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits. The nonforfeiture benefit claim costs were determined by assumptions consistent with those used in establishing premium rates.

It should be recognized that considerable judgment was made with respect to expected claim costs, especially for non-institutional benefits. After using all available data, total expected claim costs were developed that represented reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

Actual-to-expected adjustment factors have been developed from actual emerging experience through anniversaries ending December 2015 and are shown in the following tables:

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

March 2017

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue						
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78+**
1	0.110	0.370	0.880	1.520	2.070	2.650	2.360
2	0.110	0.370	0.880	1.520	2.070	2.650	2.360
3	0.110	0.370	0.880	1.520	2.070	2.650	2.360
4	0.132	0.452	0.928	1.538	2.082	2.562	2.364
5	0.154	0.534	0.976	1.556	2.094	2.474	2.368
6	0.176	0.616	1.024	1.574	2.106	2.386	2.372
7	0.198	0.698	1.072	1.592	2.118	2.298	2.376
8	0.220	0.780	1.120	1.610	2.130	2.210	2.380
9	0.242	0.800	1.180	1.668	2.132	2.224	2.380
10	0.264	0.820	1.240	1.726	2.134	2.238	2.380
11	0.286	0.840	1.300	1.784	2.136	2.252	2.380
12	0.308	0.860	1.360	1.842	2.138	2.266	2.380
13	0.330	0.880	1.420	1.900	2.140	2.280	2.380
14	0.368	0.894	1.424	1.902	2.134	2.292	2.374
15	0.406	0.908	1.428	1.904	2.128	2.304	2.368
16	0.444	0.922	1.432	1.906	2.122	2.316	2.362
17	0.482	0.936	1.436	1.908	2.116	2.328	2.356
18	0.520	0.950	1.440	1.910	2.110	2.340	2.350
19	0.524	0.954	1.432	1.906	2.110	2.348	2.356
20	0.528	0.958	1.424	1.902	2.110	2.356	2.362
21	0.532	0.962	1.416	1.898	2.110	2.364	2.368
22	0.536	0.966	1.408	1.894	2.110	2.372	2.374
23	0.540	0.970	1.400	1.890	2.110	2.380	2.380
24	0.604	0.982	1.400	1.890	2.098	2.380	2.380
25	0.668	0.994	1.400	1.890	2.086	2.380	2.380
26	0.732	1.006	1.400	1.890	2.074	2.380	2.380
27	0.796	1.018	1.400	1.890	2.062	2.380	2.380
28	0.860	1.030	1.400	1.890	2.050	2.380	2.380
29	0.881	1.036	1.402	1.891	2.048	2.376	2.376
30	0.902	1.042	1.403	1.892	2.047	2.372	2.372
31	0.923	1.048	1.405	1.893	2.045	2.368	2.368
32	0.943	1.053	1.407	1.893	2.043	2.363	2.363
33	0.964	1.059	1.408	1.894	2.042	2.359	2.359
34	0.985	1.065	1.410	1.895	2.040	2.355	2.355
35	1.006	1.071	1.412	1.896	2.038	2.351	2.351
36	1.027	1.077	1.413	1.897	2.037	2.347	2.347
37	1.048	1.083	1.415	1.898	2.035	2.343	2.343
38	1.068	1.088	1.417	1.898	2.033	2.338	2.338
39	1.089	1.094	1.418	1.899	2.032	2.334	2.334
40+	1.110	1.100	1.420	1.900	2.030	2.330	2.330

RIVERSOURCE LIFE INSURANCE COMPANY

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Actuarial Memorandum for 30160A

March 2017

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue							
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78-82**	**83+**
1	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
2	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
3	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
4	0.186	0.192	0.262	0.644	1.126	1.642	2.470	2.618
5	0.222	0.224	0.314	0.768	1.272	1.724	2.460	2.616
6	0.258	0.256	0.366	0.892	1.418	1.806	2.450	2.614
7	0.294	0.288	0.418	1.016	1.564	1.888	2.440	2.612
8	0.330	0.320	0.470	1.140	1.710	1.970	2.430	2.610
9	0.328	0.394	0.630	1.268	1.816	2.074	2.430	2.626
10	0.326	0.468	0.790	1.396	1.922	2.178	2.430	2.642
11	0.324	0.542	0.950	1.524	2.028	2.282	2.430	2.658
12	0.322	0.616	1.110	1.652	2.134	2.386	2.430	2.674
13	0.320	0.690	1.270	1.780	2.240	2.490	2.430	2.690
14	0.342	0.732	1.272	1.786	2.234	2.516	2.432	2.696
15	0.364	0.774	1.274	1.792	2.228	2.542	2.434	2.702
16	0.386	0.816	1.276	1.798	2.222	2.568	2.436	2.708
17	0.408	0.858	1.278	1.804	2.216	2.594	2.438	2.714
18	0.430	0.900	1.280	1.810	2.210	2.620	2.440	2.720
19	0.470	0.908	1.274	1.804	2.208	2.618	2.444	2.720
20	0.510	0.916	1.268	1.798	2.206	2.616	2.448	2.720
21	0.550	0.924	1.262	1.792	2.204	2.614	2.452	2.720
22	0.590	0.932	1.256	1.786	2.202	2.612	2.456	2.720
23	0.630	0.940	1.250	1.780	2.200	2.610	2.460	2.720
24	0.672	0.950	1.262	1.800	2.200	2.610	2.460	2.720
25	0.714	0.960	1.274	1.820	2.200	2.610	2.460	2.720
26	0.756	0.970	1.286	1.840	2.200	2.610	2.460	2.720
27	0.798	0.980	1.298	1.860	2.200	2.610	2.460	2.720
28	0.840	0.990	1.310	1.880	2.200	2.610	2.460	2.720
29	0.860	0.996	1.311	1.881	2.199	2.609	2.458	2.716
30	0.880	1.002	1.312	1.882	2.198	2.608	2.455	2.712
31	0.900	1.008	1.313	1.883	2.198	2.608	2.453	2.708
32	0.920	1.013	1.313	1.883	2.197	2.607	2.450	2.703
33	0.940	1.019	1.314	1.884	2.196	2.606	2.448	2.699
34	0.960	1.025	1.315	1.885	2.195	2.605	2.445	2.695
35	0.980	1.031	1.316	1.886	2.194	2.604	2.443	2.691
36	1.000	1.037	1.317	1.887	2.193	2.603	2.440	2.687
37	1.020	1.043	1.318	1.888	2.193	2.603	2.438	2.683
38	1.040	1.048	1.318	1.888	2.192	2.602	2.435	2.678
39	1.060	1.054	1.319	1.889	2.191	2.601	2.433	2.674
40+	1.080	1.060	1.320	1.890	2.190	2.600	2.430	2.670

Beginning in 2003, we have taken steps to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible. To reflect these improvements, we have reduced our expected claim costs by 5% for 2004 and later.

We conduct a morbidity study every year to analyze the current actual-to-expected adjustment factors ("A/E factors"). Our analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available.

The morbidity study is performed by comparing actual incurred claims to expected incurred claims, where expected claims reflect the original pricing claim costs adjusted with the company's most recent set of A/E factors. If the resulting cumulative actual-to-expected ratio is near 100% while minimizing the squared error, no changes are made to the A/E factors. However, if the actual-to-expected ratio has shifted away from 100% or the squared error is too high, we develop a new set of A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

Exhibit II displays "expected" experience using our current adjustment factors compared to actual incurred claims. The expected basis shown in this exhibit reflects the currently assumed claim costs. As shown in Exhibit II, the total actual-to-expected ratio using the A/E factors described above is 101.6%. This experience is based on 6,498 actual claims (2,268 lifetime and 4,230 non-lifetime). Actual claim counts split by issue age band are also displayed in Exhibit II.

Professional judgment was applied to create factors for periods beyond that for which there is experience. It has been credibly observed on older forms, including 30160A, that experience has been favorable at younger attained ages but much worse than priced for at older attained ages. Thus, we believe A/E factors that increase by duration are appropriate.

Mortality

Durational mortality selection factors were developed from actual experience on all long-term care ("LTC") forms combined and are applied to the 1983 Individual Annuity Mortality ("IAM") Basic table.

Exhibit III is based on deaths on all LTC policies incurred from policy anniversaries in 2000 through policy anniversaries in 2015. The expected basis shown in this exhibit reflects 1983 IAM Basic mortality with the currently assumed selection factors. The selection factors fit the observed data very well with the resulting A/E at or near 100%.

The data was used in the development of the current selection factors, subject to the constraint that the factors must be non-decreasing by duration.

Selection factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

At the older issue ages, mortality increases to approximately 100% of the table. In general, that has not been the case through duration 23 for younger issue ages, but we

expect that it would as insureds reach a very advanced age. For this reason the effect of selection is extended up to duration 35 for younger issue ages. This experience includes 48,645 deaths.

Lapse Rates

Ultimate lapse rates range from 1.1% to 6.0% based on issue age band and benefit category (lifetime and non-lifetime). In the year of rate increase notification to policyholders, an additional 2.8% of inforce policyholders is assumed to lapse, and a 3.0% reduction in benefits due to election of reduced benefit options is also assumed. Exhibit IV provides the additional lapses and risk amount reductions experienced by the company at different levels of rate increase.

Exhibit V provides the lapse experience across all LTC forms combined from policy anniversaries in 2000 through policy anniversaries in 2015. The expected basis shown in this exhibit reflects the currently assumed lapse rates.

Lapse experience varies by issue age and benefit type (lifetime benefit versus non-lifetime benefit). We applied judgment to the data contained in this exhibit to derive the best estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We also made an effort to reflect that lapse rates seem to increase some at older attained ages. This experience includes 37,181 lapses, including 12,646 in durations 8 and later. The exposure and actual lapses close to the implementation of rate increases are excluded from this analysis. For non-lifetime benefits, lapses include policies that have maximized their benefits.

We have experienced much stronger customer loyalty than anticipated at the time the LTC policy forms were initially priced. The resulting high policy persistency has unfortunately had an adverse impact on loss ratios.

Adverse Selection

5.8% in the year of rate increase notification to policyholders grading down to 0% in the 7th year after rate increase notification.

Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2008, 2012 and 2016 so that total commissions paid before and after past sought nationwide increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

The above assumptions are based on actual inforce experience of RiverSource Life and are deemed reasonable for this particular policy form, and they do not include any provision for profit or contingencies. These are current best estimate assumptions and do not contain any provision for adverse deviation. These assumptions for morbidity, mortality and lapse are the same as those used in the 2016 asset adequacy analysis.

Exhibits VI and VII provide the assumptions used in the prior 2007 and 2011 rate increase filings, respectively.

6. Marketing Method

This policy form was marketed by agents of RiverSource Life.

7. Underwriting Description

This policy form was 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.

8. Premiums

Premiums are unisex and payable for life. The premiums vary by issue age, the initial amount of the facility and home and community care daily maximum benefit amounts, the maximum lifetime benefit amount, the deductible period, and the Benefit Increase Option.

9. Issue Age Range

The issue ages are from 40 to 79 except for the benefit structures with 90-day deductible period, 2- or 4-year maximum policy benefit, and home and community care daily maximum 50% or 75% of facility care daily maximum, which are issued to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of 6/30/2016) are applied to the annual premium ("AP"):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.0000*AP + 0.0	44.7%
Semi-Annual	0.5020*AP+ 0.4	7.1%
Quarterly	0.2580*AP+ 0.5	7.1%
Monthly	0.0868*AP+ 0.6	41.1%

12. Active Life Reserves

Active life reserves, although they have significant impact, have not been used in this rate increase analysis, except as shown in Exhibits XII, XIII and XIV.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for policy form 30160A is shown in Exhibit VIII, and Virginia experience for policy form 30160A-VA is shown in Exhibit IX. These exhibits include any previously implemented rate increases as described below in section 15.

Note that RiverSource Life does not consider Virginia-specific experience to be fully credible but is providing it as required. The proposed rates have been developed using nationwide experience.

Historical experience is shown by claim incurral year with the loss ratio for each calendar year. The following formula provides an illustration of the historical incurred loss ratio calculation for each calendar year:

$$ILR_j = \frac{\sum_k \sum_t {}_j Pmt_t^k * v^{t-k} + \sum_k ({}_j CR_{ValDate}^k + {}_j IBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

ILR_j = incurred loss ratio for year *j*

${}_j Pmt_t^k$ = claim payments at time *t* for claims incurred at time *k* in year *j*

${}_j CR_{ValDate}^k$ = open claim reserve held on June 30, 2016 for claims incurred at time *k* in year *j*

${}_j IBNR_{ValDate}^k$ = incurred but not reported reserve as of June 30, 2016 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = June 30, 2016

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.045 = 0.956938

A historical annual paid loss ratio is calculated in Exhibits VIII and IX, with and without interest, as historical paid claims divided by historical earned premiums, where paid claims are calculated as the actual claims paid in that year. A historical annual incurred loss ratio is calculated in Exhibits VIII and IX, with and without interest, as historical incurred claims divided by historical earned premiums, where actual historical incurred claims are determined by discounting claim payments and open claim reserves to the actual original loss date for each claim and by discounting IBNR to the time it is assumed to occur. Actual historical earned premiums used in Exhibits VIII and IX are calculated based on the issue and, if appropriate, termination date for each policy. These items are then summed to produce a total for each calendar year. For purposes of accumulating historical experience for a historical or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual paid loss ratio is calculated, with and without interest, as anticipated paid claims divided by anticipated earned premiums in Exhibits VIII and IX. A future annual incurred loss ratio is calculated in Exhibits VIII and IX, with and without interest, as anticipated incurred claims divided by anticipated earned premiums. The anticipated earned premiums, paid claims and incurred claims are projected on a seriatim basis and then summed to produce a total for each calendar year. For purposes of accumulating experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

Lifetime loss ratios in Exhibits VIII and IX are as of June 30, 2016 and are calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of the total for each calendar year occur at 5.0%, an interest rate consistent with that assumed in the determination of premiums at the time of original pricing, and assume mid-year values.

The primary reason for this rate increase is due to actual voluntary lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A rate increase is considered an effective way to reduce projected losses.

Table 1 shows the isolated impact on the projected lifetime loss ratio of future deviations in each key driver from original assumptions and the corresponding rate increase needed to produce a lifetime loss ratio of 73.2%, which represents the lifetime loss ratio using historical experience combined with projections based on our original pricing assumptions. The lifetime ratios in the table below reflect actual historical experience (i.e. only the projection period assumptions vary). Please note that Table 1 has been developed using nationwide historical experience through June 30, 2016, where actual and projected premiums reflect the accumulated rate increases as filed / approved in Virginia and implemented from 2008 through 2013 on a nationwide basis, and the loss ratio with all current assumptions corresponds to Exhibit VIII without the requested rate increase.

Table 1
RiverSource Life Insurance Company
Nationwide Experience
Impact on the Lifetime Loss Ratio of Changing
From Original Pricing to Current Assumptions
Policy Form: 30160A

Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Increase Needed to Produce a Lifetime Loss Ratio of 73.2%
Originally Priced Loss Ratio	62.8%	N/A	N/A
Original Pricing Loss Ratio based on Actual Sales	54.5%	N/A	N/A
Historical Experience through 9/30/2015 & Projections with Original Pricing Assumptions	73.2%	N/A	N/A
Historical Experience through 6/30/2016 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	81.8%	8.6%	68.4%
Mortality	74.6%	1.4%	11.1%
Lapse	85.4%	12.2%	81.1%
Historical Experience through 6/30/2016 & Projections with All Current Assumptions	98.0%	24.8%	159.6%

Note that in the above Table 1, the lifetime loss ratio for each changed assumption does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the lifetime loss ratio (i.e. 24.8%) is greater than the sum of each changed assumption's impact on the lifetime loss ratio (i.e. 22.2% = 8.6% + 1.4% + 12.2%).

As can be seen by the results in Table 1, a rate increase that far exceeds the requested 34.6% increase is justified; however, we have chosen to limit the current rate increase request to 34.6% to minimize the impact on policyholders to the extent we can.

Exhibits X and XI provide nationwide and Virginia-specific actual experience, respectively, including earned premiums, incurred claims, change in active life reserves and incurred loss ratios (included change in active life reserves) by calendar year. The historical annual incurred loss ratio in these exhibits is defined as the sum of incurred claims and increase in active life reserves divided by earned premiums, where incurred claims and earned premiums for each year are consistent with Exhibits VIII and IX. The values in Exhibits X and XI are shown without interest accumulation.

Exhibits XII and XIII provide nationwide and Virginia-specific experience, respectively, assuming the proposed Virginia rate level (i.e. with cumulative 102.4% increase) from inception. The loss ratios are calculated in a manner consistent with Exhibits VIII and IX.

Exhibit XIV provides anticipated loss ratios calculated with the numerator equal to anticipated incurred claims less policy reserves and the denominator equal to anticipated earned premiums, for both nationwide and Virginia-specific experience.

15. History of Previous Rate Revisions

Two prior increases have been approved and implemented on this form. A 33.1% increase was approved in June 2007 and implemented as three consecutive annual increases of 10% on each contract's next policy anniversary beginning in December 2007. A 13% increase was approved in August 2012 and implemented on each contract's next policy anniversary beginning in December 2012.

The actual and projected premiums in Exhibits VIII and X reflect the accumulated rate increases as approved in Virginia and implemented from 2007 through 2013 on a nationwide basis.

16. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting an increase of 34.6%.

Projected experience assuming this increase is implemented is shown in Exhibits VIII and IX.

Exhibit XV provides the demonstration that this rate increase meets the dual-loss ratio standard for individual long-term care policy forms set forth in the NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases ("the Bulletin"), as adopted by the NAIC on December 18, 2013. Please note that, in accordance with standards set forth in 14 VAC 5-130-50(B), the loss ratios in Exhibits VIII and IX are calculated using an interest rate consistent with that assumed in the determination of premiums at the time of original pricing, rather than the maximum valuation interest rate for contract reserves recommended in the Bulletin.

Exhibit XVI provides a side-by-side comparison of the current rates, proposed rates and the percentage increase in the rate. The proposed rates are equal to 1.17 times the current rates, subject to the maximum rate of $999.98. Exhibit XVII provides the proposed rate tables.

17. Virginia Average Annual Premium (Annual Premium Based on June 30, 2016 Inforce)

Before increases:	$1,982
After increase:	$2,668

These values assume all previously approved premium increases have been implemented.

18. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following a 60-day policyholder notification period.

19. Nationwide Distribution of Business as of 6/30/2016 (based on inforce count)

By Issue Age:

Issue Ages	Percent Distribution
<55	31.0%
55-59	27.0%
60-64	23.7%
65-69	12.3%
70-74	4.7%
75-79	1.2%
>79	0.1%

By Deductible Period:

Deductible Period	Percent Distribution
20-day	18.7%
90-day	81.3%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	3.8%
4-Year	30.8%
6-Year	25.4%
Unlimited	40.0%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	8.5%
Simple	39.7%
Compound	51.8%

20. Number of Policyholders

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

March 2017

As of June 30, 2016, the number of policies and annual premium inforce, assuming all premium increases previously approved in Virginia have been implemented in both the state and nationwide, is:

	Number of Insured	Annual Premium
Virginia	1,205	$2,388,758
Nationwide	28,225	$58,007,892

21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, based on the loss ratio standard set forth in 14 VAC 5-200-150(B).

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company
Date: March 1, 2017

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions

Original Pricing Assumptions:

Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for nursing home benefits. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on nursing home claims incidence. It was understood that the underwriting process would include an assessment of functional and cognitive abilities if considered appropriate.

Starting in 1990, RiverSource Life also marketed home health care benefit riders. At the time of original pricing, only limited insured experience was available for home and community care benefits. Therefore the expected claim costs for these benefits were derived from general population data with the assistance of RiverSource Life's reinsurer. Both the incidence rates and the length of home care usage for the first two years were determined through analysis of the "1982-1984 National Long Term Care Surveys", which polled elderly people who manifested impairments in ADLs. The home care incidence rates were modified by loading for cognitive impairment as a benefit trigger.

The data from the "1985 National Nursing Home Survey" was used to extrapolate the length of home care usage after the first two years. Additionally, experience data from continuing care retirement communities was used to verify the claim cost assumptions and to provide guidance in translating general population experience to anticipated insured population experience. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on home care claims incidence.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits. The nonforfeiture benefit claim costs were determined by assumptions consistent with those used in establishing premium rates.

It should be recognized that considerable judgment was made with respect to expected claim costs, especially for non-institutional benefits. After using all available data, total expected claim costs were developed that represented reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

The following selection factors were used:

Duration	Factor
1	40%
2	50%
3	60%
4	70%
5	80%
6	90%
7+	100%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions

Current Assumptions:

Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2015. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.110	0.370	0.880	1.520	2.070	2.650	2.360
2	0.110	0.370	0.880	1.520	2.070	2.650	2.360
3	0.110	0.370	0.880	1.520	2.070	2.650	2.360
4	0.132	0.452	0.928	1.538	2.082	2.562	2.364
5	0.154	0.534	0.976	1.556	2.094	2.474	2.368
6	0.176	0.616	1.024	1.574	2.106	2.386	2.372
7	0.198	0.698	1.072	1.592	2.118	2.298	2.376
8	0.220	0.780	1.120	1.610	2.130	2.210	2.380
9	0.242	0.800	1.180	1.668	2.132	2.224	2.380
10	0.264	0.820	1.240	1.726	2.134	2.238	2.380
11	0.286	0.840	1.300	1.784	2.136	2.252	2.380
12	0.308	0.860	1.360	1.842	2.138	2.266	2.380
13	0.330	0.880	1.420	1.900	2.140	2.280	2.380
14	0.368	0.894	1.424	1.902	2.134	2.292	2.374
15	0.406	0.908	1.428	1.904	2.128	2.304	2.368
16	0.444	0.922	1.432	1.906	2.122	2.316	2.362
17	0.482	0.936	1.436	1.908	2.116	2.328	2.356
18	0.520	0.950	1.440	1.910	2.110	2.340	2.350
19	0.524	0.954	1.432	1.906	2.110	2.348	2.356
20	0.528	0.958	1.424	1.902	2.110	2.356	2.362
21	0.532	0.962	1.416	1.898	2.110	2.364	2.368
22	0.536	0.966	1.408	1.894	2.110	2.372	2.374
23	0.540	0.970	1.400	1.890	2.110	2.380	2.380
24	0.604	0.982	1.400	1.890	2.098	2.380	2.380
25	0.668	0.994	1.400	1.890	2.086	2.380	2.380
26	0.732	1.006	1.400	1.890	2.074	2.380	2.380
27	0.796	1.018	1.400	1.890	2.062	2.380	2.380
28	0.860	1.030	1.400	1.890	2.050	2.380	2.380
29	0.881	1.036	1.402	1.891	2.048	2.376	2.376
30	0.902	1.042	1.403	1.892	2.047	2.372	2.372
31	0.923	1.048	1.405	1.893	2.045	2.368	2.368
32	0.943	1.053	1.407	1.893	2.043	2.363	2.363
33	0.964	1.059	1.408	1.894	2.042	2.359	2.359
34	0.985	1.065	1.410	1.895	2.040	2.355	2.355
35	1.006	1.071	1.412	1.896	2.038	2.351	2.351
36	1.027	1.077	1.413	1.897	2.037	2.347	2.347
37	1.048	1.083	1.415	1.898	2.035	2.343	2.343
38	1.068	1.088	1.417	1.898	2.033	2.338	2.338
39	1.089	1.094	1.418	1.899	2.032	2.334	2.334
40+	1.110	1.100	1.420	1.900	2.030	2.330	2.330

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions

Current Assumptions (continued):

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<53	53–57	58–62	63–67	68–72	73–77	78-82	83+
1	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
2	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
3	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
4	0.186	0.192	0.262	0.644	1.126	1.642	2.470	2.618
5	0.222	0.224	0.314	0.768	1.272	1.724	2.460	2.616
6	0.258	0.256	0.366	0.892	1.418	1.806	2.450	2.614
7	0.294	0.288	0.418	1.016	1.564	1.888	2.440	2.612
8	0.330	0.320	0.470	1.140	1.710	1.970	2.430	2.610
9	0.328	0.394	0.630	1.268	1.816	2.074	2.430	2.626
10	0.326	0.468	0.790	1.396	1.922	2.178	2.430	2.642
11	0.324	0.542	0.950	1.524	2.028	2.282	2.430	2.658
12	0.322	0.616	1.110	1.652	2.134	2.386	2.430	2.674
13	0.320	0.690	1.270	1.780	2.240	2.490	2.430	2.690
14	0.342	0.732	1.272	1.786	2.234	2.516	2.432	2.696
15	0.364	0.774	1.274	1.792	2.228	2.542	2.434	2.702
16	0.386	0.816	1.276	1.798	2.222	2.568	2.436	2.708
17	0.408	0.858	1.278	1.804	2.216	2.594	2.438	2.714
18	0.430	0.900	1.280	1.810	2.210	2.620	2.440	2.720
19	0.470	0.908	1.274	1.804	2.208	2.618	2.444	2.720
20	0.510	0.916	1.268	1.798	2.206	2.616	2.448	2.720
21	0.550	0.924	1.262	1.792	2.204	2.614	2.452	2.720
22	0.590	0.932	1.256	1.786	2.202	2.612	2.456	2.720
23	0.630	0.940	1.250	1.780	2.200	2.610	2.460	2.720
24	0.672	0.950	1.262	1.800	2.200	2.610	2.460	2.720
25	0.714	0.960	1.274	1.820	2.200	2.610	2.460	2.720
26	0.756	0.970	1.286	1.840	2.200	2.610	2.460	2.720
27	0.798	0.980	1.298	1.860	2.200	2.610	2.460	2.720
28	0.840	0.990	1.310	1.880	2.200	2.610	2.460	2.720
29	0.860	0.996	1.311	1.881	2.199	2.609	2.458	2.716
30	0.880	1.002	1.312	1.882	2.198	2.608	2.455	2.712
31	0.900	1.008	1.313	1.883	2.198	2.608	2.453	2.708
32	0.920	1.013	1.313	1.883	2.197	2.607	2.450	2.703
33	0.940	1.019	1.314	1.884	2.196	2.606	2.448	2.699
34	0.960	1.025	1.315	1.885	2.195	2.605	2.445	2.695
35	0.980	1.031	1.316	1.886	2.194	2.604	2.443	2.691
36	1.000	1.037	1.317	1.887	2.193	2.603	2.440	2.687
37	1.020	1.043	1.318	1.888	2.193	2.603	2.438	2.683
38	1.040	1.048	1.318	1.888	2.192	2.602	2.435	2.678
39	1.060	1.054	1.319	1.889	2.191	2.601	2.433	2.674
40+	1.080	1.060	1.320	1.890	2.190	2.600	2.430	2.670

The following adverse selection factors are used:

Year of Policyholder Notification	With Requested Increase
1	5.80%
2	4.80%
3	3.80%
4	2.80%
5	1.80%
6	0.80%
7	0.00%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Mortality Assumptions

Original Pricing Assumptions:
1983 Individual Annuity Mortality Table

Current Assumptions:
1983 Individual Annuity Mortality Basic Table with selection consistent with experience

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	66%	71%	78%	74%	88%
12	57%	66%	71%	78%	88%	89%
13	57%	66%	73%	83%	88%	94%
14	57%	67%	73%	88%	89%	94%
15	57%	67%	74%	88%	95%	94%
16	57%	67%	81%	88%	95%	100%
17	59%	69%	81%	91%	101%	101%
18	59%	69%	84%	95%	101%	101%
19	68%	73%	84%	96%	101%	101%
20	68%	75%	85%	96%	101%	105%
21	72%	78%	85%	100%	105%	105%
22	75%	80%	90%	105%	105%	110%
23	78%	85%	90%	105%	110%	110%
24	83%	87%	90%	105%	110%	110%
25	83%	90%	100%	105%	110%	110%
26	85%	90%	100%	105%	110%	110%
27	87%	90%	100%	105%	110%	110%
28	87%	95%	100%	105%	110%	110%
29	90%	95%	100%	105%	110%	110%
30	90%	100%	100%	105%	110%	110%
31	90%	100%	100%	105%	110%	110%
32	95%	100%	100%	105%	110%	110%
33	95%	100%	100%	105%	110%	110%
34	95%	100%	100%	105%	110%	110%
35+	100%	100%	100%	105%	110%	110%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Lapse Assumptions

Original Pricing Assumptions:

Duration	Rate
1	8%
2	7%
3	6%
4+	5%

Current Assumptions:

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.90%	6.80%	7.00%
2	6.50%	4.50%	3.50%
3	4.80%	3.50%	3.50%
4	3.60%	2.60%	1.90%
5	2.60%	1.90%	1.30%
6	1.90%	1.60%	1.30%
7	1.50%	1.10%	1.30%
8	1.10%	1.10%	1.30%
9	1.06%	1.08%	1.30%
10	0.85%	1.15%	1.30%
11	0.80%	1.00%	1.30%
12	0.65%	0.85%	1.40%
13	0.65%	0.87%	1.40%
14	0.65%	0.87%	1.50%
15	0.60%	0.95%	1.50%
16	0.60%	1.05%	1.70%
17	0.60%	1.05%	1.70%
18	0.60%	1.20%	1.80%
19	0.60%	1.20%	1.80%
20	0.65%	1.20%	1.90%
21	0.70%	1.20%	1.90%
22	0.75%	1.20%	2.00%
23	0.80%	1.20%	2.00%
24	0.90%	1.25%	2.00%
25	0.95%	1.25%	2.00%
26	0.95%	1.25%	2.00%
27	1.00%	1.25%	2.00%
28	1.00%	1.25%	2.00%
29	1.00%	1.25%	2.00%
30	1.00%	1.30%	2.00%
31	1.10%	1.30%	2.00%
32	1.10%	1.30%	2.00%
33	1.10%	1.30%	2.00%
34	1.10%	1.30%	2.00%
35	1.10%	1.35%	2.00%
36	1.10%	1.35%	2.00%
37	1.10%	1.35%	2.00%
38	1.10%	1.35%	2.00%
39	1.10%	1.35%	2.00%
40+	1.10%	1.40%	2.00%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.4%
9	1.1%	1.3%	2.5%
10	1.0%	1.3%	3.3%
11	1.0%	1.4%	3.6%
12	0.9%	1.4%	3.8%
13	0.8%	1.4%	3.8%
14	0.8%	1.4%	4.8%
15	0.8%	1.7%	4.8%
16	0.8%	1.7%	5.2%
17	1.0%	1.9%	5.2%
18	1.1%	2.0%	6.0%
19	1.1%	2.3%	6.0%
20	1.1%	2.8%	6.0%
21	1.1%	3.0%	6.0%
22	1.1%	3.3%	6.0%
23	1.1%	3.4%	6.0%
24	1.2%	3.5%	6.0%
25	1.4%	3.6%	6.0%
26	1.5%	3.8%	6.0%
27	1.6%	4.0%	6.0%
28	2.1%	4.2%	6.0%
29	2.4%	4.4%	6.0%
30	2.6%	4.5%	6.0%
31	2.9%	4.5%	6.0%
32	3.1%	4.5%	6.0%
33	3.2%	4.5%	6.0%
34	3.3%	4.5%	6.0%
35	3.4%	4.5%	6.0%
36	3.5%	4.5%	6.0%
37	3.5%	4.5%	6.0%
38	3.5%	4.5%	6.0%
39	3.5%	4.5%	6.0%
40+	3.5%	4.5%	6.0%

In the year of rate increase notification to policyholders, an additional 2.8% of inforce policyholders is assumed to lapse, and a 3.0% reduction in benefits due to election of reduced benefit options is also assumed.

Interest Rate Assumptions

Original Pricing Assumption: 5.00%

Current Assumption: 5.00%

EXHIBIT II
RiverSource Life Insurance Company
Nationwide Long Term Care Claim Experience
For Policy Anniversaries through 2015
Policy Form: 30160A
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION									
	Lifetime Benefit Period			Non-Lifetime Benefit Period			All		
Duration	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
1	2,358,364	2,554,730	92.3%	751,395	2,178,762	34.5%	3,109,760	4,733,491	65.7%
2	1,976,169	3,305,411	59.8%	2,895,869	2,780,545	104.1%	4,872,038	6,085,956	80.1%
3	6,200,883	4,320,347	143.5%	4,399,977	3,665,443	120.0%	10,600,860	7,985,789	132.7%
4	4,419,578	5,596,613	79.0%	3,635,097	5,097,966	71.3%	8,054,675	10,694,578	75.3%
5	7,611,770	7,114,010	107.0%	7,595,307	6,878,287	110.4%	15,207,078	13,992,297	108.7%
6	5,581,667	8,797,021	63.4%	7,605,248	8,975,267	84.7%	13,186,915	17,772,288	74.2%
7	10,947,111	10,870,318	100.7%	10,636,099	11,657,665	91.2%	21,583,210	22,527,983	95.8%
8	10,341,441	12,199,667	84.8%	13,434,806	13,660,578	98.3%	23,776,247	25,860,246	91.9%
9	15,401,128	13,805,917	111.6%	15,107,584	16,267,521	92.9%	30,508,712	30,073,438	101.4%
10	16,240,609	15,473,453	105.0%	19,647,403	19,144,638	102.6%	35,888,012	34,618,091	103.7%
11	17,218,376	17,382,586	99.1%	22,146,368	22,239,528	99.6%	39,364,744	39,622,113	99.4%
12	22,835,369	19,408,210	117.7%	22,709,683	25,606,470	88.7%	45,545,052	45,014,681	101.2%
13	23,815,625	21,549,783	110.5%	31,307,987	29,444,063	106.3%	55,123,613	50,993,846	108.1%
14	23,963,383	23,326,444	102.7%	37,637,577	31,398,086	119.9%	61,600,960	54,724,530	112.6%
15	24,139,455	24,991,564	96.6%	34,256,168	32,853,383	104.3%	58,395,624	57,844,947	101.0%
16	22,210,988	21,446,997	103.6%	29,700,330	27,228,295	109.1%	51,911,317	48,675,292	106.6%
17	10,543,083	9,708,085	108.6%	10,627,491	11,070,218	96.0%	21,170,574	20,778,303	101.9%
18	600,149	315,763	190.1%	149,040	306,214	48.7%	749,189	621,977	120.5%
Total	**226,405,148**	**222,166,919**	**101.9%**	**274,243,431**	**270,452,927**	**101.4%**	**500,648,579**	**492,619,846**	**101.6%**

SPLIT BY ISSUE AGE				
Issue Age	Actual	Expected	A/E	Claim Count
<43	1,249	192,747	0.6%	2
43-47	2,309,018	1,281,446	180.2%	16
48-52	6,356,587	6,118,486	103.9%	79
53-57	30,591,652	30,492,020	100.3%	327
58-62	78,725,533	76,712,812	102.6%	876
63-67	132,387,581	131,850,597	100.4%	1,553
68-72	121,152,294	119,965,836	101.0%	1,587
73-77	91,597,994	88,731,308	103.2%	1,385
78-82	33,602,415	33,545,069	100.2%	587
83+	3,924,256	3,765,800	104.2%	86
Total	**500,648,579**	**492,656,122**	**101.6%**	**6,498**

EXHIBIT III
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2015
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	Actual Deaths	Expected Deaths	A/E	Difference
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	800	101%	11
6	1,130	1,114	101%	16
7	1,470	1,434	103%	36
8	1,731	1,726	100%	5
9	2,152	2,173	99%	(21)
10	2,638	2,657	99%	(19)
11	3,205	3,200	100%	5
12	3,474	3,507	99%	(33)
13	3,652	3,681	99%	(29)
14	3,631	3,686	99%	(55)
15	3,549	3,637	98%	(88)
16	3,436	3,455	99%	(19)
17	3,149	3,157	100%	(8)
18	2,895	2,876	101%	19
19	2,619	2,637	99%	(18)
20	2,129	2,142	99%	(13)
21	1,773	1,784	99%	(11)
22	1,478	1,486	99%	(8)
23	1,139	1,130	101%	9
24	771	803	96%	(32)
25	471	466	101%	5
26	77	71	109%	6
Total	**48,645**	**48,881**	**100%**	**(236)**

SUMMARY BY ISSUE AGE				
Issue Age	Actual Deaths	Expected Deaths	A/E	Difference
<43	27	31	88%	(4)
43-47	174	185	94%	(11)
48-52	1,212	1,258	96%	(46)
53-57	3,740	3,724	100%	16
58-62	8,573	8,612	100%	(39)
63-67	12,554	12,580	100%	(26)
68-72	11,825	11,875	100%	(50)
73-77	7,381	7,413	100%	(32)
78-82	2,793	2,826	99%	(33)
83+	366	377	97%	(11)
Total	**48,645**	**48,881**	**100%**	**(236)**

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	Expected Deaths	A/E	Difference
48,645	**48,881**	**100%**	**(236)**

EXHIBIT IV
RiverSource Life Insurance Company
Lapses and Benefit Reductions[1]
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Additional Lapses Due to Rate Increase													
Increase	Average	Year of Increase											Weighted
Percent	Increase	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Average
< 10%	6.6%			0.9%	1.5%	1.4%	0.7%	1.2%	1.0%	0.7%	1.1%	0.5%	1.1%
10% - 19.9%	14.1%	0.7%	2.1%	1.4%	1.7%	1.9%	1.4%	1.3%	1.2%	1.1%	1.0%	1.1%	1.4%
20% - 29.9%	22.4%	1.8%	1.7%	1.2%	1.6%	2.5%		4.4%	2.6%	1.8%	2.0%	0.7%	1.8%
30%+	33.2%	2.9%	2.7%	2.4%	2.8%	2.3%	1.4%	1.6%				1.7%	2.6%
Total	17.4%	2.6%	2.5%	1.3%	1.8%	1.9%	1.4%	1.3%	1.2%	1.2%	1.2%	1.1%	1.7%

Overall Reduction in Benefits in Relation to Rate Increase Percentage													
Increase	Average	Year of Increase											Weighted
Percent	Increase	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Average
< 10%	6.6%			0.3%	0.2%	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%		0.2%
10% - 19.9%	14.1%	0.9%	0.8%	0.6%	0.6%	0.7%	0.5%	0.7%	0.7%	0.8%	0.6%	0.4%	0.6%
20% - 29.9%	22.4%	1.6%	1.7%	1.7%	1.3%	2.4%		1.7%	1.0%	1.0%	1.0%	0.3%	1.2%
30%+	33.2%	3.0%	2.7%	2.6%	2.4%	2.3%	1.8%	1.4%				0.6%	2.2%
Total	17.4%	1.5%	1.4%	0.8%	0.8%	0.8%	0.7%	0.9%	0.9%	0.9%	0.8%	0.5%	0.8%

[1] The total percent reduction in benefit is typically no more than the percentage increase in premium.

EXHIBIT V
RiverSource Life Insurance Company
Long-Term Care Lapse Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2015
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

LIFETIME BENEFIT PERIOD

	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
		Actual		Expected		Actual		Expected		Actual		Expected		Actual		Expected
Duration	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses
1	1,352	19,701	6.9%	6.9%	261	3,859	6.8%	6.8%	37	529	7.0%	7.0%	1,650	24,088	6.8%	6.9%
2	1,669	25,851	6.5%	6.5%	265	5,869	4.5%	4.5%	30	856	3.5%	3.5%	1,964	32,576	6.0%	6.1%
3	1,552	32,493	4.8%	4.8%	287	8,144	3.5%	3.5%	42	1,213	3.5%	3.5%	1,881	41,850	4.5%	4.5%
4	1,416	39,280	3.6%	3.6%	265	10,078	2.6%	2.6%	29	1,494	1.9%	1.9%	1,710	50,852	3.4%	3.4%
5	1,270	48,520	2.6%	2.6%	254	13,213	1.9%	1.9%	27	2,028	1.3%	1.3%	1,551	63,762	2.4%	2.4%
6	967	52,208	1.9%	1.9%	255	15,516	1.6%	1.6%	31	2,497	1.2%	1.3%	1,253	70,220	1.8%	1.8%
7	773	52,358	1.5%	1.5%	195	16,645	1.2%	1.1%	48	2,770	1.7%	1.3%	1,016	71,773	1.4%	1.4%
8	550	50,915	1.1%	1.1%	195	17,353	1.1%	1.1%	38	2,869	1.3%	1.3%	783	71,137	1.1%	1.1%
9	498	47,453	1.0%	1.1%	187	17,441	1.1%	1.1%	31	2,893	1.1%	1.3%	716	67,788	1.1%	1.1%
10	371	42,435	0.9%	0.9%	212	17,566	1.2%	1.2%	32	2,936	1.1%	1.3%	615	62,938	1.0%	1.0%
11	355	41,269	0.9%	0.8%	200	19,265	1.0%	1.0%	34	3,307	1.0%	1.3%	589	63,841	0.9%	0.9%
12	243	36,912	0.7%	0.7%	155	18,214	0.9%	0.9%	43	3,020	1.4%	1.4%	441	58,145	0.8%	0.8%
13	231	34,262	0.7%	0.7%	147	16,539	0.9%	0.9%	32	2,558	1.3%	1.4%	410	53,359	0.8%	0.8%
14	188	30,016	0.6%	0.7%	117	13,924	0.8%	0.9%	31	1,988	1.6%	1.5%	336	45,928	0.7%	0.8%
15	149	25,866	0.6%	0.6%	107	11,248	1.0%	1.0%	20	1,468	1.4%	1.5%	276	38,581	0.7%	0.7%
16	137	22,261	0.6%	0.6%	94	9,180	1.0%	1.1%	25	1,082	2.3%	1.7%	256	32,523	0.8%	0.8%
17	126	20,705	0.6%	0.6%	85	8,451	1.0%	1.1%	19	886	2.1%	1.7%	230	30,042	0.8%	0.8%
18	99	16,753	0.6%	0.6%	77	6,837	1.1%	1.2%	19	621	3.1%	1.8%	195	24,210	0.8%	0.8%
19	65	13,501	0.5%	0.6%	65	5,044	1.3%	1.2%	5	399	1.3%	1.8%	135	18,944	0.7%	0.8%
20	50	9,028	0.6%	0.7%	47	3,830	1.2%	1.2%	5	247	2.0%	1.9%	102	13,104	0.8%	0.8%
21	51	7,368	0.7%	0.7%	49	3,889	1.3%	1.2%	8	229	3.5%	1.9%	108	11,485	0.9%	0.9%
22	51	5,677	0.9%	0.8%	35	3,656	1.0%	1.2%	6	225	2.7%	2.0%	92	9,558	1.0%	1.0%
23	26	3,489	0.7%	0.8%	31	2,438	1.3%	1.2%	3	122	2.5%	2.0%	60	6,049	1.0%	1.0%
24	14	1,985	0.7%	0.9%	27	1,347	2.0%	1.3%	3	54	5.6%	2.0%	44	3,386	1.3%	1.1%
25	10	829	1.2%	1.0%	10	513	2.0%	1.3%	1	18	5.5%	2.0%	21	1,360	1.5%	1.1%
26	2	163	1.2%	1.0%	1	127	0.8%	1.3%	0	8	0.0%	2.0%	3	298	1.0%	1.1%
All Durations	**12,215**	**681,297**	**1.8%**	**1.8%**	**3,623**	**250,185**	**1.4%**	**1.4%**	**599**	**36,317**	**1.6%**	**1.6%**	**16,437**	**967,799**	**1.7%**	**1.7%**
Durations 8 and later	**3,216**	**410,886**	**0.8%**	**0.8%**	**1,841**	**176,862**	**1.0%**	**1.0%**	**355**	**24,930**	**1.4%**	**1.4%**	**5,412**	**612,678**	**0.9%**	**0.9%**

NON-LIFETIME BENEFIT PERIOD

	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
		Actual		Expected		Actual		Expected		Actual		Expected		Actual		Expected
Duration	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses
1	1,927	27,994	6.9%	6.9%	677	9,598	7.1%	7.1%	116	2,177	5.3%	5.3%	2,720	39,770	6.8%	6.9%
2	2,079	34,647	6.0%	6.0%	644	13,309	4.8%	4.8%	151	3,289	4.6%	4.6%	2,874	51,244	5.6%	5.6%
3	1,599	38,297	4.2%	4.2%	542	16,222	3.3%	3.3%	128	4,194	3.1%	3.1%	2,269	58,713	3.9%	3.9%
4	1,227	39,300	3.1%	3.1%	503	17,424	2.9%	2.9%	134	4,614	2.9%	2.9%	1,864	61,338	3.0%	3.0%
5	975	41,636	2.3%	2.3%	391	19,997	2.0%	2.0%	124	5,566	2.2%	2.2%	1,490	67,199	2.2%	2.2%
6	712	40,884	1.7%	1.7%	408	21,641	1.9%	1.9%	133	6,387	2.1%	2.1%	1,253	68,912	1.8%	1.8%
7	566	37,665	1.5%	1.5%	325	21,705	1.5%	1.6%	149	6,647	2.2%	2.3%	1,040	66,016	1.6%	1.6%
8	431	36,886	1.2%	1.2%	316	22,005	1.4%	1.4%	150	6,595	2.3%	2.4%	897	65,486	1.4%	1.4%
9	386	36,096	1.1%	1.1%	292	21,699	1.3%	1.3%	156	6,334	2.5%	2.5%	834	64,129	1.3%	1.3%
10	278	30,581	0.9%	1.0%	225	20,119	1.1%	1.3%	188	5,892	3.2%	3.3%	691	56,592	1.2%	1.3%
11	254	27,953	0.9%	1.0%	296	20,158	1.5%	1.4%	206	5,793	3.6%	3.6%	756	53,904	1.4%	1.4%
12	260	26,872	1.0%	0.9%	260	19,069	1.4%	1.4%	199	5,107	3.9%	3.8%	719	51,048	1.4%	1.4%
13	212	27,362	0.8%	0.8%	259	18,010	1.4%	1.4%	169	4,394	3.8%	3.8%	640	49,766	1.3%	1.3%
14	173	21,697	0.8%	0.8%	198	15,077	1.3%	1.4%	173	3,409	5.1%	4.8%	544	40,183	1.4%	1.3%
15	123	17,140	0.7%	0.8%	202	12,255	1.6%	1.7%	103	2,437	4.2%	4.8%	428	31,832	1.3%	1.4%
16	97	13,509	0.7%	0.8%	164	9,586	1.7%	1.7%	96	1,732	5.5%	5.2%	357	24,827	1.4%	1.4%
17	94	9,882	1.0%	1.0%	146	7,742	1.9%	1.9%	62	1,322	4.7%	5.2%	302	18,946	1.6%	1.6%
18	83	7,108	1.2%	1.1%	106	5,893	1.8%	2.0%	57	921	6.2%	6.0%	246	13,922	1.8%	1.8%
19	51	6,105	0.8%	1.1%	110	4,730	2.3%	2.3%	41	616	6.7%	6.0%	202	11,451	1.8%	1.8%
20	43	4,506	1.0%	1.1%	98	3,598	2.7%	2.8%	24	422	5.7%	6.0%	165	8,527	1.9%	2.0%
21	42	3,412	1.2%	1.1%	90	3,099	2.9%	3.0%	24	308	7.8%	6.0%	156	6,820	2.3%	2.1%
22	24	2,477	1.0%	1.1%	84	2,544	3.3%	3.3%	29	225	12.9%	6.0%	137	5,245	2.6%	2.3%
23	11	1,484	0.7%	1.1%	61	1,652	3.7%	3.4%	11	110	10.0%	6.0%	83	3,246	2.6%	2.4%
24	14	817	1.7%	1.2%	26	875	3.0%	3.5%	6	44	13.8%	6.0%	46	1,735	2.7%	2.5%
25	7	272	2.6%	1.4%	13	322	4.0%	3.6%	0	13	0.0%	6.0%	20	607	3.3%	2.7%
26	2	75	2.7%	1.5%	8	61	13.1%	3.8%	1	3	36.4%	6.0%	11	138	8.0%	2.6%
All Durations	**11,670**	**534,655**	**2.2%**	**2.2%**	**6,444**	**308,390**	**2.1%**	**2.1%**	**2,630**	**78,551**	**3.3%**	**3.3%**	**20,744**	**921,597**	**2.3%**	**2.3%**
Durations 8 and later	**2,585**	**274,233**	**0.9%**	**1.0%**	**2,954**	**188,495**	**1.6%**	**1.6%**	**1,695**	**45,678**	**3.7%**	**3.7%**	**7,234**	**508,405**	**1.4%**	**1.4%**

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form: 30160A

Morbidity Assumptions

Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending September 2005. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band				
Duration	<63	63-67	68-72	73-77	78+
1	0.10	0.40	0.70	1.20	2.60
2	0.10	0.40	0.70	1.20	2.60
3	0.20	0.40	0.70	1.40	2.60
4	0.20	0.40	0.70	1.50	2.60
5	0.20	0.40	1.20	1.65	2.60
6	0.30	0.60	1.20	1.80	2.30
7	0.30	0.60	1.20	1.80	2.30
8	0.40	0.60	1.20	1.80	2.00
9	0.40	0.60	1.30	1.80	2.00
10	0.60	0.80	1.55	1.80	2.00
11	0.60	0.80	1.55	1.80	2.00
12	0.60	0.80	1.55	1.80	2.00
13	0.60	0.80	1.55	1.80	2.00
14	0.60	0.85	1.55	1.80	2.00
15	0.80	1.05	1.55	1.80	2.00
16	0.80	1.05	1.55	1.80	2.00
17	0.90	1.05	1.55	1.80	2.00
18	0.90	1.05	1.55	1.80	2.00
19	0.85	1.05	1.55	1.80	2.00
20+	1.00	1.05	1.55	1.80	2.00

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band					
Duration	<63	63-67	68-72	73-77	78-82	83+
1	0.30	0.60	2.00	2.50	2.50	2.50
2	0.30	0.60	2.00	2.50	2.50	2.00
3	0.30	0.60	2.00	2.50	2.50	1.55
4	0.30	0.60	1.70	2.00	2.00	1.55
5	0.30	0.85	1.40	2.00	2.00	1.55
6	0.40	0.85	1.30	2.00	2.00	1.55
7	0.40	0.85	1.30	1.80	2.00	1.55
8	0.60	0.85	1.30	1.55	1.55	1.55
9	0.60	0.85	1.30	1.55	1.55	1.55
10+	0.85	0.85	1.30	1.55	1.55	1.55

An adverse selection assumption of 5% in the year of the rate increase notification to policyholders grading down to 0% in the 6th year after rate increase notification was also assumed.

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form: 30160A

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with selection consistent with experience

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	20%
2	25%	25%	40%	30%	25%	25%
3	35%	35%	45%	50%	35%	35%
4	45%	45%	45%	50%	35%	35%
5	50%	50%	45%	50%	40%	40%
6	55%	55%	55%	60%	70%	75%
7	55%	55%	55%	65%	75%	75%
8	55%	55%	60%	65%	75%	75%
9	80%	80%	75%	80%	85%	85%
10	80%	80%	75%	80%	85%	85%
11	85%	85%	75%	85%	85%	95%
12	85%	85%	85%	90%	90%	100%
13	90%	90%	85%	90%	90%	100%
14	95%	95%	85%	90%	95%	100%
15	95%	95%	90%	95%	100%	100%
16	95%	95%	90%	95%	100%	100%
17	95%	95%	95%	95%	100%	100%
18	95%	95%	100%	100%	100%	100%
19	95%	95%	100%	100%	100%	100%
20+	100%	100%	100%	100%	100%	100%

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form: 30160A

Lapse Assumptions

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	5.9%	4.2%	3.6%
2	5.4%	3.8%	2.6%
3	4.4%	3.5%	2.6%
4	4.4%	2.0%	1.5%
5	3.2%	1.5%	1.6%
6	1.8%	1.3%	1.0%
7	1.9%	1.0%	1.0%
8	1.0%	1.0%	1.0%
9	0.9%	1.1%	1.3%
10	0.9%	1.0%	1.3%
11	0.9%	0.9%	1.3%
12	0.9%	0.9%	1.3%
13	0.9%	0.9%	1.3%
14	0.9%	0.9%	1.3%
15	0.9%	0.9%	1.3%
16	0.9%	0.9%	1.3%
17	0.9%	1.0%	1.3%
18	0.9%	1.1%	1.3%
19	0.9%	1.1%	1.3%
20	0.9%	1.1%	1.3%
21	0.9%	1.1%	1.3%
22	0.9%	1.1%	1.3%
23	0.9%	1.1%	1.3%
24	0.9%	1.1%	1.3%
25	0.9%	1.1%	1.3%
26	0.9%	1.1%	1.3%
27	1.0%	1.1%	1.3%
28	1.0%	1.1%	1.3%
29	1.0%	1.1%	1.3%
30	1.0%	1.1%	1.3%
31	1.0%	1.1%	1.3%
32	1.0%	1.1%	1.3%
33	1.0%	1.1%	1.3%
34	1.0%	1.1%	1.3%
35	1.0%	1.1%	1.3%
36	1.0%	1.1%	1.3%
37	1.0%	1.1%	1.3%
38	1.0%	1.1%	1.3%
39	1.0%	1.1%	1.3%
40	1.0%	1.1%	1.3%
41	1.0%	1.1%	1.3%
42	1.0%	1.1%	1.3%
43+	1.0%	1.1%	1.3%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.2%	5.4%	4.4%
2	4.8%	3.4%	2.8%
3	3.8%	3.0%	3.1%
4	3.4%	2.6%	3.0%
5	2.4%	2.1%	1.8%
6	1.7%	1.3%	1.8%
7	1.0%	1.0%	1.3%
8	1.0%	1.3%	1.5%
9	1.2%	1.3%	3.0%
10	1.2%	1.3%	3.5%
11	1.2%	1.3%	4.0%
12	1.2%	1.3%	4.2%
13	1.2%	1.3%	4.3%
14	1.2%	1.3%	4.4%
15	1.2%	1.6%	4.5%
16	1.2%	1.8%	4.5%
17	1.2%	2.0%	4.5%
18	1.2%	2.6%	4.5%
19	1.2%	2.8%	4.5%
20	1.2%	3.0%	4.5%
21	1.2%	3.5%	4.5%
22	1.2%	3.7%	4.5%
23	1.2%	3.8%	4.5%
24	1.2%	3.9%	4.5%
25	1.4%	4.0%	4.5%
26	1.5%	4.0%	4.5%
27	1.6%	4.0%	4.5%
28	2.1%	4.0%	4.5%
29	2.4%	4.0%	4.5%
30	2.6%	4.0%	4.5%
31	2.9%	4.0%	4.5%
32	3.1%	4.0%	4.5%
33	3.2%	4.0%	4.5%
34	3.3%	4.0%	4.5%
35	3.4%	4.0%	4.5%
36	3.5%	4.0%	4.5%
37	3.5%	4.0%	4.5%
38	3.5%	4.0%	4.5%
39	3.5%	4.0%	4.5%
40	3.5%	4.0%	4.5%
41	3.5%	4.0%	4.5%
42	3.5%	4.0%	4.5%
43+	3.5%	4.0%	4.5%

In the year of rate increase notification to policyholders, an additional 5.0% of inforce policyholders is assumed to lapse.

Interest Rate Assumptions

Current Assumption:	5.00%

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form: 30160A

Morbidity Assumptions

Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2012. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.10	0.35	0.65	0.95	1.85	2.05	2.20
2	0.10	0.35	0.65	0.95	1.85	2.05	2.20
3	0.10	0.35	0.65	0.95	1.85	2.05	2.20
4	0.10	0.35	0.65	0.95	1.85	2.05	2.20
5	0.10	0.35	0.65	0.95	1.85	2.05	2.20
6	0.20	0.50	0.90	1.20	1.90	2.05	2.20
7	0.20	0.50	0.90	1.20	1.90	2.05	2.20
8	0.20	0.50	0.90	1.20	1.90	2.05	2.20
9	0.20	0.50	0.90	1.20	1.90	2.05	2.20
10	0.20	0.50	0.90	1.40	1.90	2.05	2.20
11	0.25	0.55	1.10	1.50	1.90	2.05	2.20
12	0.25	0.55	1.10	1.50	1.90	2.05	2.20
13	0.25	0.55	1.10	1.50	1.90	2.05	2.20
14	0.25	0.55	1.10	1.50	1.90	2.05	2.20
15	0.25	0.55	1.10	1.50	1.90	2.05	2.20
16	0.35	0.65	1.10	1.50	1.90	2.05	2.30
17	0.35	0.65	1.10	1.50	1.90	2.05	2.30
18	0.35	0.65	1.10	1.50	1.90	2.05	2.30
19	0.35	0.65	1.10	1.50	1.90	2.05	2.30
20	0.35	0.65	1.10	1.50	1.90	2.05	2.30
21	0.50	0.80	1.15	1.55	1.90	2.05	2.30
22	0.50	0.80	1.15	1.55	1.90	2.05	2.30
23	0.50	0.80	1.15	1.55	1.90	2.05	2.30
24	0.50	0.80	1.15	1.55	1.90	2.05	2.30
25	0.50	0.80	1.15	1.55	1.90	2.05	2.30
26	0.80	0.90	1.20	1.55	1.95	2.05	2.30
27	0.80	0.90	1.20	1.55	1.95	2.05	2.30
28	0.80	0.90	1.20	1.55	1.95	2.05	2.30
29	0.80	0.90	1.20	1.55	1.95	2.05	2.30
30	0.80	0.90	1.20	1.55	1.95	2.05	2.30
31	1.00	1.00	1.20	1.55	2.00	2.05	2.30
32	1.00	1.00	1.20	1.56	2.00	2.05	2.30
33	1.00	1.00	1.20	1.57	2.00	2.05	2.30
34	1.00	1.00	1.20	1.59	2.00	2.05	2.30
35+	1.00	1.00	1.20	1.60	2.00	2.05	2.30

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form: 30160A

Morbidity Assumptions

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<48	48-52	53–57	58–62	63–67	68–72	73–77	78-82
1	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
2	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
3	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
4	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
5	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
6	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
7	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
8	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
9	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
10	0.25	0.30	0.65	1.10	1.95	2.35	2.45	2.50
11	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
12	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
13	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
14	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
15	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
16	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
17	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
18	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
19	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
20	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
21	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
22	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
23	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
24	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
25	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
26	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
27	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
28	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
29	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
30	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
31	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
32	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
33	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
34	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
35+	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50

The following adverse selection factors are used:

Year of Policyholder Notification	With Requested Increase
1	2.0%
2	1.0%
3	0.0%

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form: 30160A

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with selection consistent with experience

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	67%	71%	78%	74%	88%
12	57%	67%	72%	78%	90%	89%
13	57%	67%	75%	83%	90%	92%
14	57%	68%	77%	89%	90%	95%
15	57%	69%	78%	90%	95%	98%
16	64%	69%	81%	90%	95%	100%
17	67%	69%	81%	91%	100%	100%
18	70%	70%	84%	95%	100%	100%
19	72%	70%	85%	96%	100%	100%
20	72%	73%	86%	97%	100%	100%
21	75%	75%	88%	100%	100%	100%
22	80%	77%	90%	100%	100%	100%
23	80%	80%	95%	100%	100%	100%
24	85%	82%	95%	100%	100%	100%
25	85%	85%	100%	100%	100%	100%
26	85%	90%	100%	100%	100%	100%
27	87%	90%	100%	100%	100%	100%
28	87%	95%	100%	100%	100%	100%
29	90%	95%	100%	100%	100%	100%
30	90%	100%	100%	100%	100%	100%
31	90%	100%	100%	100%	100%	100%
32	95%	100%	100%	100%	100%	100%
33	95%	100%	100%	100%	100%	100%
34	95%	100%	100%	100%	100%	100%
35+	100%	100%	100%	100%	100%	100%

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form: 30160A

Lapse Assumptions

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	6.8%	7.0%
2	6.5%	4.5%	3.5%
3	4.8%	3.5%	3.5%
4	3.6%	2.6%	1.9%
5	2.6%	1.9%	1.3%
6	1.9%	1.6%	1.3%
7	1.5%	1.1%	1.3%
8	1.1%	1.1%	1.3%
9	1.1%	1.1%	1.3%
10	0.8%	1.2%	1.3%
11	0.8%	1.0%	1.4%
12	0.7%	0.9%	1.5%
13	0.7%	0.9%	1.5%
14	0.7%	0.9%	1.6%
15	0.7%	0.9%	1.6%
16	0.7%	1.0%	1.7%
17	0.7%	1.1%	1.7%
18	0.7%	1.3%	1.8%
19	0.7%	1.3%	1.8%
20	0.8%	1.3%	1.9%
21	0.8%	1.3%	1.9%
22	0.8%	1.3%	2.0%
23	0.8%	1.3%	2.0%
24	0.9%	1.4%	2.0%
25	0.9%	1.4%	2.0%
26	0.9%	1.4%	2.0%
27	1.0%	1.4%	2.0%
28	1.0%	1.4%	2.0%
29	1.0%	1.4%	2.0%
30	1.0%	1.4%	2.0%
31	1.1%	1.4%	2.0%
32	1.1%	1.4%	2.0%
33	1.1%	1.4%	2.0%
34	1.1%	1.4%	2.0%
35	1.1%	1.4%	2.0%
36+	1.1%	1.4%	2.0%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.5%
9	1.2%	1.3%	2.7%
10	1.0%	1.3%	3.4%
11	1.0%	1.5%	3.9%
12	0.9%	1.5%	4.0%
13	0.8%	1.5%	4.4%
14	0.8%	1.5%	4.8%
15	0.7%	1.6%	4.9%
16	0.7%	1.8%	5.4%
17	0.8%	2.0%	5.4%
18	0.8%	2.2%	5.4%
19	0.9%	2.4%	5.4%
20	0.9%	2.6%	5.4%
21	0.9%	2.8%	5.4%
22	0.9%	3.0%	5.4%
23	1.0%	3.2%	5.4%
24	1.2%	3.4%	5.4%
25	1.4%	3.6%	5.4%
26	1.5%	3.8%	5.4%
27	1.6%	4.0%	5.4%
28	2.1%	4.0%	5.4%
29	2.4%	4.0%	5.4%
30	2.6%	4.0%	5.4%
31	2.9%	4.0%	5.4%
32	3.1%	4.0%	5.4%
33	3.2%	4.0%	5.4%
34	3.3%	4.0%	5.4%
35	3.4%	4.0%	5.4%
36+	3.5%	4.0%	5.4%

In the year of rate increase notification to policyholders, an additional 1.3% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed.

Interest Rate Assumptions

Current Assumption:	5.00%

EXHIBIT VIII
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	420	48,954	0	0	0.0%	0.0%	123,703	0	0	0.0%	0.0%	5.00%	2.5270
	1998	13,882	8,485,413	605	227,638	0.0%	2.7%	20,421,158	1,456	547,837	0.0%	2.7%	5.00%	2.4066
	1999	35,115	36,839,540	183,316	2,132,424	0.5%	5.8%	84,436,902	420,164	4,887,554	0.5%	5.8%	5.00%	2.2920
	2000	44,448	64,451,630	725,867	5,039,141	1.1%	7.8%	140,689,825	1,584,477	10,999,813	1.1%	7.8%	5.00%	2.1829
	2001	43,584	67,439,792	1,815,171	7,077,818	2.7%	10.5%	140,202,485	3,773,611	14,714,275	2.7%	10.5%	5.00%	2.0789
	2002	42,906	66,535,160	3,343,169	11,221,828	5.0%	16.9%	131,735,065	6,619,246	22,218,452	5.0%	16.9%	5.00%	1.9799
	2003	41,096	64,639,775	5,504,774	12,687,447	8.5%	19.6%	121,887,936	10,380,072	23,924,073	8.5%	19.6%	5.00%	1.8856
	2004	40,002	62,391,639	7,907,140	15,912,781	12.7%	25.5%	112,046,419	14,200,088	28,577,068	12.7%	25.5%	5.00%	1.7959
	2005	39,014	60,591,747	10,890,772	15,235,860	18.0%	25.1%	103,632,450	18,626,915	26,058,492	18.0%	25.1%	5.00%	1.7103
Historical	2006	38,169	59,037,005	13,120,464	28,390,669	22.2%	48.1%	96,165,061	21,371,854	46,245,409	22.2%	48.1%	5.00%	1.6289
Experience	2007	37,373	57,514,309	17,012,143	28,103,865	29.6%	48.9%	89,223,571	26,391,418	43,598,318	29.6%	48.9%	5.00%	1.5513
	2008	36,071	56,969,168	20,974,861	29,300,057	36.8%	51.4%	84,169,408	30,989,422	43,289,529	36.8%	51.4%	5.00%	1.4775
	2009	34,743	59,759,971	25,135,273	42,481,289	42.1%	71.1%	84,088,280	35,367,853	59,775,440	42.1%	71.1%	5.00%	1.4071
	2010	33,665	63,133,477	30,992,187	52,244,649	49.1%	82.8%	84,604,898	41,532,495	70,012,827	49.1%	82.8%	5.00%	1.3401
	2011	32,713	63,045,992	37,636,161	48,348,545	59.7%	76.7%	80,464,437	48,034,338	61,706,356	59.7%	76.7%	5.00%	1.2763
	2012	31,737	60,988,261	43,602,473	64,231,788	71.5%	105.3%	74,131,613	52,999,079	78,074,139	71.5%	105.3%	5.00%	1.2155
	2013	30,724	62,942,745	49,967,629	61,757,949	79.4%	98.1%	72,864,095	57,843,776	71,492,545	79.4%	98.1%	5.00%	1.1576
	2014	29,716	63,310,066	55,753,476	67,839,098	88.1%	107.2%	69,799,348	61,468,207	74,792,605	88.1%	107.2%	5.00%	1.1025
	2015	28,669	60,529,192	61,357,513	72,272,179	101.4%	119.4%	63,555,651	64,425,389	75,885,788	101.4%	119.4%	5.00%	1.0500
	1/1/2016-6/30/2016	28,225	29,130,028	29,800,776	48,480,959	102.3%	166.4%	29,487,518	30,166,498	49,075,929	102.3%	166.4%	5.00%	1.0123
	7/1/2016-12/31/2016	27,591	28,743,945	53,487,033	36,764,102	186.1%	127.9%	28,395,469	52,838,585	36,318,394	186.1%	127.9%	5.00%	0.9879
	2017	26,400	55,238,002	81,999,550	76,324,607	148.4%	138.2%	52,607,621	78,094,809	72,690,102	148.4%	138.2%	5.00%	0.9524
	2018	25,179	52,231,580	85,110,896	79,785,261	162.9%	152.8%	47,375,582	77,198,091	72,367,584	162.9%	152.8%	5.00%	0.9070
	2019	23,921	49,209,968	90,643,857	82,905,979	184.2%	168.5%	42,509,420	78,301,571	71,617,301	184.2%	168.5%	5.00%	0.8638
	2020	22,630	46,163,057	95,522,369	85,606,408	206.9%	185.4%	37,978,461	78,586,489	70,428,603	206.9%	185.4%	5.00%	0.8227
	2021	21,328	43,128,278	97,782,643	88,034,735	226.7%	204.1%	33,792,134	76,615,259	68,977,518	226.7%	204.1%	5.00%	0.7835
Projected	2022	20,017	40,145,420	99,579,573	90,479,977	248.0%	225.4%	29,957,130	74,307,811	67,517,552	248.0%	225.4%	5.00%	0.7462
Future	2023	18,694	37,208,886	100,914,943	92,907,436	271.2%	249.7%	26,443,661	71,718,366	66,027,580	271.2%	249.7%	5.00%	0.7107
Experience	2024	17,371	34,324,613	102,355,184	95,005,248	298.2%	276.8%	23,232,249	69,278,017	64,303,292	298.2%	276.8%	5.00%	0.6768
	2025	16,059	31,517,158	103,813,711	96,722,083	329.4%	306.9%	20,316,241	66,919,244	62,347,917	329.4%	306.9%	5.00%	0.6446
	2026	14,754	28,787,977	105,165,103	97,881,685	365.3%	340.0%	17,673,321	64,562,251	60,090,864	365.3%	340.0%	5.00%	0.6139
	2027	13,462	26,136,169	106,241,213	98,168,125	406.5%	375.6%	15,281,277	62,117,037	57,396,869	406.5%	375.6%	5.00%	0.5847
	2028	12,201	23,578,181	106,822,612	97,484,054	453.1%	413.5%	13,129,213	59,482,828	54,282,769	453.1%	413.5%	5.00%	0.5568
	2029	10,982	21,136,277	106,946,720	96,069,822	506.0%	454.5%	11,209,019	56,716,129	50,947,878	506.0%	454.5%	5.00%	0.5303
	2030	9,814	18,822,871	106,628,161	94,016,377	566.5%	499.5%	9,506,829	53,854,467	47,484,659	566.5%	499.5%	5.00%	0.5051
	2031	8,708	16,648,410	105,639,110	91,408,974	634.5%	549.1%	8,008,170	50,814,218	43,969,279	634.5%	549.1%	5.00%	0.4810
	2032	7,675	14,630,534	103,956,178	88,312,972	710.5%	603.6%	6,702,416	47,623,523	40,457,190	710.5%	603.6%	5.00%	0.4581
	2033	6,713	12,770,422	101,635,822	84,731,524	795.9%	663.5%	5,571,693	44,343,372	36,968,083	795.9%	663.5%	5.00%	0.4363
	2034	5,823	11,060,670	98,719,197	80,684,253	892.5%	729.5%	4,595,937	41,019,865	33,525,974	892.5%	729.5%	5.00%	0.4155
	2035	5,014	9,508,755	95,255,552	76,296,243	1001.8%	802.4%	3,762,937	37,695,857	30,193,014	1001.8%	802.4%	5.00%	0.3957
	2036	4,287	8,118,380	91,315,972	71,674,436	1124.8%	882.9%	3,059,732	34,416,030	27,013,341	1124.8%	882.9%	5.00%	0.3769
	2037	3,639	6,882,678	86,976,351	66,878,783	1263.7%	971.7%	2,470,485	31,219,497	24,005,628	1263.7%	971.7%	5.00%	0.3589
	2038	3,065	5,793,524	82,311,327	61,917,797	1420.7%	1068.7%	1,980,515	28,138,117	21,166,591	1420.7%	1068.7%	5.00%	0.3418
	2039	2,562	4,841,170	77,359,881	56,678,536	1598.0%	1170.8%	1,576,146	25,186,158	18,452,905	1598.0%	1170.8%	5.00%	0.3256
	2040	2,125	4,014,965	72,125,043	51,214,484	1796.4%	1275.6%	1,244,912	22,363,661	15,879,968	1796.4%	1275.6%	5.00%	0.3101
	2041	1,748	3,303,976	66,659,400	45,829,309	2017.6%	1387.1%	975,673	19,684,706	13,533,522	2017.6%	1387.1%	5.00%	0.2953
	2042	1,426	2,697,214	61,067,134	40,614,223	2264.1%	1505.8%	758,567	17,174,566	11,422,374	2264.1%	1505.8%	5.00%	0.2812
	2043	1,153	2,183,814	55,447,303	35,644,071	2539.0%	1632.2%	584,931	14,851,467	9,547,204	2539.0%	1632.2%	5.00%	0.2678
	2044	924	1,753,211	49,899,469	30,980,176	2846.2%	1767.1%	447,233	12,729,037	7,902,846	2846.2%	1767.1%	5.00%	0.2551
	2045	734	1,395,292	44,510,404	26,665,096	3190.0%	1911.1%	338,981	10,813,639	6,478,187	3190.0%	1911.1%	5.00%	0.2429
	2046	577	1,100,506	39,355,147	22,728,891	3576.1%	2065.3%	254,632	9,105,894	5,258,953	3576.1%	2065.3%	5.00%	0.2314
	2047	449	859,974	34,491,121	19,172,935	4010.7%	2229.5%	189,503	7,600,445	4,224,938	4010.7%	2229.5%	5.00%	0.2204
	2048	346	665,569	29,957,296	15,996,894	4501.0%	2403.5%	139,681	6,287,023	3,357,207	4501.0%	2403.5%	5.00%	0.2099
	2049	264	509,974	25,781,019	13,193,597	5055.4%	2587.1%	101,930	5,152,918	2,637,038	5055.4%	2587.1%	5.00%	0.1999
	2050	199	386,685	21,977,655	10,750,002	5683.6%	2780.0%	73,607	4,183,552	2,046,315	5683.6%	2780.0%	5.00%	0.1904
	2051	149	290,008	18,554,106	8,650,500	6397.8%	2982.9%	52,576	3,363,679	1,568,252	6397.8%	2982.9%	5.00%	0.1813
	2052	109	215,017	15,508,052	6,868,449	7212.5%	3194.4%	37,124	2,677,580	1,185,889	7212.5%	3194.4%	5.00%	0.1727
	2053	80	157,507	12,828,925	5,378,554	8145.0%	3414.8%	25,900	2,109,532	884,426	8145.0%	3414.8%	5.00%	0.1644
	2054	57	113,925	10,500,258	4,152,253	9216.9%	3644.7%	17,841	1,644,397	650,265	9216.9%	3644.7%	5.00%	0.1566
	2055	40	81,310	8,500,671	3,158,425	10454.7%	3884.4%	12,127	1,267,858	471,073	10454.7%	3884.4%	5.00%	0.1491
	2056	28	57,222	6,804,617	2,365,049	11891.7%	4133.1%	8,128	966,566	335,945	11891.7%	4133.1%	5.00%	0.1420
	2057	19	39,673	5,383,831	1,741,886	13570.4%	4390.6%	5,367	728,333	235,645	13570.4%	4390.6%	5.00%	0.1353
	2058	13	27,071	4,208,586	1,260,060	15546.5%	4654.7%	3,488	542,233	162,346	15546.5%	4654.7%	5.00%	0.1288
	2059	9	18,154	3,248,790	893,593	17895.6%	4922.3%	2,228	398,641	109,648	17895.6%	4922.3%	5.00%	0.1227
	2060	6	11,944	2,475,132	619,875	20723.2%	5189.9%	1,396	289,247	72,439	20723.2%	5189.9%	5.00%	0.1169
	2061	4	7,691	1,859,857	419,561	24181.5%	5455.1%	856	206,996	46,696	24181.5%	5455.1%	5.00%	0.1113
	2062	2	4,833	1,377,438	276,743	28498.1%	5725.6%	512	146,004	29,334	28498.1%	5725.6%	5.00%	0.1060
	2063	1	2,953	1,004,808	177,180	34021.8%	5999.1%	298	101,435	17,886	34021.8%	5999.1%	5.00%	0.1009
	2064	1	1,747	721,384	109,698	41297.9%	6280.0%	168	69,355	10,547	41297.9%	6280.0%	5.00%	0.0961
	2065	0	995	509,296	65,352	51210.5%	6571.2%	91	46,633	5,984	51210.5%	6571.2%	5.00%	0.0916
	Past		1,067,783,864	415,723,769	612,985,983	38.9%	57.4%	1,683,729,822	526,196,356	805,876,450	31.3%	47.9%		
	Future		646,528,153	2,880,939,703	2,335,666,273	445.6%	361.3%	452,413,409	1,505,552,989	1,286,625,813	332.8%	284.4%		
	Lifetime		1,714,312,018	3,296,663,473	2,948,652,257	192.3%	172.0%	2,136,143,231	2,031,749,345	2,092,502,263	95.1%	98.0%		

EXHIBIT VIII
RiverSource Life Insurance Company
Nationwide Experience Projections with 34.6% Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	420	48,954	0	0	0.0%	0.0%	123,703	0	0	0.0%	0.0%	5.00%	2.5270
	1998	13,882	8,485,413	605	227,638	0.0%	2.7%	20,421,158	1,456	547,837	0.0%	2.7%	5.00%	2.4066
	1999	35,115	36,839,540	183,316	2,132,424	0.5%	5.8%	84,436,902	420,164	4,887,554	0.5%	5.8%	5.00%	2.2920
	2000	44,448	64,451,630	725,867	5,039,141	1.1%	7.8%	140,689,825	1,584,477	10,999,813	1.1%	7.8%	5.00%	2.1829
	2001	43,584	67,439,792	1,815,171	7,077,818	2.7%	10.5%	140,202,485	3,773,611	14,714,275	2.7%	10.5%	5.00%	2.0789
	2002	42,906	66,535,160	3,343,169	11,221,828	5.0%	16.9%	131,735,065	6,619,246	22,218,452	5.0%	16.9%	5.00%	1.9799
	2003	41,096	64,639,775	5,504,774	12,687,447	8.5%	19.6%	121,887,936	10,380,072	23,924,073	8.5%	19.6%	5.00%	1.8856
	2004	40,002	62,391,639	7,907,140	15,912,781	12.7%	25.5%	112,046,419	14,200,088	28,577,068	12.7%	25.5%	5.00%	1.7959
	2005	39,014	60,591,747	10,890,772	15,235,860	18.0%	25.1%	103,632,450	18,626,915	26,058,492	18.0%	25.1%	5.00%	1.7103
Historical	2006	38,169	59,037,005	13,120,464	28,390,669	22.2%	48.1%	96,165,061	21,371,854	46,245,409	22.2%	48.1%	5.00%	1.6289
Experience	2007	37,373	57,514,309	17,012,143	28,103,865	29.6%	48.9%	89,223,571	26,391,418	43,598,318	29.6%	48.9%	5.00%	1.5513
	2008	36,071	56,969,168	20,974,861	29,300,057	36.8%	51.4%	84,169,408	30,989,422	43,289,529	36.8%	51.4%	5.00%	1.4775
	2009	34,743	59,759,971	25,135,273	42,481,289	42.1%	71.1%	84,088,280	35,367,853	59,775,440	42.1%	71.1%	5.00%	1.4071
	2010	33,665	63,133,477	30,992,187	52,244,649	49.1%	82.8%	84,604,898	41,532,495	70,012,827	49.1%	82.8%	5.00%	1.3401
	2011	32,713	63,045,992	37,636,161	48,348,545	59.7%	76.7%	80,464,437	48,034,338	61,706,356	59.7%	76.7%	5.00%	1.2763
	2012	31,737	60,988,261	43,602,473	64,231,788	71.5%	105.3%	74,131,613	52,999,079	78,074,139	71.5%	105.3%	5.00%	1.2155
	2013	30,724	62,942,745	49,967,629	61,757,949	79.4%	98.1%	72,864,095	57,843,776	71,492,545	79.4%	98.1%	5.00%	1.1576
	2014	29,716	63,310,066	55,753,476	67,839,098	88.1%	107.2%	69,799,348	61,468,207	74,792,605	88.1%	107.2%	5.00%	1.1025
	2015	28,669	60,529,192	61,357,513	72,272,179	101.4%	119.4%	63,555,651	64,425,389	75,885,788	101.4%	119.4%	5.00%	1.0500
	1/1/2016-6/30/2016	28,225	29,130,028	29,800,776	48,480,959	102.3%	166.4%	29,487,518	30,166,498	49,075,929	102.3%	166.4%	5.00%	1.0123
	7/1/2016-12/31/2016	27,591	28,743,945	53,487,033	36,764,102	186.1%	127.9%	28,395,469	52,838,585	36,318,394	186.1%	127.9%	5.00%	0.9879
	2017	25,777	59,935,416	81,969,656	76,188,076	136.8%	127.1%	57,081,348	78,066,339	72,560,072	136.8%	127.1%	5.00%	0.9524
	2018	24,469	65,980,485	85,118,800	80,279,652	129.0%	121.7%	59,846,245	77,205,261	72,816,011	129.0%	121.7%	5.00%	0.9070
	2019	23,247	62,440,997	90,750,362	82,739,659	145.3%	132.5%	53,938,881	78,393,575	71,473,628	145.3%	132.5%	5.00%	0.8638
	2020	21,992	58,575,380	95,432,652	84,549,436	162.9%	144.3%	48,190,110	78,512,679	69,559,030	162.9%	144.3%	5.00%	0.8227
	2021	20,727	54,725,036	97,248,951	86,041,986	177.7%	157.2%	42,878,498	76,197,098	67,416,147	177.7%	157.2%	5.00%	0.7835
Projected	2022	19,454	50,940,504	98,392,039	87,505,789	193.2%	171.8%	38,012,588	73,421,654	65,298,167	193.2%	171.8%	5.00%	0.7462
Future	2023	18,167	47,214,683	98,907,796	88,955,265	209.5%	188.4%	33,554,594	70,291,924	63,218,846	209.5%	188.4%	5.00%	0.7107
Experience	2024	16,883	43,555,093	99,459,387	90,368,529	228.4%	207.5%	29,479,801	67,318,028	61,164,977	228.4%	207.5%	5.00%	0.6768
	2025	15,607	39,992,920	100,132,470	91,917,729	250.4%	229.8%	25,779,793	64,546,283	59,250,987	250.4%	229.8%	5.00%	0.6446
	2026	14,339	36,530,012	100,890,474	92,969,802	276.2%	254.5%	22,426,259	61,937,999	57,075,393	276.2%	254.5%	5.00%	0.6139
	2027	13,083	33,165,223	101,534,129	93,196,293	306.1%	281.0%	19,391,019	59,364,902	54,489,942	306.1%	281.0%	5.00%	0.5847
	2028	11,857	29,919,433	101,820,658	92,505,522	340.3%	309.2%	16,660,260	56,697,553	51,510,536	340.3%	309.2%	5.00%	0.5568
	2029	10,673	26,820,901	101,756,581	91,125,786	379.4%	339.8%	14,223,697	53,963,687	48,325,950	379.4%	339.8%	5.00%	0.5303
	2030	9,538	23,885,392	101,332,442	89,143,713	424.2%	373.2%	12,063,746	51,179,769	45,023,633	424.2%	373.2%	5.00%	0.5051
	2031	8,463	21,126,167	100,305,267	86,640,389	474.8%	410.1%	10,162,048	48,248,548	41,675,508	474.8%	410.1%	5.00%	0.4810
	2032	7,460	18,565,613	98,640,274	83,677,967	531.3%	450.7%	8,505,121	45,188,246	38,333,841	531.3%	450.7%	5.00%	0.4581
	2033	6,524	16,205,244	96,386,958	80,259,573	594.8%	495.3%	7,070,294	42,053,311	35,016,986	594.8%	495.3%	5.00%	0.4363
	2034	5,659	14,035,657	93,580,830	76,403,845	666.7%	544.4%	5,832,106	38,884,768	31,747,376	666.7%	544.4%	5.00%	0.4155
	2035	4,873	12,066,343	90,265,561	72,229,184	748.1%	598.6%	4,775,062	35,721,148	28,583,541	748.1%	598.6%	5.00%	0.3957
	2036	4,167	10,302,009	86,505,973	67,836,701	839.7%	658.5%	3,882,719	32,603,191	25,566,939	839.7%	658.5%	5.00%	0.3769
	2037	3,536	8,733,945	82,372,110	63,282,988	943.1%	724.6%	3,134,983	29,566,840	22,714,945	943.1%	724.6%	5.00%	0.3589
	2038	2,979	7,351,841	77,933,886	58,575,977	1060.1%	796.8%	2,513,226	26,641,689	20,024,190	1060.1%	796.8%	5.00%	0.3418
	2039	2,490	6,143,330	73,228,105	53,608,711	1192.0%	872.6%	2,000,092	23,840,970	17,453,458	1192.0%	872.6%	5.00%	0.3256
	2040	2,065	5,094,898	68,257,579	48,431,585	1339.7%	950.6%	1,579,764	21,164,485	15,017,080	1339.7%	950.6%	5.00%	0.3101
	2041	1,699	4,192,672	63,071,916	43,331,490	1504.3%	1033.5%	1,238,108	18,625,312	12,795,909	1504.3%	1033.5%	5.00%	0.2953
	2042	1,386	3,422,705	57,769,464	38,394,388	1687.8%	1121.8%	962,604	16,247,126	10,798,066	1687.8%	1121.8%	5.00%	0.2812
	2043	1,120	2,771,212	52,443,678	33,690,755	1892.4%	1215.7%	742,264	14,046,951	9,024,012	1892.4%	1215.7%	5.00%	0.2678
	2044	898	2,224,787	47,188,455	29,278,274	2121.0%	1316.0%	567,529	12,037,475	7,468,701	2121.0%	1316.0%	5.00%	0.2551
	2045	713	1,770,595	42,085,567	25,196,887	2376.9%	1423.1%	430,159	10,224,534	6,121,491	2376.9%	1423.1%	5.00%	0.2429
	2046	561	1,396,518	37,205,682	21,474,734	2664.2%	1537.7%	323,123	8,608,556	4,968,769	2664.2%	1537.7%	5.00%	0.2314
	2047	437	1,091,288	32,602,810	18,112,883	2987.6%	1659.8%	240,476	7,184,338	3,991,345	2987.6%	1659.8%	5.00%	0.2204
	2048	337	844,593	28,313,530	15,110,797	3352.3%	1789.1%	177,251	5,942,052	3,171,245	3352.3%	1789.1%	5.00%	0.2099
	2049	257	647,145	24,363,440	12,461,509	3764.8%	1925.6%	129,346	4,869,583	2,490,714	3764.8%	1925.6%	5.00%	0.1999
	2050	194	490,694	20,766,832	10,152,538	4232.1%	2069.0%	93,406	3,953,066	1,932,584	4232.1%	2069.0%	5.00%	0.1904
	2051	144	368,013	17,530,018	8,168,992	4763.4%	2219.8%	66,717	3,178,022	1,480,959	4763.4%	2219.8%	5.00%	0.1813
	2052	106	272,852	14,650,616	6,485,591	5369.4%	2377.0%	47,110	2,529,537	1,119,785	5369.4%	2377.0%	5.00%	0.1727
	2053	77	199,872	12,118,473	5,078,346	6063.1%	2540.8%	32,866	1,992,709	835,061	6063.1%	2540.8%	5.00%	0.1644
	2054	55	144,567	9,917,887	3,920,202	6860.4%	2711.7%	22,640	1,553,194	613,925	6860.4%	2711.7%	5.00%	0.1566
	2055	39	103,180	8,028,535	2,981,708	7781.1%	2889.8%	15,389	1,197,440	444,716	7781.1%	2889.8%	5.00%	0.1491
	2056	27	72,613	6,426,180	2,232,577	8850.0%	3074.6%	10,314	912,811	317,128	8850.0%	3074.6%	5.00%	0.1420
	2057	19	50,344	5,084,039	1,644,219	10098.5%	3265.9%	6,811	687,777	222,433	10098.5%	3265.9%	5.00%	0.1353
	2058	13	34,352	3,973,962	1,189,341	11568.3%	3462.2%	4,426	512,004	153,234	11568.3%	3462.2%	5.00%	0.1288
	2059	8	23,037	3,067,476	843,396	13315.4%	3661.0%	2,827	376,393	103,488	13315.4%	3661.0%	5.00%	0.1227
	2060	5	15,156	2,336,854	585,025	15418.4%	3860.0%	1,771	273,088	68,367	15418.4%	3860.0%	5.00%	0.1169
	2061	3	9,760	1,755,853	395,954	17990.4%	4056.9%	1,086	195,420	44,068	17990.4%	4056.9%	5.00%	0.1113
	2062	2	6,133	1,300,342	261,160	21200.7%	4257.9%	650	137,832	27,682	21200.7%	4257.9%	5.00%	0.1060
	2063	1	3,748	948,520	167,196	25308.7%	4461.2%	378	95,752	16,878	25308.7%	4461.2%	5.00%	0.1009
	2064	1	2,217	680,942	103,512	30720.0%	4669.8%	213	65,467	9,952	30720.0%	4669.8%	5.00%	0.0961
	2065	0	1,262	480,723	61,665	38091.9%	4886.2%	116	44,017	5,646	38091.9%	4886.2%	5.00%	0.0916
	Past		1,067,783,864	415,723,769	612,985,983	38.9%	57.4%	1,683,729,822	526,196,356	805,876,450	31.3%	47.9%		
	Future		802,209,783	2,769,821,769	2,236,521,397	345.3%	278.8%	556,495,304	1,459,338,988	1,239,861,739	262.2%	222.8%		
	Lifetime		1,869,993,647	3,185,545,538	2,849,507,380	170.4%	152.4%	2,240,225,126	1,985,535,344	2,045,738,189	88.6%	91.3%		

EXHIBIT IX
RiverSource Life Insurance Company
Virginia Experience Projections with No Increase
Policy Form: 30160A-VA

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	0	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	5.00%	2.5270
	1998	638	325,507	0	37,202	0.0%	11.4%	783,372	0	89,531	0.0%	11.4%	5.00%	2.4066
	1999	1,574	1,632,893	11,549	0	0.7%	0.0%	3,742,621	26,471	0	0.7%	0.0%	5.00%	2.2920
	2000	1,817	2,574,495	9,314	112,461	0.4%	4.4%	5,619,800	20,331	245,488	0.4%	4.4%	5.00%	2.1829
	2001	1,756	2,574,050	20,365	425,135	0.8%	16.5%	5,351,265	42,338	883,824	0.8%	16.5%	5.00%	2.0789
	2002	1,694	2,488,902	127,145	650,048	5.1%	26.1%	4,927,855	251,739	1,287,052	5.1%	26.1%	5.00%	1.9799
	2003	1,653	2,411,389	262,304	742,079	10.9%	30.8%	4,547,033	494,613	1,399,300	10.9%	30.8%	5.00%	1.8856
	2004	1,609	2,347,263	297,042	1,173,211	12.7%	50.0%	4,215,347	533,445	2,106,919	12.7%	50.0%	5.00%	1.7959
	2005	1,581	2,281,458	416,869	908,996	18.3%	39.8%	3,902,067	712,987	1,554,692	18.3%	39.8%	5.00%	1.7103
Historical	2006	1,557	2,230,993	505,539	668,167	22.7%	29.9%	3,634,052	823,469	1,088,374	22.7%	29.9%	5.00%	1.6289
Experience	2007	1,532	2,191,619	583,495	954,012	26.6%	43.5%	3,399,921	905,193	1,479,985	26.6%	43.5%	5.00%	1.5513
	2008	1,491	2,225,572	766,943	1,333,044	34.5%	59.9%	3,288,184	1,133,124	1,969,513	34.5%	59.9%	5.00%	1.4775
	2009	1,455	2,346,606	1,031,146	1,811,325	43.9%	77.2%	3,301,911	1,450,926	2,548,716	43.9%	77.2%	5.00%	1.4071
	2010	1,419	2,498,686	1,347,145	1,895,549	53.9%	75.9%	3,348,479	1,805,304	2,540,217	53.9%	75.9%	5.00%	1.3401
	2011	1,386	2,522,255	1,580,865	2,082,153	62.7%	82.6%	3,219,107	2,017,629	2,657,413	62.7%	82.6%	5.00%	1.2763
	2012	1,336	2,440,749	1,671,331	1,967,614	68.5%	80.6%	2,966,746	2,031,513	2,391,648	68.5%	80.6%	5.00%	1.2155
	2013	1,296	2,518,229	1,923,794	855,036	76.4%	34.0%	2,915,165	2,227,032	989,811	76.4%	34.0%	5.00%	1.1576
	2014	1,261	2,550,158	2,037,496	3,341,878	79.9%	131.0%	2,811,550	2,246,340	3,684,421	79.9%	131.0%	5.00%	1.1025
	2015	1,225	2,471,873	2,408,192	2,202,149	97.4%	89.1%	2,595,467	2,528,602	2,312,257	97.4%	89.1%	5.00%	1.0500
	1/1/2016-6/30/2016	1,205	1,199,259	1,199,460	1,998,134	100.0%	166.6%	1,213,977	1,214,180	2,022,656	100.0%	166.6%	5.00%	1.0123
	7/1/2016-12/31/2016	1,184	1,180,101	2,365,722	1,422,267	200.5%	120.5%	1,165,794	2,337,042	1,405,024	200.5%	120.5%	5.00%	0.9879
	2017	1,141	2,279,325	3,348,914	2,967,366	146.9%	130.2%	2,170,786	3,189,442	2,826,063	146.9%	130.2%	5.00%	0.9524
	2018	1,096	2,170,730	3,289,764	3,128,551	151.6%	144.1%	1,968,916	2,983,913	2,837,688	151.6%	144.1%	5.00%	0.9070
	2019	1,049	2,060,312	3,497,152	3,282,403	169.7%	159.3%	1,779,775	3,020,971	2,835,463	169.7%	159.3%	5.00%	0.8638
	2020	1,000	1,947,512	3,694,678	3,422,203	189.7%	175.7%	1,602,223	3,039,620	2,815,455	189.7%	175.7%	5.00%	0.8227
	2021	949	1,833,737	3,806,714	3,557,220	207.6%	194.0%	1,436,781	2,982,660	2,787,175	207.6%	194.0%	5.00%	0.7835
Projected	2022	898	1,720,213	3,917,609	3,701,817	227.7%	215.2%	1,283,649	2,923,380	2,762,353	227.7%	215.2%	5.00%	0.7462
Future	2023	845	1,606,560	4,039,538	3,846,760	251.4%	239.4%	1,141,753	2,870,825	2,733,820	251.4%	239.4%	5.00%	0.7107
Experience	2024	791	1,493,342	4,153,169	3,983,500	278.1%	266.8%	1,010,753	2,811,028	2,696,189	278.1%	266.8%	5.00%	0.6768
	2025	736	1,381,689	4,278,657	4,106,552	309.7%	297.2%	890,649	2,758,061	2,647,120	309.7%	297.2%	5.00%	0.6446
	2026	682	1,271,518	4,401,977	4,207,308	346.2%	330.9%	780,602	2,702,432	2,582,922	346.2%	330.9%	5.00%	0.6139
	2027	627	1,162,921	4,499,679	4,261,881	386.9%	366.5%	679,936	2,630,869	2,491,834	386.9%	366.5%	5.00%	0.5847
	2028	572	1,056,952	4,578,394	4,275,062	433.2%	404.5%	588,551	2,549,421	2,380,515	433.2%	404.5%	5.00%	0.5568
	2029	519	954,655	4,634,940	4,259,349	485.5%	446.2%	506,274	2,458,008	2,258,824	485.5%	446.2%	5.00%	0.5303
	2030	468	856,399	4,672,247	4,216,388	545.6%	492.3%	432,540	2,359,802	2,129,563	545.6%	492.3%	5.00%	0.5051
	2031	418	762,927	4,680,471	4,147,279	613.5%	543.6%	366,981	2,251,387	1,994,912	613.5%	543.6%	5.00%	0.4810
	2032	371	675,347	4,658,026	4,054,713	689.7%	600.4%	309,384	2,133,895	1,857,511	689.7%	600.4%	5.00%	0.4581
	2033	327	593,513	4,606,562	3,936,357	776.2%	663.2%	258,948	2,009,828	1,717,419	776.2%	663.2%	5.00%	0.4363
	2034	286	517,367	4,526,015	3,792,804	874.8%	733.1%	214,977	1,880,653	1,575,988	874.8%	733.1%	5.00%	0.4155
	2035	248	447,639	4,418,041	3,630,577	987.0%	811.0%	177,146	1,748,369	1,436,743	987.0%	811.0%	5.00%	0.3957
	2036	214	384,638	4,285,138	3,451,543	1114.1%	897.3%	144,966	1,615,023	1,300,850	1114.1%	897.3%	5.00%	0.3769
	2037	183	328,184	4,129,625	3,259,833	1258.3%	993.3%	117,799	1,482,297	1,170,092	1258.3%	993.3%	5.00%	0.3589
	2038	155	277,986	3,954,894	3,055,223	1422.7%	1099.1%	95,029	1,351,980	1,044,428	1422.7%	1099.1%	5.00%	0.3418
	2039	131	233,702	3,761,245	2,825,926	1609.4%	1209.2%	76,087	1,224,553	920,040	1609.4%	1209.2%	5.00%	0.3256
	2040	109	194,953	3,547,004	2,579,244	1819.4%	1323.0%	60,449	1,099,812	799,741	1819.4%	1323.0%	5.00%	0.3101
	2041	91	161,329	3,314,887	2,331,999	2054.7%	1445.5%	47,641	978,895	688,646	2054.7%	1445.5%	5.00%	0.2953
	2042	74	132,400	3,070,236	2,089,411	2318.9%	1578.1%	37,236	863,475	587,627	2318.9%	1578.1%	5.00%	0.2812
	2043	61	107,728	2,818,603	1,854,806	2616.4%	1721.7%	28,855	754,958	496,807	2616.4%	1721.7%	5.00%	0.2678
	2044	49	86,876	2,564,859	1,630,442	2952.3%	1876.8%	22,161	654,279	415,915	2952.3%	1876.8%	5.00%	0.2551
	2045	39	69,415	2,313,210	1,418,008	3332.5%	2042.8%	16,864	561,986	344,500	3332.5%	2042.8%	5.00%	0.2429
	2046	31	54,933	2,067,535	1,220,146	3763.7%	2221.1%	12,710	478,381	282,314	3763.7%	2221.1%	5.00%	0.2314
	2047	24	43,041	1,831,065	1,037,924	4254.2%	2411.5%	9,485	403,492	228,716	4254.2%	2411.5%	5.00%	0.2204
	2048	19	33,376	1,606,323	872,375	4812.9%	2613.8%	7,004	337,113	183,082	4812.9%	2613.8%	5.00%	0.2099
	2049	14	25,602	1,395,390	723,691	5450.3%	2826.7%	5,117	278,900	144,646	5450.3%	2826.7%	5.00%	0.1999
	2050	11	19,419	1,199,710	592,148	6178.1%	3049.4%	3,696	228,370	112,718	6178.1%	3049.4%	5.00%	0.1904
	2051	8	14,556	1,020,526	477,875	7010.9%	3283.0%	2,639	185,011	86,634	7010.9%	3283.0%	5.00%	0.1813
	2052	6	10,777	858,648	380,085	7967.5%	3526.9%	1,861	148,252	65,625	7967.5%	3526.9%	5.00%	0.1727
	2053	4	7,875	714,283	297,749	9070.0%	3780.8%	1,295	117,454	48,961	9070.0%	3780.8%	5.00%	0.1644
	2054	3	5,676	587,236	229,491	10346.5%	4043.4%	889	91,964	35,939	10346.5%	4043.4%	5.00%	0.1566
	2055	2	4,030	476,933	173,987	11833.3%	4316.9%	601	71,134	25,950	11833.3%	4316.9%	5.00%	0.1491
	2056	2	2,817	382,485	129,456	13579.1%	4596.0%	400	54,330	18,389	13579.1%	4596.0%	5.00%	0.1420
	2057	1	1,935	302,695	94,352	15647.2%	4877.3%	262	40,949	12,764	15647.2%	4877.3%	5.00%	0.1353
	2058	1	1,303	236,235	67,244	18125.6%	5159.5%	168	30,436	8,664	18125.6%	5159.5%	5.00%	0.1288
	2059	0	859	181,681	46,705	21138.7%	5434.2%	105	22,293	5,731	21138.7%	5434.2%	5.00%	0.1227
	2060	0	553	137,572	31,545	24865.1%	5701.6%	65	16,077	3,686	24865.1%	5701.6%	5.00%	0.1169
	2061	0	347	102,470	20,627	29568.0%	5952.0%	39	11,405	2,296	29568.0%	5952.0%	5.00%	0.1113
	2062	0	210	75,008	13,041	35650.9%	6198.1%	22	7,951	1,382	35650.9%	6198.1%	5.00%	0.1060
	2063	0	123	53,912	7,937	43754.8%	6441.7%	12	5,442	801	43754.8%	6441.7%	5.00%	0.1009
	2064	0	69	38,011	4,624	54927.1%	6682.4%	7	3,654	445	54927.1%	6682.4%	5.00%	0.0961
	2065	0	37	26,262	2,561	70958.0%	6920.1%	3	2,405	235	70958.0%	6920.1%	5.00%	0.0916
	Past		41,831,958	16,199,994	23,158,193	38.7%	55.4%	65,783,919	20,465,234	31,251,815	31.1%	47.5%		
	Future		28,177,512	129,121,950	105,120,356	458.2%	373.1%	19,459,885	64,763,879	55,810,205	332.8%	286.8%		
	Lifetime		70,009,470	145,321,943	128,278,549	207.6%	183.2%	85,243,804	85,229,113	87,062,020	100.0%	102.1%		

EXHIBIT IX
RiverSource Life Insurance Company
Virginia Experience Projections with 34.6% Increase
Policy Form: 30160A-VA

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	0	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	5.00%	2.5270
	1998	638	325,507	0	37,202	0.0%	11.4%	783,372	0	89,531	0.0%	11.4%	5.00%	2.4066
	1999	1,574	1,632,893	11,549	0	0.7%	0.0%	3,742,621	26,471	0	0.7%	0.0%	5.00%	2.2920
	2000	1,817	2,574,495	9,314	112,461	0.4%	4.4%	5,619,800	20,331	245,488	0.4%	4.4%	5.00%	2.1829
	2001	1,756	2,574,050	20,365	425,135	0.8%	16.5%	5,351,265	42,338	883,824	0.8%	16.5%	5.00%	2.0789
	2002	1,694	2,488,902	127,145	650,048	5.1%	26.1%	4,927,855	251,739	1,287,052	5.1%	26.1%	5.00%	1.9799
	2003	1,653	2,411,389	262,304	742,079	10.9%	30.8%	4,547,033	494,613	1,399,300	10.9%	30.8%	5.00%	1.8856
	2004	1,609	2,347,263	297,042	1,173,211	12.7%	50.0%	4,215,347	533,445	2,106,919	12.7%	50.0%	5.00%	1.7959
	2005	1,581	2,281,458	416,869	908,996	18.3%	39.8%	3,902,067	712,987	1,554,692	18.3%	39.8%	5.00%	1.7103
Historical	2006	1,557	2,230,993	505,539	668,167	22.7%	29.9%	3,634,052	823,469	1,088,374	22.7%	29.9%	5.00%	1.6289
Experience	2007	1,532	2,191,619	583,495	954,012	26.6%	43.5%	3,399,921	905,193	1,479,985	26.6%	43.5%	5.00%	1.5513
	2008	1,491	2,225,572	766,943	1,333,044	34.5%	59.9%	3,288,184	1,133,124	1,969,513	34.5%	59.9%	5.00%	1.4775
	2009	1,455	2,346,606	1,031,146	1,811,325	43.9%	77.2%	3,301,911	1,450,926	2,548,716	43.9%	77.2%	5.00%	1.4071
	2010	1,419	2,498,686	1,347,145	1,895,549	53.9%	75.9%	3,348,479	1,805,304	2,540,217	53.9%	75.9%	5.00%	1.3401
	2011	1,386	2,522,255	1,580,865	2,082,153	62.7%	82.6%	3,219,107	2,017,629	2,657,413	62.7%	82.6%	5.00%	1.2763
	2012	1,336	2,440,749	1,671,331	1,967,614	68.5%	80.6%	2,966,746	2,031,513	2,391,648	68.5%	80.6%	5.00%	1.2155
	2013	1,296	2,518,229	1,923,794	855,036	76.4%	34.0%	2,915,165	2,227,032	989,811	76.4%	34.0%	5.00%	1.1576
	2014	1,261	2,550,158	2,037,496	3,341,878	79.9%	131.0%	2,811,550	2,246,340	3,684,421	79.9%	131.0%	5.00%	1.1025
	2015	1,225	2,471,873	2,408,192	2,202,149	97.4%	89.1%	2,595,467	2,528,602	2,312,257	97.4%	89.1%	5.00%	1.0500
	1/1/2016-6/30/2016	1,205	1,199,259	1,199,460	1,998,134	100.0%	166.6%	1,213,977	1,214,180	2,022,656	100.0%	166.6%	5.00%	1.0123
	7/1/2016-12/31/2016	1,184	1,180,101	2,365,722	1,422,267	200.5%	120.5%	1,165,794	2,337,042	1,405,024	200.5%	120.5%	5.00%	0.9879
	2017	1,113	2,478,063	3,347,709	2,961,768	135.1%	119.5%	2,360,060	3,188,294	2,820,731	135.1%	119.5%	5.00%	0.9524
	2018	1,065	2,741,943	3,289,784	3,147,143	120.0%	114.8%	2,487,023	2,983,931	2,854,552	120.0%	114.8%	5.00%	0.9070
	2019	1,019	2,614,400	3,500,577	3,275,081	133.9%	125.3%	2,258,417	3,023,930	2,829,138	133.9%	125.3%	5.00%	0.8638
	2020	971	2,471,280	3,690,379	3,379,101	149.3%	136.7%	2,033,128	3,036,084	2,779,995	149.3%	136.7%	5.00%	0.8227
	2021	923	2,326,919	3,785,064	3,475,726	162.7%	149.4%	1,823,202	2,965,697	2,723,322	162.7%	149.4%	5.00%	0.7835
Projected	2022	872	2,182,873	3,870,085	3,579,043	177.3%	164.0%	1,628,893	2,887,917	2,670,737	177.3%	164.0%	5.00%	0.7462
Future	2023	821	2,038,664	3,959,023	3,682,022	194.2%	180.6%	1,448,840	2,813,604	2,616,744	194.2%	180.6%	5.00%	0.7107
Experience	2024	768	1,895,003	4,035,889	3,788,183	213.0%	199.9%	1,282,612	2,731,648	2,563,992	213.0%	199.9%	5.00%	0.6768
	2025	716	1,753,327	4,127,757	3,901,676	235.4%	222.5%	1,130,210	2,660,789	2,515,055	235.4%	222.5%	5.00%	0.6446
	2026	662	1,613,530	4,224,338	3,995,307	261.8%	247.6%	990,567	2,593,377	2,452,772	261.8%	247.6%	5.00%	0.6139
	2027	609	1,475,727	4,301,267	4,045,233	291.5%	274.1%	862,827	2,514,862	2,365,164	291.5%	274.1%	5.00%	0.5847
	2028	556	1,341,259	4,364,601	4,056,013	325.4%	302.4%	746,863	2,430,373	2,258,540	325.4%	302.4%	5.00%	0.5568
	2029	505	1,211,449	4,410,150	4,039,504	364.0%	333.4%	642,457	2,338,797	2,142,235	364.0%	333.4%	5.00%	0.5303
	2030	454	1,086,766	4,440,015	3,997,284	408.6%	367.8%	548,891	2,242,509	2,018,900	408.6%	367.8%	5.00%	0.5051
	2031	406	968,153	4,443,771	3,930,413	459.0%	406.0%	465,698	2,137,530	1,890,596	459.0%	406.0%	5.00%	0.4810
	2032	361	857,016	4,419,365	3,841,454	515.7%	448.2%	392,609	2,024,562	1,759,815	515.7%	448.2%	5.00%	0.4581
	2033	318	753,170	4,368,170	3,728,206	580.0%	495.0%	328,605	1,905,818	1,626,604	580.0%	495.0%	5.00%	0.4363
	2034	278	656,541	4,289,956	3,591,238	653.4%	547.0%	272,806	1,782,565	1,492,234	653.4%	547.0%	5.00%	0.4155
	2035	241	568,056	4,186,151	3,436,729	736.9%	605.0%	224,799	1,656,602	1,360,030	736.9%	605.0%	5.00%	0.3957
	2036	208	488,108	4,059,005	3,266,448	831.6%	669.2%	183,963	1,529,796	1,231,090	831.6%	669.2%	5.00%	0.3769
	2037	178	416,467	3,910,630	3,084,303	939.0%	740.6%	149,488	1,403,691	1,107,087	939.0%	740.6%	5.00%	0.3589
	2038	151	352,765	3,744,206	2,890,082	1061.4%	819.3%	120,593	1,279,956	987,974	1061.4%	819.3%	5.00%	0.3418
	2039	127	296,569	3,560,018	2,672,639	1200.4%	901.2%	96,554	1,159,040	870,134	1200.4%	901.2%	5.00%	0.3256
	2040	106	247,396	3,356,488	2,438,878	1356.7%	985.8%	76,710	1,040,739	756,218	1356.7%	985.8%	5.00%	0.3101
	2041	88	204,727	3,136,184	2,204,696	1531.9%	1076.9%	60,457	926,124	651,053	1531.9%	1076.9%	5.00%	0.2953
	2042	72	168,016	2,904,154	1,975,020	1728.5%	1175.5%	47,253	816,767	555,456	1728.5%	1175.5%	5.00%	0.2812
	2043	59	136,707	2,665,645	1,752,984	1949.9%	1282.3%	36,617	713,989	469,534	1949.9%	1282.3%	5.00%	0.2678
	2044	48	110,245	2,425,253	1,540,710	2199.9%	1397.5%	28,123	618,667	393,025	2199.9%	1397.5%	5.00%	0.2551
	2045	38	88,087	2,186,947	1,339,783	2482.7%	1521.0%	21,401	531,311	325,495	2482.7%	1521.0%	5.00%	0.2429
	2046	30	69,711	1,954,385	1,152,688	2803.6%	1653.5%	16,129	452,201	266,706	2803.6%	1653.5%	5.00%	0.2314
	2047	24	54,620	1,730,608	980,423	3168.5%	1795.0%	12,036	381,356	216,045	3168.5%	1795.0%	5.00%	0.2204
	2048	18	42,354	1,517,993	823,953	3584.1%	1945.4%	8,889	318,575	172,920	3584.1%	1945.4%	5.00%	0.2099
	2049	14	32,489	1,318,492	683,451	4058.3%	2103.6%	6,494	263,530	136,603	4058.3%	2103.6%	5.00%	0.1999
	2050	11	24,642	1,133,462	559,168	4599.6%	2269.1%	4,691	215,760	106,440	4599.6%	2269.1%	5.00%	0.1904
	2051	8	18,472	964,067	451,218	5219.1%	2442.7%	3,349	174,776	81,802	5219.1%	2442.7%	5.00%	0.1813
	2052	6	13,676	811,061	358,854	5930.6%	2624.0%	2,361	140,036	61,959	5930.6%	2624.0%	5.00%	0.1727
	2053	4	9,994	674,632	281,095	6750.6%	2812.7%	1,643	110,934	46,222	6750.6%	2812.7%	5.00%	0.1644
	2054	3	7,202	554,588	216,639	7700.0%	3007.9%	1,128	86,851	33,927	7700.0%	3007.9%	5.00%	0.1566
	2055	2	5,115	450,380	164,233	8805.8%	3211.1%	763	67,173	24,495	8805.8%	3211.1%	5.00%	0.1491
	2056	2	3,574	361,162	122,190	10104.2%	3418.5%	508	51,302	17,357	10104.2%	3418.5%	5.00%	0.1420
	2057	1	2,455	285,800	89,051	11642.2%	3627.5%	332	38,663	12,047	11642.2%	3627.5%	5.00%	0.1353
	2058	1	1,654	223,034	63,463	13485.3%	3837.2%	213	28,736	8,177	13485.3%	3837.2%	5.00%	0.1288
	2059	0	1,091	171,518	44,077	15726.1%	4041.4%	134	21,046	5,408	15726.1%	4041.4%	5.00%	0.1227
	2060	0	702	129,869	29,769	18497.3%	4240.0%	82	15,177	3,479	18497.3%	4240.0%	5.00%	0.1169
	2061	0	440	96,728	19,465	21994.7%	4426.0%	49	10,765	2,166	21994.7%	4426.0%	5.00%	0.1113
	2062	0	267	70,801	12,305	26518.3%	4608.9%	28	7,505	1,304	26518.3%	4608.9%	5.00%	0.1060
	2063	0	156	50,886	7,489	32544.8%	4789.8%	16	5,137	756	32544.8%	4789.8%	5.00%	0.1009
	2064	0	88	35,876	4,363	40853.0%	4968.7%	8	3,449	420	40853.0%	4968.7%	5.00%	0.0961
	2065	0	47	24,786	2,417	52774.3%	5145.2%	4	2,270	221	52774.3%	5145.2%	5.00%	0.0916
	Past		41,831,958	16,199,994	23,158,193	38.7%	55.4%	65,783,919	20,465,234	31,251,815	31.1%	47.5%		
	Future		35,012,076	123,928,433	100,505,245	354.0%	287.1%	23,974,318	62,671,251	53,691,699	261.4%	224.0%		
	Lifetime		76,844,034	140,128,427	123,663,438	182.4%	160.9%	89,758,237	83,136,485	84,943,515	92.6%	94.6%		

EXHIBIT X
RiverSource Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
Policy Form: 30160A

Calendar Year	(a) Earned Premiums[1]	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c) / (a) Incurred Loss Ratio
1997	48,954	0	285,641	583.5%
1998	8,485,413	227,638	5,974,623	73.1%
1999	36,839,540	2,132,424	14,758,229	45.8%
2000	64,451,630	5,039,141	32,325,006	58.0%
2001	67,439,792	7,077,818	52,333,432	88.1%
2002	66,535,160	11,221,828	54,952,979	99.5%
2003	64,639,775	12,687,447	54,833,187	104.5%
2004	62,391,639	15,912,781	54,741,330	113.2%
2005	60,591,747	15,235,860	53,820,581	114.0%
2006	59,037,005	28,390,669	53,271,818	138.3%
2007	57,514,309	28,103,865	69,292,713	169.3%
2008	57,947,933	29,300,057	44,605,519	127.5%
2009	59,173,535	42,481,289	41,908,968	142.6%
2010	59,787,874	52,244,649	45,286,074	163.1%
2011	59,516,381	48,348,545	(12,930,639)	59.5%
2012	59,092,651	64,231,788	34,042,189	166.3%
2013	59,966,607	61,757,949	31,975,323	156.3%
2014	59,495,513	67,839,098	31,643,424	167.2%
2015	58,594,951	72,272,179	28,124,230	171.3%
1/1/2016-6/30/2016	29,263,480	48,480,959	13,990,209	213.5%
Total	1,050,813,888	612,985,983	705,234,835	125.4%

[1] Premiums reflect the accumulated rate increases as approved in Virginia and implemented from 2007 through 2013 on a nationwide basis.

EXHIBIT XI
RiverSource Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia Experience, without Interest
Policy Form: 30160A-VA

Calendar Year	(a) Earned Premiums	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c) / (a) Incurred Loss Ratio
1997	0	0	0	0.0%
1998	325,507	37,202	215,377	77.6%
1999	1,632,893	0	497,427	30.5%
2000	2,574,495	112,461	1,466,829	61.3%
2001	2,574,050	425,135	2,225,747	103.0%
2002	2,488,902	650,048	2,249,928	116.5%
2003	2,411,389	742,079	2,207,543	122.3%
2004	2,347,263	1,173,211	2,188,859	143.2%
2005	2,281,458	908,996	2,172,817	135.1%
2006	2,230,993	668,167	2,177,542	127.6%
2007	2,191,619	954,012	3,460,304	201.4%
2008	2,225,572	1,333,044	2,122,610	155.3%
2009	2,346,606	1,811,325	2,009,774	162.8%
2010	2,498,686	1,895,549	2,149,269	161.9%
2011	2,522,255	2,082,153	(974,916)	43.9%
2012	2,440,749	1,967,614	1,502,586	142.2%
2013	2,518,229	855,036	1,408,862	89.9%
2014	2,550,158	3,341,878	1,629,783	195.0%
2015	2,471,873	2,202,149	1,668,490	156.6%
1/1/2016-6/30/2016	1,199,259	1,998,134	668,015	222.3%
Total	41,831,958	23,158,193	31,046,844	129.6%

EXHIBIT XII
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Experience with Premiums Restated to Proposed Virginia Premium Level since Inception*
Policy Form: 30160A

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	99,103	0	0.0%	228,715	0	0.0%	4.50%	2.3079
	1998	17,178,077	241,654	1.4%	37,937,419	533,689	1.4%	4.50%	2.2085
	1999	74,578,864	2,263,726	3.0%	157,613,241	4,784,106	3.0%	4.50%	2.1134
	2000	130,477,451	5,349,423	4.1%	263,873,702	10,818,513	4.1%	4.50%	2.0224
	2001	136,526,760	7,513,630	5.5%	264,217,841	14,540,995	5.5%	4.50%	1.9353
	2002	134,695,400	11,912,804	8.8%	249,448,461	22,061,856	8.8%	4.50%	1.8519
	2003	130,858,336	13,468,667	10.3%	231,906,632	23,869,119	10.3%	4.50%	1.7722
	2004	126,307,154	16,892,599	13.4%	214,201,958	28,647,845	13.4%	4.50%	1.6959
	2005	122,663,410	16,173,997	13.2%	199,064,688	26,248,021	13.2%	4.50%	1.6229
Historical	2006	119,515,953	30,138,804	25.2%	185,604,620	46,804,642	25.2%	4.50%	1.5530
Experience	2007	116,433,370	29,834,340	25.6%	173,031,066	44,336,667	25.6%	4.50%	1.4861
	2008	108,819,740	30,877,397	28.4%	154,752,619	43,910,765	28.4%	4.50%	1.4221
	2009	103,794,488	44,380,016	42.8%	141,249,956	60,395,070	42.8%	4.50%	1.3609
	2010	99,728,852	54,159,761	54.3%	129,872,907	70,530,097	54.3%	4.50%	1.3023
	2011	95,873,770	49,945,192	52.1%	119,476,161	62,240,796	52.1%	4.50%	1.2462
	2012	92,701,714	66,299,020	71.5%	110,548,518	79,062,815	71.5%	4.50%	1.1925
	2013	88,900,961	63,359,162	71.3%	101,450,766	72,303,329	71.3%	4.50%	1.1412
	2014	85,215,349	69,282,270	81.3%	93,057,292	75,657,971	81.3%	4.50%	1.0920
	2015	81,472,292	73,650,060	90.4%	85,138,545	76,964,312	90.4%	4.50%	1.0450
	1/1/2016-6/30/2016	39,209,017	48,760,482	124.4%	39,642,865	49,300,016	124.4%	4.50%	1.0111
	7/1/2016-12/31/2016	38,689,350	37,400,608	96.7%	38,265,938	36,991,299	96.7%	4.50%	0.9891
	2017	74,350,350	77,547,797	104.3%	71,148,661	74,208,419	104.3%	4.50%	0.9569
	2018	70,303,706	80,941,877	115.1%	64,379,209	74,120,901	115.1%	4.50%	0.9157
	2019	66,236,617	83,995,684	126.8%	58,042,922	73,605,133	126.8%	4.50%	0.8763
	2020	62,135,475	86,628,642	139.4%	52,104,407	72,643,431	139.4%	4.50%	0.8386
	2021	58,050,662	88,989,767	153.3%	46,582,814	71,409,932	153.3%	4.50%	0.8025
Projected	2022	54,035,735	91,368,957	169.1%	41,493,811	70,161,833	169.1%	4.50%	0.7679
Future	2023	50,083,161	93,731,390	187.2%	36,802,532	68,876,493	187.2%	4.50%	0.7348
Experience	2024	46,200,929	95,765,332	207.3%	32,487,806	67,340,757	207.3%	4.50%	0.7032
	2025	42,422,094	97,419,998	229.6%	28,546,015	65,554,348	229.6%	4.50%	0.6729
	2026	38,748,617	98,519,166	254.3%	24,951,307	63,439,218	254.3%	4.50%	0.6439
	2027	35,179,283	98,746,884	280.7%	21,677,430	60,847,706	280.7%	4.50%	0.6162
	2028	31,736,232	98,006,170	308.8%	18,713,709	57,790,697	308.8%	4.50%	0.5897
	2029	28,449,429	96,537,863	339.3%	16,053,206	54,473,579	339.3%	4.50%	0.5643
	2030	25,335,584	94,433,191	372.7%	13,680,528	50,991,360	372.7%	4.50%	0.5400
	2031	22,408,760	91,777,636	409.6%	11,579,065	47,423,381	409.6%	4.50%	0.5167
	2032	19,692,698	88,636,950	450.1%	9,737,435	43,828,253	450.1%	4.50%	0.4945
	2033	17,188,988	85,014,312	494.6%	8,133,423	40,226,765	494.6%	4.50%	0.4732
	2034	14,887,661	80,929,180	543.6%	6,741,139	36,644,763	543.6%	4.50%	0.4528
	2035	12,798,784	76,506,805	597.8%	5,545,736	33,150,535	597.8%	4.50%	0.4333
	2036	10,927,339	71,854,210	657.6%	4,530,943	29,793,835	657.6%	4.50%	0.4146
	2037	9,264,085	67,031,193	723.6%	3,675,872	26,597,134	723.6%	4.50%	0.3968
	2038	7,798,083	62,046,088	795.7%	2,960,939	23,558,955	795.7%	4.50%	0.3797
	2039	6,516,214	56,785,739	871.5%	2,367,667	20,633,106	871.5%	4.50%	0.3634
	2040	5,404,142	51,303,391	949.3%	1,879,039	17,838,367	949.3%	4.50%	0.3477
	2041	4,447,152	45,902,473	1032.2%	1,479,704	15,273,157	1032.2%	4.50%	0.3327
	2042	3,630,451	40,673,950	1120.4%	1,155,944	12,950,687	1120.4%	4.50%	0.3184
	2043	2,939,414	35,692,429	1214.3%	895,614	10,875,175	1214.3%	4.50%	0.3047
	2044	2,359,822	31,018,999	1314.5%	688,055	9,044,231	1314.5%	4.50%	0.2916
	2045	1,878,063	26,695,994	1421.5%	524,008	7,448,583	1421.5%	4.50%	0.2790
	2046	1,481,281	22,753,260	1536.1%	395,502	6,075,121	1536.1%	4.50%	0.2670
	2047	1,157,525	19,191,979	1658.0%	295,750	4,903,597	1658.0%	4.50%	0.2555
	2048	895,857	16,011,632	1787.3%	219,037	3,914,843	1787.3%	4.50%	0.2445
	2049	686,424	13,204,890	1923.7%	160,604	3,089,564	1923.7%	4.50%	0.2340
	2050	520,478	10,758,565	2067.1%	116,533	2,408,798	2067.1%	4.50%	0.2239
	2051	390,350	8,656,922	2217.7%	83,634	1,854,784	2217.7%	4.50%	0.2143
	2052	289,413	6,873,211	2374.9%	59,338	1,409,202	2374.9%	4.50%	0.2050
	2053	212,004	5,382,042	2538.7%	41,595	1,055,952	2538.7%	4.50%	0.1962
	2054	153,342	4,154,776	2709.5%	28,790	780,061	2709.5%	4.50%	0.1878
	2055	109,443	3,160,225	2887.6%	19,663	567,783	2887.6%	4.50%	0.1797
	2056	77,020	2,366,316	3072.3%	13,242	406,838	3072.3%	4.50%	0.1719
	2057	53,400	1,742,765	3263.6%	8,786	286,729	3263.6%	4.50%	0.1645
	2058	36,438	1,260,660	3459.8%	5,737	198,479	3459.8%	4.50%	0.1574
	2059	24,435	893,995	3658.6%	3,681	134,690	3658.6%	4.50%	0.1507
	2060	16,076	620,140	3857.5%	2,318	89,407	3857.5%	4.50%	0.1442
	2061	10,352	419,732	4054.4%	1,428	57,908	4054.4%	4.50%	0.1380
	2062	6,506	276,850	4255.4%	859	36,551	4255.4%	4.50%	0.1320
	2063	3,975	177,245	4458.6%	502	22,393	4458.6%	4.50%	0.1263
	2064	2,351	109,736	4667.3%	284	13,267	4667.3%	4.50%	0.1209
	2065	1,339	65,374	4883.7%	155	7,563	4883.7%	4.50%	0.1157
	Past	1,905,050,061	634,503,004	33.3%	2,952,317,973	813,010,625	27.5%		
	Future	870,226,895	2,349,982,993	270.0%	628,282,318	1,365,055,561	217.3%		
	Lifetime	2,775,276,955	2,984,485,996	107.5%	3,580,600,291	2,178,066,186	60.8%		

* Proposed Virginia rate schedule reflects a cumulative rate increase of 102.4% from two rate increases of 33.1% and 13% plus the requested 34.6% increase.

EXHIBIT XIII
RiverSource Life Insurance Company
Virginia Experience Projections with No Increase
Experience with Premiums Restated to Proposed Virginia Premium Level since Inception*
Policy Form: 30160A

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	0	0	0.0%	0	0	0.0%	4.50%	2.3079
	1998	658,965	39,493	6.0%	1,455,310	87,219	6.0%	4.50%	2.2085
	1999	3,305,669	0	0.0%	6,986,124	0	0.0%	4.50%	2.1134
	2000	5,211,871	119,386	2.3%	10,540,332	241,442	2.3%	4.50%	2.0224
	2001	5,210,969	451,312	8.7%	10,084,698	873,416	8.7%	4.50%	1.9353
	2002	5,038,593	690,075	13.7%	9,331,198	1,277,980	13.7%	4.50%	1.8519
	2003	4,881,674	787,772	16.1%	8,651,284	1,396,086	16.1%	4.50%	1.7722
	2004	4,751,857	1,245,451	26.2%	8,058,586	2,112,137	26.2%	4.50%	1.6959
	2005	4,618,639	964,967	20.9%	7,495,372	1,565,999	20.9%	4.50%	1.6229
Historical	2006	4,516,476	709,309	15.7%	7,013,950	1,101,536	15.7%	4.50%	1.5530
Experience	2007	4,436,767	1,012,754	22.8%	6,593,458	1,505,049	22.8%	4.50%	1.4861
	2008	4,207,356	1,404,387	33.4%	5,983,283	1,997,180	33.4%	4.50%	1.4221
	2009	4,081,510	1,891,805	46.4%	5,554,372	2,574,486	46.4%	4.50%	1.3609
	2010	3,953,195	1,961,853	49.6%	5,148,089	2,554,843	49.6%	4.50%	1.3023
	2011	3,835,337	2,147,283	56.0%	4,779,528	2,675,905	56.0%	4.50%	1.2462
	2012	3,709,916	2,029,090	54.7%	4,424,143	2,419,727	54.7%	4.50%	1.1925
	2013	3,564,468	876,377	24.6%	4,067,651	1,000,091	24.6%	4.50%	1.1412
	2014	3,432,513	3,409,255	99.3%	3,748,390	3,722,992	99.3%	4.50%	1.0920
	2015	3,327,141	2,240,934	67.4%	3,476,862	2,341,776	67.4%	4.50%	1.0450
	1/1/2016-6/30/2016	1,614,203	2,009,874	124.5%	1,632,064	2,032,113	124.5%	4.50%	1.0111
	7/1/2016-12/31/2016	1,588,416	1,448,399	91.2%	1,571,033	1,432,548	91.2%	4.50%	0.9891
	2017	3,067,971	3,017,839	98.4%	2,935,858	2,887,885	98.4%	4.50%	0.9569
	2018	2,921,803	3,176,619	108.7%	2,675,582	2,908,925	108.7%	4.50%	0.9157
	2019	2,773,180	3,328,027	120.0%	2,430,128	2,916,338	120.0%	4.50%	0.8763
	2020	2,621,352	3,465,329	132.2%	2,198,164	2,905,891	132.2%	4.50%	0.8386
	2021	2,468,211	3,597,826	145.8%	1,980,618	2,887,079	145.8%	4.50%	0.8025
Projected	2022	2,315,406	3,739,910	161.5%	1,777,991	2,871,861	161.5%	4.50%	0.7679
Future	2023	2,162,430	3,882,335	179.5%	1,589,015	2,852,851	179.5%	4.50%	0.7348
Experience	2024	2,010,038	4,016,568	199.8%	1,413,429	2,824,391	199.8%	4.50%	0.7032
	2025	1,859,754	4,137,148	222.5%	1,251,436	2,783,905	222.5%	4.50%	0.6729
	2026	1,711,464	4,235,465	247.5%	1,102,059	2,727,333	247.5%	4.50%	0.6439
	2027	1,565,291	4,287,633	273.9%	964,530	2,642,034	273.9%	4.50%	0.6162
	2028	1,422,658	4,298,468	302.1%	838,890	2,534,651	302.1%	4.50%	0.5897
	2029	1,284,966	4,280,489	333.1%	725,070	2,415,359	333.1%	4.50%	0.5643
	2030	1,152,713	4,235,352	367.4%	622,434	2,286,975	367.4%	4.50%	0.5400
	2031	1,026,900	4,164,174	405.5%	530,620	2,151,714	405.5%	4.50%	0.5167
	2032	909,018	4,069,668	447.7%	449,481	2,012,326	447.7%	4.50%	0.4945
	2033	798,869	3,949,500	494.4%	378,006	1,868,810	494.4%	4.50%	0.4732
	2034	696,377	3,804,260	546.3%	315,320	1,722,570	546.3%	4.50%	0.4528
	2035	602,523	3,640,489	604.2%	261,074	1,577,431	604.2%	4.50%	0.4333
	2036	517,723	3,460,061	668.3%	214,670	1,434,689	668.3%	4.50%	0.4146
	2037	441,736	3,267,100	739.6%	175,275	1,296,344	739.6%	4.50%	0.3968
	2038	374,169	3,061,379	818.2%	142,072	1,162,408	818.2%	4.50%	0.3797
	2039	314,563	2,831,101	900.0%	114,296	1,028,681	900.0%	4.50%	0.3634
	2040	262,407	2,583,561	984.6%	91,240	898,313	984.6%	4.50%	0.3477
	2041	217,149	2,335,571	1075.6%	72,252	777,116	1075.6%	4.50%	0.3327
	2042	178,211	2,092,342	1174.1%	56,743	666,207	1174.1%	4.50%	0.3184
	2043	145,002	1,857,192	1280.8%	44,181	565,870	1280.8%	4.50%	0.3047
	2044	116,935	1,632,366	1396.0%	34,095	475,950	1396.0%	4.50%	0.2916
	2045	93,432	1,419,545	1519.3%	26,069	396,074	1519.3%	4.50%	0.2790
	2046	73,940	1,221,363	1651.8%	19,742	326,104	1651.8%	4.50%	0.2670
	2047	57,934	1,038,877	1793.2%	14,802	265,436	1793.2%	4.50%	0.2555
	2048	44,923	873,114	1943.6%	10,984	213,476	1943.6%	4.50%	0.2445
	2049	34,460	724,258	2101.7%	8,063	169,455	2101.7%	4.50%	0.2340
	2050	26,138	592,578	2267.1%	5,852	132,676	2267.1%	4.50%	0.2239
	2051	19,593	478,197	2440.7%	4,198	102,456	2440.7%	4.50%	0.2143
	2052	14,506	380,324	2621.9%	2,974	77,977	2621.9%	4.50%	0.2050
	2053	10,600	297,923	2810.6%	2,080	58,452	2810.6%	4.50%	0.1962
	2054	7,640	229,616	3005.6%	1,434	43,111	3005.6%	4.50%	0.1878
	2055	5,425	174,077	3208.8%	975	31,276	3208.8%	4.50%	0.1797
	2056	3,791	129,518	3416.2%	652	22,268	3416.2%	4.50%	0.1719
	2057	2,604	94,395	3625.2%	428	15,530	3625.2%	4.50%	0.1645
	2058	1,754	67,273	3834.8%	276	10,592	3834.8%	4.50%	0.1574
	2059	1,157	46,724	4039.0%	174	7,040	4039.0%	4.50%	0.1507
	2060	745	31,558	4237.6%	107	4,550	4237.6%	4.50%	0.1442
	2061	466	20,635	4423.6%	64	2,847	4423.6%	4.50%	0.1380
	2062	283	13,045	4606.5%	37	1,722	4606.5%	4.50%	0.1320
	2063	166	7,940	4787.4%	21	1,003	4787.4%	4.50%	0.1263
	2064	93	4,626	4966.3%	11	559	4966.3%	4.50%	0.1209
	2065	50	2,562	5142.9%	6	296	5142.9%	4.50%	0.1157
	Past	74,357,121	23,991,376	32.3%	115,024,694	31,479,978	27.4%		
	Future	37,926,932	105,744,319	278.8%	27,054,513	59,399,356	219.6%		
	Lifetime	112,284,053	129,735,695	115.5%	142,079,207	90,879,333	64.0%		

* Proposed Virginia rate schedule reflects a cumulative rate increase of 102.4% from two rate increases of 33.1% and 13% plus the requested 34.6% increase.

EXHIBIT XIV
RiverSource Life Insurance Company
Anticipated Loss Ratio Calculation With Statutory Active Life Reserve

Nationwide Experience
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis

Policy Form 30160A
With No Increase

1	Present Value of Future Claims:	1,286,625,813
2	6/30/2016 Statutory Active Life Reserves:	705,234,835
3	Present Value of Future Premiums:	452,413,409
	Anticipated Loss Ratio = (1 - 2) / 3	**128.5%**

Policy Form 30160A
With 34.6% Increase

1	Present Value of Future Claims:	1,239,861,739
2	6/30/2016 Statutory Active Life Reserves:	705,234,835
3	Present Value of Future Premiums:	556,495,304
	Anticipated Loss Ratio = (1 - 2) / 3	**96.1%**

Virginia Experience
Using Actual History

Policy Form 30160A-VA
With No Increase

1	Present Value of Future Claims:	55,810,205
2	6/30/2016 Statutory Active Life Reserves:	31,046,844
3	Present Value of Future Premiums:	19,459,885
	Anticipated Loss Ratio = (1 - 2) / 3	**127.3%**

Policy Form 30160A-VA
With 17% Increase

1	Present Value of Future Claims:	53,691,699
2	6/30/2016 Statutory Active Life Reserves:	31,046,844
3	Present Value of Future Premiums:	23,974,318
	Anticipated Loss Ratio = (1 - 2) / 3	**94.5%**

EXHIBIT XV
Demonstration of Compliance with Dual-Loss Ratio Standard
For Individual Long-Term Care with Prescribed Factors[1]

Nationwide Experience
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

1a	Accumulated value of past earned premiums	1,683,729,822	x	62.8%	=	1,057,382,328
1b	Present value of future projected earned premiums at current level	452,413,409	x	62.8%	=	284,115,621
2	Present value of increased portion of future projected earned premiums	104,081,895	x	80.0%	=	83,265,516
3	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2**	**2,240,225,126**				**1,424,763,465**
4	**Lifetime Incurred Claims with Rate Increase**					**2,045,738,189**
5	**Test: 4 is not less than 3**					**TRUE**

Virginia Experience
Policy Form: 30160A-VA

1a	Accumulated value of past earned premiums	65,783,919	x	62.8%	=	41,312,301
1b	Present value of future projected earned premiums at current level	19,459,885	x	62.8%	=	12,220,808
2	Present value of increased portion of future projected earned premiums	4,514,433	x	80.0%	=	3,611,546
3	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2**	**89,758,237**				**57,144,656**
4	**Lifetime Incurred Claims with Rate Increase**					**84,943,515**
5	**Test: 4 is not less than 3**					**TRUE**

[1] As prescribed by NAIC Model Bulletin, where 62.8% is the lifetime loss ratio at the time of original pricing

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
41	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
42	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
43	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
44	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
45	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
46	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
47	73.72	99.22	34.6%	85.00	114.40	34.6%	96.26	129.56	34.6%	61.68	83.00	34.6%	71.44	96.14	34.6%	81.22	109.32	34.6%
48	73.72	99.22	34.6%	85.00	114.40	34.6%	96.26	129.56	34.6%	64.68	87.06	34.6%	74.46	100.22	34.6%	84.24	113.36	34.6%
49	78.22	105.28	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%	66.18	89.06	34.6%	76.72	103.28	34.6%	87.24	117.42	34.6%
50	78.22	105.28	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%	69.18	93.10	34.6%	79.74	107.32	34.6%	90.24	121.46	34.6%
51	79.74	107.32	34.6%	92.50	124.50	34.6%	105.30	141.72	34.6%	70.70	95.16	34.6%	82.00	110.36	34.6%	93.24	125.52	34.6%
52	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%	70.70	95.16	34.6%	82.00	110.36	34.6%	93.24	125.52	34.6%
53	84.24	113.36	34.6%	97.76	131.58	34.6%	111.30	149.82	34.6%	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%
54	84.24	113.36	34.6%	97.76	131.58	34.6%	111.30	149.82	34.6%	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%
55	88.76	119.44	34.6%	103.06	138.72	34.6%	117.32	157.92	34.6%	79.74	107.32	34.6%	92.50	124.50	34.6%	105.30	141.72	34.6%
56	96.26	129.56	34.6%	111.30	149.82	34.6%	126.34	170.04	34.6%	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%
57	103.80	139.70	34.6%	119.58	160.96	34.6%	135.38	182.20	34.6%	90.24	121.46	34.6%	103.80	139.70	34.6%	117.32	157.92	34.6%
58	111.30	149.82	34.6%	127.84	172.08	34.6%	144.40	194.32	34.6%	97.76	131.58	34.6%	112.08	150.84	34.6%	126.34	170.04	34.6%
59	118.84	159.94	34.6%	136.14	183.24	34.6%	153.40	206.48	34.6%	102.26	137.66	34.6%	117.32	157.92	34.6%	132.34	178.12	34.6%
60	126.34	170.04	34.6%	144.40	194.32	34.6%	162.42	218.62	34.6%	109.82	147.80	34.6%	125.58	169.06	34.6%	141.38	190.28	34.6%
61	133.88	180.20	34.6%	152.66	205.46	34.6%	171.46	230.78	34.6%	115.82	155.90	34.6%	131.60	177.10	34.6%	147.40	198.38	34.6%
62	141.38	190.28	34.6%	160.94	216.60	34.6%	180.48	242.92	34.6%	120.32	161.94	34.6%	136.88	184.26	34.6%	153.40	206.48	34.6%
63	148.92	200.42	34.6%	169.22	227.76	34.6%	189.50	255.04	34.6%	127.84	172.08	34.6%	145.16	195.36	34.6%	162.42	218.62	34.6%
64	156.42	210.52	34.6%	177.48	238.88	34.6%	198.54	267.22	34.6%	135.38	182.20	34.6%	153.40	206.48	34.6%	171.46	230.78	34.6%
65	165.46	222.68	34.6%	188.00	253.04	34.6%	210.56	283.40	34.6%	142.90	192.32	34.6%	161.68	217.60	34.6%	180.48	242.92	34.6%
66	195.54	263.18	34.6%	219.58	295.52	34.6%	243.66	327.94	34.6%	166.96	224.72	34.6%	187.26	252.04	34.6%	207.56	279.36	34.6%
67	227.14	305.72	34.6%	253.46	341.14	34.6%	279.74	376.52	34.6%	195.54	263.18	34.6%	218.10	293.54	34.6%	240.64	323.88	34.6%
68	258.70	348.20	34.6%	287.30	386.68	34.6%	315.86	425.10	34.6%	221.10	297.58	34.6%	245.92	330.98	34.6%	270.72	364.36	34.6%
69	293.30	394.78	34.6%	324.12	436.24	34.6%	354.96	477.74	34.6%	249.66	336.04	34.6%	276.74	372.46	34.6%	303.82	408.90	34.6%
70	324.88	437.26	34.6%	357.96	481.78	34.6%	391.04	526.30	34.6%	275.24	370.46	34.6%	304.58	409.96	34.6%	333.90	449.40	34.6%
71	354.96	477.74	34.6%	389.56	524.30	34.6%	424.14	570.84	34.6%	302.32	406.92	34.6%	333.14	448.38	34.6%	363.98	489.88	34.6%
72	389.56	524.30	34.6%	426.40	573.90	34.6%	463.24	623.48	34.6%	327.88	441.30	34.6%	360.96	485.82	34.6%	394.06	530.36	34.6%
73	421.12	566.78	34.6%	460.22	619.44	34.6%	499.34	672.06	34.6%	356.46	479.78	34.6%	391.82	527.36	34.6%	427.14	574.88	34.6%
74	452.72	609.34	34.6%	494.10	665.00	34.6%	535.44	720.66	34.6%	382.04	514.18	34.6%	419.64	564.78	34.6%	457.22	615.38	34.6%
75	487.30	655.84	34.6%	530.94	714.62	34.6%	574.54	773.26	34.6%	410.62	552.64	34.6%	450.46	606.28	34.6%	490.30	659.90	34.6%
76	527.94	710.56	34.6%	576.80	776.32	34.6%	625.68	842.12	34.6%	445.20	599.20	34.6%	490.30	659.90	34.6%	535.44	720.66	34.6%
77	568.52	765.16	34.6%	622.68	838.08	34.6%	676.82	910.94	34.6%	479.80	645.78	34.6%	530.20	713.60	34.6%	580.54	781.36	34.6%
78	609.14	819.84	34.6%	668.56	899.80	34.6%	727.94	979.76	34.6%	514.38	692.30	34.6%	570.04	767.22	34.6%	625.68	842.12	34.6%
79	649.76	874.50	34.6%	714.44	961.56	34.6%	779.08	999.98	28.4%	548.98	738.88	34.6%	609.88	820.84	34.6%	670.80	902.82	34.6%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
41	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
42	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
43	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
44	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
45	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
46	120.32	161.94	34.6%	136.88	184.26	34.6%	153.40	206.48	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
47	124.84	168.04	34.6%	142.16	191.34	34.6%	159.42	214.56	34.6%	111.30	149.82	34.6%	126.34	170.04	34.6%	141.38	190.28	34.6%
48	129.34	174.06	34.6%	147.40	198.38	34.6%	165.46	222.68	34.6%	114.32	153.88	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%
49	132.34	178.12	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%	115.82	155.90	34.6%	131.60	177.10	34.6%	147.40	198.38	34.6%
50	136.88	184.26	34.6%	155.66	209.50	34.6%	174.48	234.84	34.6%	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%
51	141.38	190.28	34.6%	160.94	216.60	34.6%	180.48	242.92	34.6%	123.32	166.00	34.6%	139.90	188.30	34.6%	156.42	210.52	34.6%
52	144.40	194.32	34.6%	163.96	220.66	34.6%	183.48	246.98	34.6%	123.32	166.00	34.6%	139.90	188.30	34.6%	156.42	210.52	34.6%
53	148.92	200.42	34.6%	169.22	227.76	34.6%	189.50	255.04	34.6%	127.84	172.08	34.6%	145.16	195.36	34.6%	162.42	218.62	34.6%
54	153.40	206.48	34.6%	174.48	234.84	34.6%	195.54	263.18	34.6%	130.86	176.14	34.6%	148.16	199.42	34.6%	165.46	222.68	34.6%
55	157.92	212.54	34.6%	179.74	241.92	34.6%	201.54	271.26	34.6%	135.38	182.20	34.6%	153.40	206.48	34.6%	171.46	230.78	34.6%
56	168.46	226.74	34.6%	191.02	257.10	34.6%	213.58	287.46	34.6%	145.90	196.38	34.6%	164.70	221.68	34.6%	183.48	246.98	34.6%
57	179.00	240.90	34.6%	202.32	272.30	34.6%	225.62	303.64	34.6%	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%
58	189.50	255.04	34.6%	213.58	287.46	34.6%	237.64	319.84	34.6%	166.96	224.72	34.6%	187.26	252.04	34.6%	207.56	279.36	34.6%
59	203.06	273.30	34.6%	227.88	306.68	34.6%	252.66	340.08	34.6%	177.48	238.88	34.6%	198.54	267.22	34.6%	219.58	295.52	34.6%
60	213.58	287.46	34.6%	239.16	321.86	34.6%	264.72	356.30	34.6%	192.50	259.10	34.6%	215.08	289.50	34.6%	237.64	319.84	34.6%
61	224.12	301.66	34.6%	250.44	337.04	34.6%	276.74	372.46	34.6%	203.06	273.30	34.6%	226.38	304.70	34.6%	249.66	336.04	34.6%
62	237.64	319.84	34.6%	264.72	356.30	34.6%	291.78	392.72	34.6%	213.58	287.46	34.6%	237.64	319.84	34.6%	261.70	352.24	34.6%
63	248.18	334.00	34.6%	276.00	371.48	34.6%	303.82	408.90	34.6%	224.12	301.66	34.6%	248.92	335.02	34.6%	273.74	368.42	34.6%
64	258.70	348.20	34.6%	287.30	386.68	34.6%	315.86	425.10	34.6%	234.64	315.80	34.6%	260.22	350.22	34.6%	285.78	384.62	34.6%
65	273.74	368.42	34.6%	303.82	408.90	34.6%	333.90	449.40	34.6%	249.66	336.04	34.6%	276.74	372.46	34.6%	303.82	408.90	34.6%
66	317.38	427.14	34.6%	349.72	470.68	34.6%	382.04	514.18	34.6%	285.78	384.62	34.6%	314.36	423.14	34.6%	342.90	461.52	34.6%
67	360.96	485.82	34.6%	395.56	532.38	34.6%	430.14	578.94	34.6%	323.38	435.22	34.6%	354.20	476.74	34.6%	385.04	518.24	34.6%
68	404.60	544.54	34.6%	441.44	594.14	34.6%	478.28	643.72	34.6%	360.96	485.82	34.6%	394.06	530.36	34.6%	427.14	574.88	34.6%
69	448.20	603.24	34.6%	487.30	655.84	34.6%	526.42	708.52	34.6%	401.58	540.48	34.6%	436.94	588.08	34.6%	472.28	635.66	34.6%
70	493.32	663.94	34.6%	535.44	720.66	34.6%	577.54	777.30	34.6%	439.18	591.10	34.6%	476.80	641.72	34.6%	514.38	692.30	34.6%
71	536.96	722.68	34.6%	581.32	782.40	34.6%	625.68	842.12	34.6%	475.28	639.70	34.6%	514.38	692.30	34.6%	553.48	744.94	34.6%
72	580.54	781.36	34.6%	627.20	844.14	34.6%	673.80	906.86	34.6%	515.90	694.34	34.6%	557.28	750.06	34.6%	598.60	805.66	34.6%
73	624.18	840.10	34.6%	673.06	905.86	34.6%	721.94	971.66	34.6%	553.48	744.94	34.6%	597.12	803.66	34.6%	640.72	862.34	34.6%
74	667.78	898.78	34.6%	718.92	967.62	34.6%	770.08	999.98	29.9%	591.10	795.58	34.6%	636.96	857.30	34.6%	682.84	919.04	34.6%
75	715.92	963.58	34.6%	770.08	999.98	29.9%	824.20	999.98	21.3%	631.70	850.22	34.6%	679.84	914.98	34.6%	727.94	979.76	34.6%
76	770.08	999.98	29.9%	830.24	999.98	20.4%	890.40	999.98	12.3%	679.84	914.98	34.6%	733.96	987.82	34.6%	788.10	999.98	26.9%
77	824.20	999.98	21.3%	890.40	999.98	12.3%	956.56	999.98	4.5%	727.94	979.76	34.6%	788.10	999.98	26.9%	848.26	999.98	17.9%
78	878.34	999.98	13.8%	950.56	999.98	5.2%	999.98	999.98	0.0%	776.08	999.98	28.9%	842.26	999.98	18.7%	908.42	999.98	10.1%
79	934.02	999.98	7.1%	999.98	999.98	0.0%	999.98	999.98	0.0%	825.74	999.98	21.1%	898.66	999.98	11.3%	971.60	999.98	2.9%

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Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
41	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
42	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
43	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
44	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
45	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
46	162.42	218.62	34.6%	182.00	244.96	34.6%	201.54	271.26	34.6%	145.90	196.38	34.6%	163.22	219.68	34.6%	180.48	242.92	34.6%
47	169.98	228.76	34.6%	190.26	256.08	34.6%	210.56	283.40	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%	186.50	251.02	34.6%
48	177.48	238.88	34.6%	198.54	267.22	34.6%	219.58	295.52	34.6%	154.92	208.50	34.6%	173.72	233.82	34.6%	192.50	259.10	34.6%
49	185.00	249.00	34.6%	206.82	278.36	34.6%	228.62	307.70	34.6%	160.94	216.60	34.6%	179.74	241.92	34.6%	198.54	267.22	34.6%
50	195.54	263.18	34.6%	218.10	293.54	34.6%	240.64	323.88	34.6%	165.46	222.68	34.6%	185.00	249.00	34.6%	204.56	275.32	34.6%
51	201.54	271.26	34.6%	224.12	301.66	34.6%	246.66	331.98	34.6%	169.98	228.76	34.6%	190.26	256.08	34.6%	210.56	283.40	34.6%
52	209.08	281.40	34.6%	232.40	312.78	34.6%	255.70	344.14	34.6%	175.98	236.86	34.6%	196.30	264.20	34.6%	216.58	291.48	34.6%
53	216.58	291.48	34.6%	240.64	323.88	34.6%	264.72	356.30	34.6%	180.48	242.92	34.6%	201.54	271.26	34.6%	222.58	299.58	34.6%
54	224.12	301.66	34.6%	248.92	335.02	34.6%	273.74	368.42	34.6%	185.00	249.00	34.6%	206.82	278.36	34.6%	228.62	307.70	34.6%
55	234.64	315.80	34.6%	260.22	350.22	34.6%	285.78	384.62	34.6%	192.50	259.10	34.6%	215.08	289.50	34.6%	237.64	319.84	34.6%
56	248.18	334.00	34.6%	274.50	369.44	34.6%	300.80	404.86	34.6%	206.06	277.36	34.6%	229.40	308.76	34.6%	252.66	340.08	34.6%
57	261.70	352.24	34.6%	288.78	388.68	34.6%	315.86	425.10	34.6%	219.58	295.52	34.6%	243.66	327.94	34.6%	267.72	360.32	34.6%
58	275.24	370.46	34.6%	303.06	407.90	34.6%	330.88	445.34	34.6%	233.14	313.76	34.6%	257.96	347.18	34.6%	282.74	380.56	34.6%
59	288.78	388.68	34.6%	317.38	427.14	34.6%	345.94	465.58	34.6%	246.66	331.98	34.6%	272.24	366.42	34.6%	297.80	400.82	34.6%
60	302.32	406.92	34.6%	331.66	446.36	34.6%	360.96	485.82	34.6%	260.22	350.22	34.6%	286.54	385.66	34.6%	312.82	421.04	34.6%
61	315.86	425.10	34.6%	345.94	465.58	34.6%	376.02	506.10	34.6%	273.74	368.42	34.6%	300.80	404.86	34.6%	327.88	441.30	34.6%
62	329.40	443.32	34.6%	360.22	484.84	34.6%	391.04	526.30	34.6%	287.30	386.68	34.6%	315.12	424.10	34.6%	342.90	461.52	34.6%
63	342.90	461.52	34.6%	374.52	504.10	34.6%	406.10	546.58	34.6%	300.80	404.86	34.6%	329.40	443.32	34.6%	357.96	481.78	34.6%
64	356.46	479.78	34.6%	388.82	523.32	34.6%	421.12	566.78	34.6%	314.36	423.14	34.6%	343.70	462.58	34.6%	373.00	502.02	34.6%
65	373.00	502.02	34.6%	406.10	546.58	34.6%	439.18	591.10	34.6%	329.40	443.32	34.6%	360.22	484.84	34.6%	391.04	526.30	34.6%
66	422.64	568.84	34.6%	457.98	616.42	34.6%	493.32	663.94	34.6%	369.98	497.98	34.6%	403.08	542.50	34.6%	436.18	587.06	34.6%
67	475.28	639.70	34.6%	512.88	690.30	34.6%	550.46	740.90	34.6%	410.62	552.64	34.6%	445.96	600.24	34.6%	481.28	647.78	34.6%
68	524.94	706.52	34.6%	564.78	760.16	34.6%	604.62	813.76	34.6%	451.20	607.30	34.6%	488.82	657.90	34.6%	526.42	708.52	34.6%
69	579.06	779.36	34.6%	621.92	837.06	34.6%	664.78	894.72	34.6%	491.82	661.94	34.6%	531.68	715.60	34.6%	571.54	769.22	34.6%
70	631.70	850.22	34.6%	676.82	910.94	34.6%	721.94	971.66	34.6%	532.44	716.62	34.6%	574.54	773.26	34.6%	616.66	829.98	34.6%
71	681.34	917.04	34.6%	728.72	980.78	34.6%	776.08	999.98	28.9%	573.04	771.26	34.6%	617.44	831.02	34.6%	661.78	890.68	34.6%
72	735.50	989.92	34.6%	785.86	999.98	27.2%	836.24	999.98	19.6%	613.64	825.90	34.6%	660.28	888.68	34.6%	706.90	951.44	34.6%
73	785.10	999.98	27.4%	837.76	999.98	19.4%	890.40	999.98	12.3%	654.28	880.60	34.6%	703.14	946.36	34.6%	752.02	999.98	33.0%
74	837.76	999.98	19.4%	892.66	999.98	12.0%	947.56	999.98	5.5%	694.86	935.22	34.6%	746.00	999.98	34.0%	797.14	999.98	25.4%
75	891.90	999.98	12.1%	949.82	999.98	5.3%	999.98	999.98	0.0%	740.00	995.94	34.6%	794.12	999.98	25.9%	848.26	999.98	17.9%
76	952.08	999.98	5.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	791.12	999.98	26.4%	851.28	999.98	17.5%	911.44	999.98	9.7%
77	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	842.26	999.98	18.7%	908.42	999.98	10.1%	974.60	999.98	2.6%
78	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	893.40	999.98	11.9%	965.58	999.98	3.6%	999.98	999.98	0.0%
79	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	944.52	999.98	5.9%	999.98	999.98	0.0%	999.98	999.98	0.0%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
41	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
42	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
43	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
44	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
45	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
46	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
47	61.68	83.00	34.6%	71.44	96.14	34.6%	81.22	109.32	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
48	61.68	83.00	34.6%	71.44	96.14	34.6%	81.22	109.32	34.6%	52.66	70.88	34.6%	60.92	82.00	34.6%	69.18	93.10	34.6%
49	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%	52.66	70.88	34.6%	60.92	82.00	34.6%	69.18	93.10	34.6%
50	66.18	89.06	34.6%	76.72	103.28	34.6%	87.24	117.42	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%	75.22	101.22	34.6%
51	67.68	91.10	34.6%	78.98	106.30	34.6%	90.24	121.46	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%	75.22	101.22	34.6%
52	67.68	91.10	34.6%	78.98	106.30	34.6%	90.24	121.46	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%	75.22	101.22	34.6%
53	69.18	93.10	34.6%	81.22	109.32	34.6%	93.24	125.52	34.6%	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%
54	69.18	93.10	34.6%	81.22	109.32	34.6%	93.24	125.52	34.6%	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%
55	73.72	99.22	34.6%	86.50	116.40	34.6%	99.26	133.60	34.6%	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%
56	76.72	103.28	34.6%	89.50	120.46	34.6%	102.26	137.66	34.6%	66.18	89.06	34.6%	76.72	103.28	34.6%	87.24	117.42	34.6%
57	84.24	113.36	34.6%	97.76	131.58	34.6%	111.30	149.82	34.6%	70.70	95.16	34.6%	82.00	110.36	34.6%	93.24	125.52	34.6%
58	91.76	123.48	34.6%	106.06	142.76	34.6%	120.32	161.94	34.6%	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%
59	96.26	129.56	34.6%	111.30	149.82	34.6%	126.34	170.04	34.6%	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%
60	103.80	139.70	34.6%	119.58	160.96	34.6%	135.38	182.20	34.6%	87.24	117.42	34.6%	100.78	135.64	34.6%	114.32	153.88	34.6%
61	109.82	147.80	34.6%	125.58	169.06	34.6%	141.38	190.28	34.6%	90.24	121.46	34.6%	103.80	139.70	34.6%	117.32	157.92	34.6%
62	114.32	153.88	34.6%	130.86	176.14	34.6%	147.40	198.38	34.6%	97.76	131.58	34.6%	112.08	150.84	34.6%	126.34	170.04	34.6%
63	121.84	164.00	34.6%	139.14	187.28	34.6%	156.42	210.52	34.6%	102.26	137.66	34.6%	117.32	157.92	34.6%	132.34	178.12	34.6%
64	129.34	174.06	34.6%	147.40	198.38	34.6%	165.46	222.68	34.6%	106.80	143.76	34.6%	122.58	165.00	34.6%	138.38	186.24	34.6%
65	136.88	184.26	34.6%	155.66	209.50	34.6%	174.48	234.84	34.6%	114.32	153.88	34.6%	130.86	176.14	34.6%	147.40	198.38	34.6%
66	157.92	212.54	34.6%	178.24	239.92	34.6%	198.54	267.22	34.6%	132.34	178.12	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%
67	180.48	242.92	34.6%	203.06	273.30	34.6%	225.62	303.64	34.6%	153.40	206.48	34.6%	172.98	232.80	34.6%	192.50	259.10	34.6%
68	201.54	271.26	34.6%	225.62	303.64	34.6%	249.66	336.04	34.6%	171.46	230.78	34.6%	192.50	259.10	34.6%	213.58	287.46	34.6%
69	224.12	301.66	34.6%	250.44	337.04	34.6%	276.74	372.46	34.6%	194.04	261.16	34.6%	217.34	292.54	34.6%	240.64	323.88	34.6%
70	246.66	331.98	34.6%	275.24	370.46	34.6%	303.82	408.90	34.6%	215.08	289.50	34.6%	239.90	322.88	34.6%	264.72	356.30	34.6%
71	267.72	360.32	34.6%	297.80	400.82	34.6%	327.88	441.30	34.6%	233.14	313.76	34.6%	259.48	349.20	34.6%	285.78	384.62	34.6%
72	290.30	390.72	34.6%	322.64	434.24	34.6%	354.96	477.74	34.6%	255.70	344.14	34.6%	284.28	382.62	34.6%	312.82	421.04	34.6%
73	311.34	419.02	34.6%	345.20	464.60	34.6%	379.02	510.14	34.6%	273.74	368.42	34.6%	303.82	408.90	34.6%	333.90	449.40	34.6%
74	333.90	449.40	34.6%	369.98	497.98	34.6%	406.10	546.58	34.6%	294.80	396.78	34.6%	326.38	439.28	34.6%	357.96	481.78	34.6%
75	359.48	483.82	34.6%	397.82	535.42	34.6%	436.18	587.06	34.6%	317.38	427.14	34.6%	351.20	472.70	34.6%	385.04	518.24	34.6%
76	404.60	544.54	34.6%	445.96	600.24	34.6%	487.30	655.84	34.6%	362.48	487.88	34.6%	399.32	537.44	34.6%	436.18	587.06	34.6%
77	449.72	605.30	34.6%	494.10	665.00	34.6%	538.44	724.70	34.6%	407.62	548.60	34.6%	447.46	602.24	34.6%	487.30	655.84	34.6%
78	494.84	666.02	34.6%	542.22	729.80	34.6%	589.58	793.52	34.6%	452.72	609.34	34.6%	495.60	667.02	34.6%	538.44	724.70	34.6%
79	544.46	732.80	34.6%	595.60	801.62	34.6%	646.74	870.48	34.6%	502.36	676.10	34.6%	548.98	738.88	34.6%	595.60	801.62	34.6%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
41	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
42	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
43	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
44	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
45	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
46	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
47	91.76	123.48	34.6%	104.54	140.72	34.6%	117.32	157.92	34.6%	75.22	101.22	34.6%	85.74	115.40	34.6%	96.26	129.56	34.6%
48	96.26	129.56	34.6%	109.82	147.80	34.6%	123.32	166.00	34.6%	79.74	107.32	34.6%	91.02	122.50	34.6%	102.26	137.66	34.6%
49	99.26	133.60	34.6%	112.82	151.84	34.6%	126.34	170.04	34.6%	82.74	111.36	34.6%	94.02	126.54	34.6%	105.30	141.72	34.6%
50	103.80	139.70	34.6%	118.08	158.94	34.6%	132.34	178.12	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%
51	108.30	145.78	34.6%	123.32	166.00	34.6%	138.38	186.24	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%
52	111.30	149.82	34.6%	126.34	170.04	34.6%	141.38	190.28	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%	114.32	153.88	34.6%
53	115.82	155.90	34.6%	131.60	177.10	34.6%	147.40	198.38	34.6%	94.76	127.54	34.6%	107.56	144.76	34.6%	120.32	161.94	34.6%
54	120.32	161.94	34.6%	136.88	184.26	34.6%	153.40	206.48	34.6%	97.76	131.58	34.6%	110.56	148.82	34.6%	123.32	166.00	34.6%
55	124.84	168.04	34.6%	142.16	191.34	34.6%	159.42	214.56	34.6%	102.26	137.66	34.6%	115.82	155.90	34.6%	129.34	174.06	34.6%
56	132.34	178.12	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%	109.82	147.80	34.6%	124.10	167.02	34.6%	138.38	186.24	34.6%
57	139.90	188.30	34.6%	158.68	213.56	34.6%	177.48	238.88	34.6%	117.32	157.92	34.6%	132.34	178.12	34.6%	147.40	198.38	34.6%
58	150.40	202.42	34.6%	169.98	228.76	34.6%	189.50	255.04	34.6%	127.84	172.08	34.6%	143.64	193.32	34.6%	159.42	214.56	34.6%
59	157.92	212.54	34.6%	178.24	239.92	34.6%	198.54	267.22	34.6%	135.38	182.20	34.6%	151.92	204.48	34.6%	168.46	226.74	34.6%
60	168.46	226.74	34.6%	189.50	255.04	34.6%	210.56	283.40	34.6%	145.90	196.38	34.6%	163.22	219.68	34.6%	180.48	242.92	34.6%
61	175.98	236.86	34.6%	197.80	266.22	34.6%	219.58	295.52	34.6%	153.40	206.48	34.6%	171.46	230.78	34.6%	189.50	255.04	34.6%
62	183.48	246.98	34.6%	206.06	277.36	34.6%	228.62	307.70	34.6%	160.94	216.60	34.6%	179.74	241.92	34.6%	198.54	267.22	34.6%
63	194.04	261.16	34.6%	217.34	292.54	34.6%	240.64	323.88	34.6%	171.46	230.78	34.6%	191.02	257.10	34.6%	210.56	283.40	34.6%
64	201.54	271.26	34.6%	225.62	303.64	34.6%	249.66	336.04	34.6%	179.00	240.90	34.6%	199.30	268.24	34.6%	219.58	295.52	34.6%
65	213.58	287.46	34.6%	239.16	321.86	34.6%	264.72	356.30	34.6%	191.02	257.10	34.6%	212.82	286.46	34.6%	234.64	315.80	34.6%
66	242.16	325.92	34.6%	269.98	363.38	34.6%	297.80	400.82	34.6%	218.10	293.54	34.6%	241.42	324.92	34.6%	264.72	356.30	34.6%
67	273.74	368.42	34.6%	303.82	408.90	34.6%	333.90	449.40	34.6%	249.66	336.04	34.6%	275.24	370.46	34.6%	300.80	404.86	34.6%
68	305.32	410.96	34.6%	337.66	454.46	34.6%	369.98	497.98	34.6%	278.26	374.50	34.6%	306.08	411.94	34.6%	333.90	449.40	34.6%
69	333.90	449.40	34.6%	368.50	495.98	34.6%	403.08	542.50	34.6%	308.34	414.96	34.6%	337.66	454.46	34.6%	366.98	493.92	34.6%
70	365.48	491.92	34.6%	402.32	541.48	34.6%	439.18	591.10	34.6%	336.90	453.42	34.6%	368.50	495.98	34.6%	400.06	538.46	34.6%
71	397.06	534.40	34.6%	436.18	587.06	34.6%	475.28	639.70	34.6%	368.50	495.98	34.6%	402.32	541.48	34.6%	436.18	587.06	34.6%
72	425.64	572.88	34.6%	467.02	628.60	34.6%	508.36	684.20	34.6%	395.56	532.38	34.6%	430.92	579.96	34.6%	466.26	627.56	34.6%
73	457.22	615.38	34.6%	500.86	674.10	34.6%	544.46	732.80	34.6%	427.14	574.88	34.6%	464.76	625.56	34.6%	502.36	676.10	34.6%
74	488.82	657.90	34.6%	534.70	719.64	34.6%	580.54	781.36	34.6%	455.72	613.38	34.6%	495.60	667.02	34.6%	535.44	720.66	34.6%
75	521.90	702.44	34.6%	570.78	768.22	34.6%	619.66	834.02	34.6%	487.30	655.84	34.6%	529.42	712.56	34.6%	571.54	769.22	34.6%
76	580.54	781.36	34.6%	633.20	852.24	34.6%	685.84	923.08	34.6%	545.98	734.82	34.6%	591.84	796.56	34.6%	637.70	858.32	34.6%
77	642.22	864.38	34.6%	698.64	940.30	34.6%	755.02	999.98	32.4%	607.62	817.82	34.6%	657.28	884.62	34.6%	706.90	951.44	34.6%
78	705.42	949.42	34.6%	766.32	999.98	30.5%	827.22	999.98	20.9%	670.80	902.82	34.6%	724.94	975.70	34.6%	779.08	999.98	28.4%
79	767.06	999.98	30.4%	831.74	999.98	20.2%	896.40	999.98	11.6%	732.46	985.84	34.6%	790.36	999.98	26.5%	848.26	999.98	17.9%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
41	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
42	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
43	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
44	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
45	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
46	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	106.80	143.76	34.6%	119.58	160.96	34.6%	132.34	178.12	34.6%
47	129.34	174.06	34.6%	145.90	196.38	34.6%	162.42	218.62	34.6%	111.30	149.82	34.6%	124.84	168.04	34.6%	138.38	186.24	34.6%
48	132.34	178.12	34.6%	148.92	200.42	34.6%	165.46	222.68	34.6%	114.32	153.88	34.6%	127.84	172.08	34.6%	141.38	190.28	34.6%
49	136.88	184.26	34.6%	154.18	207.50	34.6%	171.46	230.78	34.6%	118.84	159.94	34.6%	133.14	179.20	34.6%	147.40	198.38	34.6%
50	139.90	188.30	34.6%	157.18	211.56	34.6%	174.48	234.84	34.6%	126.34	170.04	34.6%	141.38	190.28	34.6%	156.42	210.52	34.6%
51	144.40	194.32	34.6%	162.42	218.62	34.6%	180.48	242.92	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%	159.42	214.56	34.6%
52	147.40	198.38	34.6%	165.46	222.68	34.6%	183.48	246.98	34.6%	133.88	180.20	34.6%	149.66	201.42	34.6%	165.46	222.68	34.6%
53	151.92	204.48	34.6%	170.72	229.78	34.6%	189.50	255.04	34.6%	136.88	184.26	34.6%	152.66	205.46	34.6%	168.46	226.74	34.6%
54	154.92	208.50	34.6%	173.72	233.82	34.6%	192.50	259.10	34.6%	141.38	190.28	34.6%	157.92	212.54	34.6%	174.48	234.84	34.6%
55	159.42	214.56	34.6%	179.00	240.90	34.6%	198.54	267.22	34.6%	148.92	200.42	34.6%	166.22	223.72	34.6%	183.48	246.98	34.6%
56	169.98	228.76	34.6%	190.26	256.08	34.6%	210.56	283.40	34.6%	156.42	210.52	34.6%	174.48	234.84	34.6%	192.50	259.10	34.6%
57	180.48	242.92	34.6%	201.54	271.26	34.6%	222.58	299.58	34.6%	166.96	224.72	34.6%	185.74	250.02	34.6%	204.56	275.32	34.6%
58	194.04	261.16	34.6%	215.84	290.50	34.6%	237.64	319.84	34.6%	177.48	238.88	34.6%	197.04	265.22	34.6%	216.58	291.48	34.6%
59	204.56	275.32	34.6%	227.14	305.72	34.6%	249.66	336.04	34.6%	188.00	253.04	34.6%	208.32	280.40	34.6%	228.62	307.70	34.6%
60	218.10	293.54	34.6%	241.42	324.92	34.6%	264.72	356.30	34.6%	198.54	267.22	34.6%	219.58	295.52	34.6%	240.64	323.88	34.6%
61	228.62	307.70	34.6%	252.66	340.08	34.6%	276.74	372.46	34.6%	209.08	281.40	34.6%	230.88	310.74	34.6%	252.66	340.08	34.6%
62	239.16	321.86	34.6%	263.96	355.28	34.6%	288.78	388.68	34.6%	219.58	295.52	34.6%	242.16	325.92	34.6%	264.72	356.30	34.6%
63	252.66	340.08	34.6%	278.26	374.50	34.6%	303.82	408.90	34.6%	230.14	309.74	34.6%	253.46	341.14	34.6%	276.74	372.46	34.6%
64	263.22	354.26	34.6%	289.56	389.72	34.6%	315.86	425.10	34.6%	240.64	323.88	34.6%	264.72	356.30	34.6%	288.78	388.68	34.6%
65	278.26	374.50	34.6%	306.08	411.94	34.6%	333.90	449.40	34.6%	251.18	338.06	34.6%	276.00	371.48	34.6%	300.80	404.86	34.6%
66	315.86	425.10	34.6%	345.94	465.58	34.6%	376.02	506.10	34.6%	279.74	376.52	34.6%	306.82	412.94	34.6%	333.90	449.40	34.6%
67	354.96	477.74	34.6%	388.04	522.28	34.6%	421.12	566.78	34.6%	309.82	417.00	34.6%	339.90	457.48	34.6%	369.98	497.98	34.6%
68	392.56	528.36	34.6%	427.90	575.92	34.6%	463.24	623.48	34.6%	341.42	459.52	34.6%	373.78	503.08	34.6%	406.10	546.58	34.6%
69	431.66	580.98	34.6%	470.04	632.64	34.6%	508.36	684.20	34.6%	371.50	500.02	34.6%	406.86	547.58	34.6%	442.20	595.14	34.6%
70	469.26	631.60	34.6%	509.88	686.26	34.6%	550.46	740.90	34.6%	404.60	544.54	34.6%	442.96	596.18	34.6%	481.28	647.78	34.6%
71	508.36	684.20	34.6%	551.98	742.92	34.6%	595.60	801.62	34.6%	433.16	582.98	34.6%	473.78	637.68	34.6%	514.38	692.30	34.6%
72	545.98	734.82	34.6%	591.84	796.56	34.6%	637.70	858.32	34.6%	463.24	623.48	34.6%	506.88	682.20	34.6%	550.46	740.90	34.6%
73	585.10	787.48	34.6%	633.96	853.26	34.6%	682.84	919.04	34.6%	494.84	666.02	34.6%	540.70	727.74	34.6%	586.58	789.48	34.6%
74	622.68	838.08	34.6%	673.80	906.86	34.6%	724.94	975.70	34.6%	524.94	706.52	34.6%	573.80	772.28	34.6%	622.68	838.08	34.6%
75	664.78	894.72	34.6%	718.92	967.62	34.6%	773.08	999.98	29.4%	558.02	751.04	34.6%	609.88	820.84	34.6%	661.78	890.68	34.6%
76	727.94	979.76	34.6%	786.62	999.98	27.1%	845.26	999.98	18.3%	621.18	836.06	34.6%	677.60	911.98	34.6%	733.96	987.82	34.6%
77	791.12	999.98	26.4%	854.28	999.98	17.1%	917.46	999.98	9.0%	684.36	921.06	34.6%	745.26	999.98	34.2%	806.16	999.98	24.0%
78	854.28	999.98	17.1%	921.98	999.98	8.5%	989.66	999.98	1.0%	747.52	999.98	33.8%	812.94	999.98	23.0%	878.34	999.98	13.8%
79	917.46	999.98	9.0%	989.66	999.98	1.0%	999.98	999.98	0.0%	810.68	999.98	23.4%	880.60	999.98	13.6%	950.56	999.98	5.2%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
41	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
42	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
43	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
44	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
45	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
46	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
47	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
48	49.66	66.84	34.6%	57.92	77.94	34.6%	66.18	89.06	34.6%	37.60	50.62	34.6%	44.38	59.76	34.7%	51.14	68.82	34.6%
49	52.66	70.88	34.6%	60.92	82.00	34.6%	69.18	93.10	34.6%	40.62	54.68	34.6%	47.40	63.80	34.6%	54.14	72.86	34.6%
50	54.14	72.86	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%
51	54.14	72.86	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%
52	57.16	76.92	34.6%	66.18	89.06	34.6%	75.22	101.22	34.6%	45.14	60.76	34.6%	52.66	70.88	34.6%	60.16	80.96	34.6%
53	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%	46.64	62.80	34.6%	54.92	73.92	34.6%	63.16	85.00	34.6%
54	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%	46.64	62.80	34.6%	54.92	73.92	34.6%	63.16	85.00	34.6%
55	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%	51.14	68.82	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%
56	66.18	89.06	34.6%	76.72	103.28	34.6%	87.24	117.42	34.6%	54.14	72.86	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%
57	70.70	95.16	34.6%	82.00	110.36	34.6%	93.24	125.52	34.6%	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%
58	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%
59	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%	67.68	91.10	34.6%	78.98	106.30	34.6%	90.24	121.46	34.6%
60	87.24	117.42	34.6%	100.78	135.64	34.6%	114.32	153.88	34.6%	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%
61	91.76	123.48	34.6%	106.06	142.76	34.6%	120.32	161.94	34.6%	78.22	105.28	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%
62	99.26	133.60	34.6%	114.32	153.88	34.6%	129.34	174.06	34.6%	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%
63	103.80	139.70	34.6%	119.58	160.96	34.6%	135.38	182.20	34.6%	87.24	117.42	34.6%	100.78	135.64	34.6%	114.32	153.88	34.6%
64	108.30	145.78	34.6%	124.84	168.04	34.6%	141.38	190.28	34.6%	91.76	123.48	34.6%	106.06	142.76	34.6%	120.32	161.94	34.6%
65	115.82	155.90	34.6%	133.14	179.20	34.6%	150.40	202.42	34.6%	99.26	133.60	34.6%	114.32	153.88	34.6%	129.34	174.06	34.6%
66	133.88	180.20	34.6%	152.66	205.46	34.6%	171.46	230.78	34.6%	114.32	153.88	34.6%	130.86	176.14	34.6%	147.40	198.38	34.6%
67	153.40	206.48	34.6%	174.48	234.84	34.6%	195.54	263.18	34.6%	132.34	178.12	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%
68	171.46	230.78	34.6%	194.04	261.16	34.6%	216.58	291.48	34.6%	150.40	202.42	34.6%	169.98	228.76	34.6%	189.50	255.04	34.6%
69	191.02	257.10	34.6%	215.84	290.50	34.6%	240.64	323.88	34.6%	165.46	222.68	34.6%	186.50	251.02	34.6%	207.56	279.36	34.6%
70	210.56	283.40	34.6%	237.64	319.84	34.6%	264.72	356.30	34.6%	185.00	249.00	34.6%	208.32	280.40	34.6%	231.62	311.74	34.6%
71	228.62	307.70	34.6%	257.22	346.18	34.6%	285.78	384.62	34.6%	203.06	273.30	34.6%	227.88	306.68	34.6%	252.66	340.08	34.6%
72	248.18	334.00	34.6%	279.00	375.52	34.6%	309.82	417.00	34.6%	218.10	293.54	34.6%	244.42	328.96	34.6%	270.72	364.36	34.6%
73	266.22	358.32	34.6%	298.56	401.86	34.6%	330.88	445.34	34.6%	236.14	317.82	34.6%	263.96	355.28	34.6%	291.78	392.72	34.6%
74	285.78	384.62	34.6%	320.38	431.18	34.6%	354.96	477.74	34.6%	254.20	342.12	34.6%	283.54	381.62	34.6%	312.82	421.04	34.6%
75	308.34	414.96	34.6%	345.20	464.60	34.6%	382.04	514.18	34.6%	273.74	368.42	34.6%	305.32	410.96	34.6%	336.90	453.42	34.6%
76	350.46	471.68	34.6%	390.30	525.32	34.6%	430.14	578.94	34.6%	315.86	425.10	34.6%	350.46	471.68	34.6%	385.04	518.24	34.6%
77	392.56	528.36	34.6%	435.44	586.06	34.6%	478.28	643.72	34.6%	357.96	481.78	34.6%	395.56	532.38	34.6%	433.16	582.98	34.6%
78	437.70	589.10	34.6%	483.54	650.80	34.6%	529.42	712.56	34.6%	403.08	542.50	34.6%	443.70	597.20	34.6%	484.30	651.80	34.6%
79	481.28	647.78	34.6%	530.94	714.62	34.6%	580.54	781.36	34.6%	446.72	601.24	34.6%	491.08	660.92	34.6%	535.44	720.66	34.6%
80										491.82	661.94	34.6%	539.22	725.74	34.6%			
81										533.94	718.66	34.6%	584.34	786.46	34.6%			
82										580.54	781.36	34.6%	634.70	854.26	34.6%			
83										627.20	844.14	34.6%	685.10	922.08	34.6%			
84										673.80	906.86	34.6%	735.50	989.92	34.6%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
41	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
42	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
43	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
44	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
45	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
46	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
47	75.22	101.22	34.6%	85.74	115.40	34.6%	96.26	129.56	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
48	76.72	103.28	34.6%	88.00	118.46	34.6%	99.26	133.60	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%
49	79.74	107.32	34.6%	91.02	122.50	34.6%	102.26	137.66	34.6%	64.68	87.06	34.6%	74.46	100.22	34.6%	84.24	113.36	34.6%
50	84.24	113.36	34.6%	96.26	129.56	34.6%	108.30	145.78	34.6%	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%
51	84.24	113.36	34.6%	96.26	129.56	34.6%	108.30	145.78	34.6%	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%
52	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	69.18	93.10	34.6%	79.74	107.32	34.6%	90.24	121.46	34.6%
53	88.76	119.44	34.6%	101.52	136.64	34.6%	114.32	153.88	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
54	91.76	123.48	34.6%	104.54	140.72	34.6%	117.32	157.92	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
55	96.26	129.56	34.6%	109.82	147.80	34.6%	123.32	166.00	34.6%	76.72	103.28	34.6%	88.00	118.46	34.6%	99.26	133.60	34.6%
56	103.80	139.70	34.6%	118.08	158.94	34.6%	132.34	178.12	34.6%	84.24	113.36	34.6%	96.26	129.56	34.6%	108.30	145.78	34.6%
57	111.30	149.82	34.6%	126.34	170.04	34.6%	141.38	190.28	34.6%	91.76	123.48	34.6%	104.54	140.72	34.6%	117.32	157.92	34.6%
58	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%	99.26	133.60	34.6%	112.82	151.84	34.6%	126.34	170.04	34.6%
59	126.34	170.04	34.6%	142.90	192.32	34.6%	159.42	214.56	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
60	135.38	182.20	34.6%	153.40	206.48	34.6%	171.46	230.78	34.6%	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%
61	142.90	192.32	34.6%	161.68	217.60	34.6%	180.48	242.92	34.6%	126.34	170.04	34.6%	142.90	192.32	34.6%	159.42	214.56	34.6%
62	150.40	202.42	34.6%	169.98	228.76	34.6%	189.50	255.04	34.6%	133.88	180.20	34.6%	151.18	203.46	34.6%	168.46	226.74	34.6%
63	157.92	212.54	34.6%	178.24	239.92	34.6%	198.54	267.22	34.6%	141.38	190.28	34.6%	159.42	214.56	34.6%	177.48	238.88	34.6%
64	165.46	222.68	34.6%	186.50	251.02	34.6%	207.56	279.36	34.6%	148.92	200.42	34.6%	167.72	225.72	34.6%	186.50	251.02	34.6%
65	177.48	238.88	34.6%	200.06	269.26	34.6%	222.58	299.58	34.6%	160.94	216.60	34.6%	181.26	243.94	34.6%	201.54	271.26	34.6%
66	201.54	271.26	34.6%	225.62	303.64	34.6%	249.66	336.04	34.6%	182.00	244.96	34.6%	203.80	274.32	34.6%	225.62	303.64	34.6%
67	227.14	305.72	34.6%	253.46	341.14	34.6%	279.74	376.52	34.6%	207.56	279.36	34.6%	231.62	311.74	34.6%	255.70	344.14	34.6%
68	255.70	344.14	34.6%	284.28	382.62	34.6%	312.82	421.04	34.6%	231.62	311.74	34.6%	257.22	346.18	34.6%	282.74	380.56	34.6%
69	281.26	378.56	34.6%	312.08	420.02	34.6%	342.90	461.52	34.6%	254.20	342.12	34.6%	282.00	379.56	34.6%	309.82	417.00	34.6%
70	309.82	417.00	34.6%	342.90	461.52	34.6%	376.02	506.10	34.6%	279.74	376.52	34.6%	309.82	417.00	34.6%	339.90	457.48	34.6%
71	335.40	451.42	34.6%	370.76	499.00	34.6%	406.10	546.58	34.6%	303.82	408.90	34.6%	335.40	451.42	34.6%	366.98	493.92	34.6%
72	360.96	485.82	34.6%	398.58	536.42	34.6%	436.18	587.06	34.6%	326.38	439.28	34.6%	360.22	484.84	34.6%	394.06	530.36	34.6%
73	389.56	524.30	34.6%	429.40	577.94	34.6%	469.26	631.60	34.6%	350.46	471.68	34.6%	385.80	519.28	34.6%	421.12	566.78	34.6%
74	415.12	558.70	34.6%	457.22	615.38	34.6%	499.34	672.06	34.6%	376.02	506.10	34.6%	413.62	556.70	34.6%	451.20	607.30	34.6%
75	443.70	597.20	34.6%	488.06	656.88	34.6%	532.44	716.62	34.6%	401.58	540.48	34.6%	441.44	594.14	34.6%	481.28	647.78	34.6%
76	490.30	659.90	34.6%	538.44	724.70	34.6%	586.58	789.48	34.6%	448.20	603.24	34.6%	491.82	661.94	34.6%	535.44	720.66	34.6%
77	539.96	726.74	34.6%	591.84	796.56	34.6%	643.72	866.36	34.6%	497.86	670.06	34.6%	545.22	733.84	34.6%	592.60	797.58	34.6%
78	591.10	795.58	34.6%	647.52	871.50	34.6%	703.88	947.38	34.6%	548.98	738.88	34.6%	600.86	808.70	34.6%	652.76	878.54	34.6%
79	640.72	862.34	34.6%	700.88	943.32	34.6%	761.04	999.98	31.4%	598.60	805.66	34.6%	654.28	880.60	34.6%	709.92	955.48	34.6%
80										649.76	874.50	34.6%	709.92	955.48	34.6%			
81										699.38	941.30	34.6%	763.30	999.98	31.0%			
82										750.52	999.98	33.2%	818.96	999.98	22.1%			
83										801.66	999.98	24.7%	874.60	999.98	14.3%			
84										852.78	999.98	17.3%	930.26	999.98	7.5%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
41	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
42	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
43	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
44	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
45	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
46	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
47	115.82	155.90	34.6%	128.60	173.10	34.6%	141.38	190.28	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
48	117.32	157.92	34.6%	130.86	176.14	34.6%	144.40	194.32	34.6%	103.80	139.70	34.6%	115.08	154.88	34.6%	126.34	170.04	34.6%
49	120.32	161.94	34.6%	133.88	180.20	34.6%	147.40	198.38	34.6%	103.80	139.70	34.6%	115.08	154.88	34.6%	126.34	170.04	34.6%
50	124.84	168.04	34.6%	139.14	187.28	34.6%	153.40	206.48	34.6%	108.30	145.78	34.6%	120.32	161.94	34.6%	132.34	178.12	34.6%
51	124.84	168.04	34.6%	139.14	187.28	34.6%	153.40	206.48	34.6%	108.30	145.78	34.6%	120.32	161.94	34.6%	132.34	178.12	34.6%
52	127.84	172.08	34.6%	142.16	191.34	34.6%	156.42	210.52	34.6%	108.30	145.78	34.6%	120.32	161.94	34.6%	132.34	178.12	34.6%
53	129.34	174.06	34.6%	144.40	194.32	34.6%	159.42	214.56	34.6%	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%
54	132.34	178.12	34.6%	147.40	198.38	34.6%	162.42	218.62	34.6%	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%
55	136.88	184.26	34.6%	152.66	205.46	34.6%	168.46	226.74	34.6%	117.32	157.92	34.6%	130.86	176.14	34.6%	144.40	194.32	34.6%
56	144.40	194.32	34.6%	160.94	216.60	34.6%	177.48	238.88	34.6%	124.84	168.04	34.6%	139.14	187.28	34.6%	153.40	206.48	34.6%
57	151.92	204.48	34.6%	169.22	227.76	34.6%	186.50	251.02	34.6%	132.34	178.12	34.6%	147.40	198.38	34.6%	162.42	218.62	34.6%
58	163.96	220.66	34.6%	182.74	245.96	34.6%	201.54	271.26	34.6%	139.90	188.30	34.6%	155.66	209.50	34.6%	171.46	230.78	34.6%
59	171.46	230.78	34.6%	191.02	257.10	34.6%	210.56	283.40	34.6%	151.92	204.48	34.6%	169.22	227.76	34.6%	186.50	251.02	34.6%
60	183.48	246.98	34.6%	204.56	275.32	34.6%	225.62	303.64	34.6%	159.42	214.56	34.6%	177.48	238.88	34.6%	195.54	263.18	34.6%
61	191.02	257.10	34.6%	212.82	286.46	34.6%	234.64	315.80	34.6%	166.96	224.72	34.6%	185.74	250.02	34.6%	204.56	275.32	34.6%
62	198.54	267.22	34.6%	221.10	297.58	34.6%	243.66	327.94	34.6%	179.00	240.90	34.6%	199.30	268.24	34.6%	219.58	295.52	34.6%
63	210.56	283.40	34.6%	234.64	315.80	34.6%	258.70	348.20	34.6%	186.50	251.02	34.6%	207.56	279.36	34.6%	228.62	307.70	34.6%
64	218.10	293.54	34.6%	242.90	326.92	34.6%	267.72	360.32	34.6%	194.04	261.16	34.6%	215.84	290.50	34.6%	237.64	319.84	34.6%
65	230.14	309.74	34.6%	256.46	345.18	34.6%	282.74	380.56	34.6%	206.06	277.36	34.6%	229.40	308.76	34.6%	252.66	340.08	34.6%
66	258.70	348.20	34.6%	287.30	386.68	34.6%	315.86	425.10	34.6%	231.62	311.74	34.6%	257.22	346.18	34.6%	282.74	380.56	34.6%
67	290.30	390.72	34.6%	321.12	432.20	34.6%	351.94	473.68	34.6%	260.22	350.22	34.6%	288.04	387.68	34.6%	315.86	425.10	34.6%
68	321.86	433.20	34.6%	354.96	477.74	34.6%	388.04	522.28	34.6%	288.78	388.68	34.6%	318.86	429.16	34.6%	348.94	469.64	34.6%
69	354.96	477.74	34.6%	391.04	526.30	34.6%	427.14	574.88	34.6%	318.86	429.16	34.6%	351.94	473.68	34.6%	385.04	518.24	34.6%
70	386.56	520.28	34.6%	424.90	571.88	34.6%	463.24	623.48	34.6%	347.46	467.64	34.6%	382.80	515.22	34.6%	418.12	562.74	34.6%
71	415.12	558.70	34.6%	455.72	613.38	34.6%	496.34	668.02	34.6%	373.00	502.02	34.6%	410.62	552.64	34.6%	448.20	603.24	34.6%
72	448.20	603.24	34.6%	491.82	661.94	34.6%	535.44	720.66	34.6%	403.08	542.50	34.6%	443.70	597.20	34.6%	484.30	651.80	34.6%
73	479.80	645.78	34.6%	525.68	707.50	34.6%	571.54	769.22	34.6%	431.66	580.98	34.6%	474.54	638.68	34.6%	517.38	696.34	34.6%
74	511.38	688.26	34.6%	559.50	753.06	34.6%	607.62	817.82	34.6%	460.22	619.44	34.6%	505.36	680.16	34.6%	550.46	740.90	34.6%
75	544.46	732.80	34.6%	595.60	801.62	34.6%	646.74	870.48	34.6%	490.30	659.90	34.6%	538.44	724.70	34.6%	586.58	789.48	34.6%
76	592.60	797.58	34.6%	648.26	872.50	34.6%	703.88	947.38	34.6%	538.44	724.70	34.6%	591.10	795.58	34.6%	643.72	866.36	34.6%
77	640.72	862.34	34.6%	700.88	943.32	34.6%	761.04	999.98	31.4%	586.58	789.48	34.6%	643.72	866.36	34.6%	700.88	943.32	34.6%
78	691.86	931.18	34.6%	756.54	999.98	32.2%	821.20	999.98	21.8%	637.70	858.32	34.6%	699.38	941.30	34.6%	761.04	999.98	31.4%
79	740.00	995.94	34.6%	809.18	999.98	23.6%	878.34	999.98	13.8%	685.84	923.08	34.6%	752.02	999.98	33.0%	818.18	999.98	22.2%
80										736.98	991.92	34.6%	807.68	999.98	23.8%			
81										785.10	999.98	27.4%	860.32	999.98	16.2%			
82										836.24	999.98	19.6%	915.98	999.98	9.2%			
83										887.38	999.98	12.7%	971.60	999.98	2.9%			
84										938.52	999.98	6.5%	999.98	999.98	0.0%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
41	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
42	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
43	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
44	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
45	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
46	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
47	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
48	37.60	50.62	34.6%	44.38	59.76	34.7%	51.14	68.82	34.6%	28.58	38.48	34.6%	33.86	45.56	34.6%	39.10	52.64	34.6%
49	37.60	50.62	34.6%	44.38	59.76	34.7%	51.14	68.82	34.6%	28.58	38.48	34.6%	33.86	45.56	34.6%	39.10	52.64	34.6%
50	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%	33.08	44.56	34.7%	39.10	52.64	34.6%	45.14	60.76	34.6%
51	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%	33.08	44.56	34.7%	39.10	52.64	34.6%	45.14	60.76	34.6%
52	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%	33.08	44.56	34.7%	39.10	52.64	34.6%	45.14	60.76	34.6%
53	43.64	58.74	34.6%	51.92	69.88	34.6%	60.16	80.96	34.6%	34.60	46.58	34.6%	41.36	55.68	34.6%	48.14	64.82	34.6%
54	43.64	58.74	34.6%	51.92	69.88	34.6%	60.16	80.96	34.6%	34.60	46.58	34.6%	41.36	55.68	34.6%	48.14	64.82	34.6%
55	48.14	64.82	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%	39.10	52.64	34.6%	46.64	62.80	34.6%	54.14	72.86	34.6%
56	51.14	68.82	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	39.10	52.64	34.6%	46.64	62.80	34.6%	54.14	72.86	34.6%
57	55.66	74.92	34.6%	65.42	88.04	34.6%	75.22	101.22	34.6%	43.64	58.74	34.6%	51.92	69.88	34.6%	60.16	80.96	34.6%
58	60.16	80.96	34.6%	70.70	95.16	34.6%	81.22	109.32	34.6%	48.14	64.82	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%
59	64.68	87.06	34.6%	75.98	102.26	34.6%	87.24	117.42	34.6%	51.14	68.82	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%
60	72.18	97.16	34.6%	84.24	113.36	34.6%	96.26	129.56	34.6%	55.66	74.92	34.6%	65.42	88.04	34.6%	75.22	101.22	34.6%
61	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%	60.16	80.96	34.6%	70.70	95.16	34.6%	81.22	109.32	34.6%
62	79.74	107.32	34.6%	92.50	124.50	34.6%	105.30	141.72	34.6%	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%
63	84.24	113.36	34.6%	97.76	131.58	34.6%	111.30	149.82	34.6%	67.68	91.10	34.6%	78.98	106.30	34.6%	90.24	121.46	34.6%
64	88.76	119.44	34.6%	103.06	138.72	34.6%	117.32	157.92	34.6%	72.18	97.16	34.6%	84.24	113.36	34.6%	96.26	129.56	34.6%
65	96.26	129.56	34.6%	111.30	149.82	34.6%	126.34	170.04	34.6%	76.72	103.28	34.6%	89.50	120.46	34.6%	102.26	137.66	34.6%
66	108.30	145.78	34.6%	124.84	168.04	34.6%	141.38	190.28	34.6%	88.76	119.44	34.6%	103.06	138.72	34.6%	117.32	157.92	34.6%
67	120.32	161.94	34.6%	138.38	186.24	34.6%	156.42	210.52	34.6%	100.78	135.64	34.6%	116.58	156.90	34.6%	132.34	178.12	34.6%
68	135.38	182.20	34.6%	154.92	208.50	34.6%	174.48	234.84	34.6%	112.82	151.84	34.6%	130.10	175.12	34.6%	147.40	198.38	34.6%
69	147.40	198.38	34.6%	168.46	226.74	34.6%	189.50	255.04	34.6%	124.84	168.04	34.6%	143.64	193.32	34.6%	162.42	218.62	34.6%
70	163.96	220.66	34.6%	187.26	252.04	34.6%	210.56	283.40	34.6%	136.88	184.26	34.6%	157.18	211.56	34.6%	177.48	238.88	34.6%
71	175.98	236.86	34.6%	200.80	270.28	34.6%	225.62	303.64	34.6%	148.92	200.42	34.6%	170.72	229.78	34.6%	192.50	259.10	34.6%
72	188.00	253.04	34.6%	214.34	288.48	34.6%	240.64	323.88	34.6%	160.94	216.60	34.6%	184.26	247.98	34.6%	207.56	279.36	34.6%
73	203.06	273.30	34.6%	230.88	310.74	34.6%	258.70	348.20	34.6%	172.98	232.80	34.6%	197.80	266.22	34.6%	222.58	299.58	34.6%
74	215.08	289.50	34.6%	244.42	328.96	34.6%	273.74	368.42	34.6%	185.00	249.00	34.6%	211.34	284.44	34.6%	237.64	319.84	34.6%
75	231.62	311.74	34.6%	263.22	354.26	34.6%	294.80	396.78	34.6%	200.06	269.26	34.6%	227.88	306.68	34.6%	255.70	344.14	34.6%
76	261.70	352.24	34.6%	296.30	398.82	34.6%	330.88	445.34	34.6%	230.14	309.74	34.6%	260.96	351.24	34.6%	291.78	392.72	34.6%
77	294.80	396.78	34.6%	332.40	447.38	34.6%	369.98	497.98	34.6%	263.22	354.26	34.6%	297.06	399.80	34.6%	330.88	445.34	34.6%
78	329.40	443.32	34.6%	370.76	499.00	34.6%	412.12	554.66	34.6%	297.80	400.82	34.6%	335.40	451.42	34.6%	373.00	502.02	34.6%
79	359.48	483.82	34.6%	403.86	543.58	34.6%	448.20	603.24	34.6%	327.88	441.30	34.6%	368.50	495.98	34.6%	409.10	550.62	34.6%
80										362.48	487.88	34.6%	406.86	547.58	34.6%			
81										395.56	532.38	34.6%	442.96	596.18	34.6%			
82										430.14	578.94	34.6%	481.28	647.78	34.6%			
83										464.76	625.56	34.6%	519.64	699.38	34.6%			
84										499.34	672.06	34.6%	558.02	751.04	34.6%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
41	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
42	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
43	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
44	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
45	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
46	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
47	58.66	78.96	34.6%	66.94	90.10	34.6%	75.22	101.22	34.6%	46.64	62.80	34.6%	53.40	71.88	34.6%	60.16	80.96	34.6%
48	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%
49	63.16	85.00	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
50	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%
51	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%
52	70.70	95.16	34.6%	80.48	108.30	34.6%	90.24	121.46	34.6%	58.66	78.96	34.6%	66.94	90.10	34.6%	75.22	101.22	34.6%
53	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
54	75.22	101.22	34.6%	85.74	115.40	34.6%	96.26	129.56	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%
55	79.74	107.32	34.6%	91.02	122.50	34.6%	102.26	137.66	34.6%	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%
56	82.74	111.36	34.6%	94.02	126.54	34.6%	105.30	141.72	34.6%	70.70	95.16	34.6%	80.48	108.30	34.6%	90.24	121.46	34.6%
57	90.24	121.46	34.6%	102.26	137.66	34.6%	114.32	153.88	34.6%	78.22	105.28	34.6%	88.76	119.44	34.6%	99.26	133.60	34.6%
58	94.76	127.54	34.6%	107.56	144.76	34.6%	120.32	161.94	34.6%	82.74	111.36	34.6%	94.02	126.54	34.6%	105.30	141.72	34.6%
59	102.26	137.66	34.6%	115.82	155.90	34.6%	129.34	174.06	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%	114.32	153.88	34.6%
60	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%	94.76	127.54	34.6%	107.56	144.76	34.6%	120.32	161.94	34.6%
61	114.32	153.88	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%	102.26	137.66	34.6%	115.82	155.90	34.6%	129.34	174.06	34.6%
62	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
63	126.34	170.04	34.6%	142.90	192.32	34.6%	159.42	214.56	34.6%	114.32	153.88	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%
64	130.86	176.14	34.6%	148.16	199.42	34.6%	165.46	222.68	34.6%	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%
65	138.38	186.24	34.6%	156.42	210.52	34.6%	174.48	234.84	34.6%	126.34	170.04	34.6%	142.90	192.32	34.6%	159.42	214.56	34.6%
66	153.40	206.48	34.6%	172.98	232.80	34.6%	192.50	259.10	34.6%	138.38	186.24	34.6%	156.42	210.52	34.6%	174.48	234.84	34.6%
67	168.46	226.74	34.6%	189.50	255.04	34.6%	210.56	283.40	34.6%	150.40	202.42	34.6%	169.98	228.76	34.6%	189.50	255.04	34.6%
68	185.00	249.00	34.6%	208.32	280.40	34.6%	231.62	311.74	34.6%	162.42	218.62	34.6%	183.48	246.98	34.6%	204.56	275.32	34.6%
69	200.06	269.26	34.6%	224.88	302.66	34.6%	249.66	336.04	34.6%	174.48	234.84	34.6%	197.04	265.22	34.6%	219.58	295.52	34.6%
70	219.58	295.52	34.6%	246.66	331.98	34.6%	273.74	368.42	34.6%	186.50	251.02	34.6%	210.56	283.40	34.6%	234.64	315.80	34.6%
71	234.64	315.80	34.6%	263.22	354.26	34.6%	291.78	392.72	34.6%	198.54	267.22	34.6%	224.12	301.66	34.6%	249.66	336.04	34.6%
72	249.66	336.04	34.6%	279.74	376.52	34.6%	309.82	417.00	34.6%	210.56	283.40	34.6%	237.64	319.84	34.6%	264.72	356.30	34.6%
73	266.22	358.32	34.6%	298.56	401.86	34.6%	330.88	445.34	34.6%	222.58	299.58	34.6%	251.18	338.06	34.6%	279.74	376.52	34.6%
74	281.26	378.56	34.6%	315.12	424.10	34.6%	348.94	469.64	34.6%	234.64	315.80	34.6%	264.72	356.30	34.6%	294.80	396.78	34.6%
75	300.80	404.86	34.6%	336.90	453.42	34.6%	373.00	502.02	34.6%	246.66	331.98	34.6%	278.26	374.50	34.6%	309.82	417.00	34.6%
76	327.88	441.30	34.6%	366.98	493.92	34.6%	406.10	546.58	34.6%	273.74	368.42	34.6%	308.34	414.96	34.6%	342.90	461.52	34.6%
77	357.96	481.78	34.6%	400.06	538.46	34.6%	442.20	595.14	34.6%	303.82	408.90	34.6%	341.42	459.52	34.6%	379.02	510.14	34.6%
78	385.04	518.24	34.6%	430.14	578.94	34.6%	475.28	639.70	34.6%	330.88	445.34	34.6%	371.50	500.02	34.6%	412.12	554.66	34.6%
79	416.64	560.74	34.6%	465.52	626.54	34.6%	514.38	692.30	34.6%	362.48	487.88	34.6%	406.86	547.58	34.6%	451.20	607.30	34.6%
80										389.56	524.30	34.6%	436.94	588.08	34.6%			
81										419.64	564.78	34.6%	470.04	632.64	34.6%			
82										451.20	607.30	34.6%	505.36	680.16	34.6%			
83										482.80	649.80	34.6%	540.70	727.74	34.6%			
84										514.38	692.30	34.6%	576.06	775.30	34.6%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
41	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
42	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
43	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
44	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
45	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
46	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
47	84.24	113.36	34.6%	94.76	127.54	34.6%	105.30	141.72	34.6%	67.68	91.10	34.6%	75.98	102.26	34.6%	84.24	113.36	34.6%
48	84.24	113.36	34.6%	94.76	127.54	34.6%	105.30	141.72	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%	90.24	121.46	34.6%
49	88.76	119.44	34.6%	100.02	134.64	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%	90.24	121.46	34.6%
50	88.76	119.44	34.6%	100.02	134.64	34.6%	111.30	149.82	34.6%	76.72	103.28	34.6%	86.50	116.40	34.6%	96.26	129.56	34.6%
51	93.24	125.52	34.6%	105.30	141.72	34.6%	117.32	157.92	34.6%	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%
52	93.24	125.52	34.6%	105.30	141.72	34.6%	117.32	157.92	34.6%	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%
53	97.76	131.58	34.6%	110.56	148.82	34.6%	123.32	166.00	34.6%	84.24	113.36	34.6%	94.76	127.54	34.6%	105.30	141.72	34.6%
54	97.76	131.58	34.6%	110.56	148.82	34.6%	123.32	166.00	34.6%	87.24	117.42	34.6%	97.76	131.58	34.6%	108.30	145.78	34.6%
55	102.26	137.66	34.6%	115.82	155.90	34.6%	129.34	174.06	34.6%	91.76	123.48	34.6%	103.06	138.72	34.6%	114.32	153.88	34.6%
56	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%	96.26	129.56	34.6%	108.30	145.78	34.6%	120.32	161.94	34.6%
57	114.32	153.88	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%	100.78	135.64	34.6%	113.56	152.86	34.6%	126.34	170.04	34.6%
58	121.84	164.00	34.6%	137.64	185.26	34.6%	153.40	206.48	34.6%	108.30	145.78	34.6%	121.84	164.00	34.6%	135.38	182.20	34.6%
59	129.34	174.06	34.6%	145.90	196.38	34.6%	162.42	218.62	34.6%	112.82	151.84	34.6%	127.10	171.08	34.6%	141.38	190.28	34.6%
60	136.88	184.26	34.6%	154.18	207.50	34.6%	171.46	230.78	34.6%	120.32	161.94	34.6%	135.38	182.20	34.6%	150.40	202.42	34.6%
61	144.40	194.32	34.6%	162.42	218.62	34.6%	180.48	242.92	34.6%	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%
62	151.92	204.48	34.6%	170.72	229.78	34.6%	189.50	255.04	34.6%	129.34	174.06	34.6%	145.90	196.38	34.6%	162.42	218.62	34.6%
63	159.42	214.56	34.6%	179.00	240.90	34.6%	198.54	267.22	34.6%	136.88	184.26	34.6%	154.18	207.50	34.6%	171.46	230.78	34.6%
64	166.96	224.72	34.6%	187.26	252.04	34.6%	207.56	279.36	34.6%	141.38	190.28	34.6%	159.42	214.56	34.6%	177.48	238.88	34.6%
65	174.48	234.84	34.6%	195.54	263.18	34.6%	216.58	291.48	34.6%	148.92	200.42	34.6%	167.72	225.72	34.6%	186.50	251.02	34.6%
66	195.54	263.18	34.6%	218.10	293.54	34.6%	240.64	323.88	34.6%	163.96	220.66	34.6%	184.26	247.98	34.6%	204.56	275.32	34.6%
67	216.58	291.48	34.6%	240.64	323.88	34.6%	264.72	356.30	34.6%	179.00	240.90	34.6%	200.80	270.28	34.6%	222.58	299.58	34.6%
68	239.16	321.86	34.6%	265.48	357.30	34.6%	291.78	392.72	34.6%	195.54	263.18	34.6%	219.58	295.52	34.6%	243.66	327.94	34.6%
69	260.22	350.22	34.6%	288.04	387.68	34.6%	315.86	425.10	34.6%	210.56	283.40	34.6%	236.14	317.82	34.6%	261.70	352.24	34.6%
70	282.74	380.56	34.6%	312.82	421.04	34.6%	342.90	461.52	34.6%	227.14	305.72	34.6%	254.96	343.14	34.6%	282.74	380.56	34.6%
71	303.82	408.90	34.6%	335.40	451.42	34.6%	366.98	493.92	34.6%	242.16	325.92	34.6%	271.50	365.40	34.6%	300.80	404.86	34.6%
72	324.88	437.26	34.6%	357.96	481.78	34.6%	391.04	526.30	34.6%	257.22	346.18	34.6%	288.04	387.68	34.6%	318.86	429.16	34.6%
73	347.46	467.64	34.6%	382.80	515.22	34.6%	418.12	562.74	34.6%	273.74	368.42	34.6%	306.82	412.94	34.6%	339.90	457.48	34.6%
74	368.50	495.98	34.6%	405.36	545.56	34.6%	442.20	595.14	34.6%	288.78	388.68	34.6%	323.38	435.22	34.6%	357.96	481.78	34.6%
75	391.04	526.30	34.6%	430.14	578.94	34.6%	469.26	631.60	34.6%	308.34	414.96	34.6%	345.20	464.60	34.6%	382.04	514.18	34.6%
76	424.14	570.84	34.6%	466.26	627.56	34.6%	508.36	684.20	34.6%	341.42	459.52	34.6%	381.28	513.18	34.6%	421.12	566.78	34.6%
77	457.22	615.38	34.6%	502.36	676.10	34.6%	547.46	736.86	34.6%	374.52	504.10	34.6%	417.38	561.76	34.6%	460.22	619.44	34.6%
78	490.30	659.90	34.6%	538.44	724.70	34.6%	586.58	789.48	34.6%	407.62	548.60	34.6%	453.46	610.32	34.6%	499.34	672.06	34.6%
79	523.40	704.44	34.6%	574.54	773.26	34.6%	625.68	842.12	34.6%	440.70	593.14	34.6%	489.56	658.90	34.6%	538.44	724.70	34.6%
80										473.78	637.68	34.6%	525.68	707.50	34.6%			
81										506.88	682.20	34.6%	561.76	756.10	34.6%			
82										539.96	726.74	34.6%	597.86	804.66	34.6%			
83										573.04	771.26	34.6%	633.96	853.26	34.6%			
84										606.14	815.78	34.6%	670.04	901.80	34.6%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
41	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
42	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
43	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
44	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
45	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
46	97.16	111.36	125.52	80.96	93.10	105.28	161.94	184.26	206.48	143.76	162.98	182.20	218.62	244.96	271.26	196.38	219.68	242.92
47	99.22	114.40	129.56	83.00	96.14	109.32	168.04	191.34	214.56	149.82	170.04	190.28	228.76	256.08	283.40	202.42	226.74	251.02
48	99.22	114.40	129.56	87.06	100.22	113.36	174.06	198.38	222.68	153.88	174.06	194.32	238.88	267.22	295.52	208.50	233.82	259.10
49	105.28	121.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	155.90	177.10	198.38	249.00	278.36	307.70	216.60	241.92	267.22
50	105.28	121.46	137.66	93.10	107.32	121.46	184.26	209.50	234.84	159.94	181.22	202.42	263.18	293.54	323.88	222.68	249.00	275.32
51	107.32	124.50	141.72	95.16	110.36	125.52	190.28	216.60	242.92	166.00	188.30	210.52	271.26	301.66	331.98	228.76	256.08	283.40
52	111.36	128.54	145.78	95.16	110.36	125.52	194.32	220.66	246.98	166.00	188.30	210.52	281.40	312.78	344.14	236.86	264.20	291.48
53	113.36	131.58	149.82	101.22	117.42	133.60	200.42	227.76	255.04	172.08	195.36	218.62	291.48	323.88	356.30	242.92	271.26	299.58
54	113.36	131.58	149.82	101.22	117.42	133.60	206.48	234.84	263.18	176.14	199.42	222.68	301.66	335.02	368.42	249.00	278.36	307.70
55	119.44	138.72	157.92	107.32	124.50	141.72	212.54	241.92	271.26	182.20	206.48	230.78	315.80	350.22	384.62	259.10	289.50	319.84
56	129.56	149.82	170.04	111.36	128.54	145.78	226.74	257.10	287.46	196.38	221.68	246.98	334.00	369.44	404.86	277.36	308.76	340.08
57	139.70	160.96	182.20	121.46	139.70	157.92	240.90	272.30	303.64	210.52	236.86	263.18	352.24	388.68	425.10	295.52	327.94	360.32
58	149.82	172.08	194.32	131.58	150.84	170.04	255.04	287.46	319.84	224.72	252.04	279.36	370.46	407.90	445.34	313.76	347.18	380.56
59	159.94	183.24	206.48	137.66	157.92	178.12	273.30	306.68	340.08	238.88	267.22	295.52	388.68	427.14	465.58	331.98	366.42	400.82
60	170.04	194.32	218.62	147.80	169.06	190.28	287.46	321.86	356.30	259.10	289.50	319.84	406.92	446.36	485.82	350.22	385.66	421.04
61	180.20	205.46	230.78	155.90	177.10	198.38	301.66	337.04	372.46	273.30	304.70	336.04	425.10	465.58	506.10	368.42	404.86	441.30
62	190.28	216.60	242.92	161.94	184.26	206.48	319.84	356.30	392.72	287.46	319.84	352.24	443.32	484.84	526.30	386.68	424.10	461.52
63	200.42	227.76	255.04	172.08	195.36	218.62	334.00	371.48	408.90	301.66	335.02	368.42	461.52	504.10	546.58	404.86	443.32	481.78
64	210.52	238.88	267.22	182.20	206.48	230.78	348.20	386.68	425.10	315.80	350.22	384.62	479.78	523.32	566.78	423.14	462.58	502.02
65	222.68	253.04	283.40	192.32	217.60	242.92	368.42	408.90	449.40	336.04	372.46	408.90	502.02	546.58	591.10	443.32	484.84	526.30
66	263.18	295.52	327.94	224.72	252.04	279.36	427.14	470.68	514.18	384.62	423.14	461.52	568.84	616.42	663.94	497.98	542.50	587.06
67	305.72	341.14	376.52	263.18	293.54	323.88	485.82	532.38	578.94	435.22	476.74	518.24	639.70	690.30	740.90	552.64	600.24	647.78
68	348.20	386.68	425.10	297.58	330.98	364.36	544.54	594.14	643.72	485.82	530.36	574.88	706.52	760.16	813.76	607.30	657.90	708.52
69	394.78	436.24	477.74	336.04	372.46	408.90	603.24	655.84	708.52	540.48	588.08	635.66	779.36	837.06	894.72	661.94	715.60	769.22
70	437.26	481.78	526.30	370.46	409.96	449.40	663.94	720.66	777.30	591.10	641.72	692.30	850.22	910.94	971.66	716.62	773.26	829.98
71	477.74	524.30	570.84	406.92	448.38	489.88	722.68	782.40	842.12	639.70	692.30	744.94	917.04	980.78	999.98	771.26	831.02	890.68
72	524.30	573.90	623.48	441.30	485.82	530.36	781.36	844.14	906.86	694.34	750.06	805.66	989.92	999.98	999.98	825.90	888.68	951.44
73	566.78	619.44	672.06	479.78	527.36	574.88	840.10	905.86	971.66	744.94	803.66	862.34	999.98	999.98	999.98	880.60	946.36	999.98
74	609.34	665.00	720.66	514.18	564.78	615.38	898.78	967.62	999.98	795.58	857.30	919.04	999.98	999.98	999.98	935.22	999.98	999.98
75	655.84	714.62	773.26	552.64	606.28	659.90	963.58	999.98	999.98	850.22	914.98	979.76	999.98	999.98	999.98	995.94	999.98	999.98
76	710.56	776.32	842.12	599.20	659.90	720.66	999.98	999.98	999.98	914.98	987.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.16	838.08	910.94	645.78	713.60	781.36	999.98	999.98	999.98	979.76	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	819.84	899.80	979.76	692.30	767.22	842.12	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	874.50	961.56	999.98	738.88	820.84	902.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
41	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
42	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
43	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
44	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
45	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
46	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	143.76	160.96	178.12
47	83.00	96.14	109.32	68.82	78.96	89.06	123.48	140.72	157.92	101.22	115.40	129.56	174.06	196.38	218.62	149.82	168.04	186.24
48	83.00	96.14	109.32	70.88	82.00	93.10	129.56	147.80	166.00	107.32	122.50	137.66	178.12	200.42	222.68	153.88	172.08	190.28
49	85.00	99.22	113.36	70.88	82.00	93.10	133.60	151.84	170.04	111.36	126.54	141.72	184.26	207.50	230.78	159.94	179.20	198.38
50	89.06	103.28	117.42	76.92	89.06	101.22	139.70	158.94	178.12	117.42	133.60	149.82	188.30	211.56	234.84	170.04	190.28	210.52
51	91.10	106.30	121.46	76.92	89.06	101.22	145.78	166.00	186.24	117.42	133.60	149.82	194.32	218.62	242.92	174.06	194.32	214.56
52	91.10	106.30	121.46	76.92	89.06	101.22	149.82	170.04	190.28	121.46	137.66	153.88	198.38	222.68	246.98	180.20	201.42	222.68
53	93.10	109.32	125.52	78.96	92.10	105.28	155.90	177.10	198.38	127.54	144.76	161.94	204.48	229.78	255.04	184.26	205.46	226.74
54	93.10	109.32	125.52	78.96	92.10	105.28	161.94	184.26	206.48	131.58	148.82	166.00	208.50	233.82	259.10	190.28	212.54	234.84
55	99.22	116.40	133.60	85.00	99.22	113.36	168.04	191.34	214.56	137.66	155.90	174.06	214.56	240.90	267.22	200.42	223.72	246.98
56	103.28	120.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	147.80	167.02	186.24	228.76	256.08	283.40	210.52	234.84	259.10
57	113.36	131.58	149.82	95.16	110.36	125.52	188.30	213.56	238.88	157.92	178.12	198.38	242.92	271.26	299.58	224.72	250.02	275.32
58	123.48	142.76	161.94	101.22	117.42	133.60	202.42	228.76	255.04	172.08	193.32	214.56	261.16	290.50	319.84	238.88	265.22	291.48
59	129.56	149.82	170.04	111.36	128.54	145.78	212.54	239.92	267.22	182.20	204.48	226.74	275.32	305.72	336.04	253.04	280.40	307.70
60	139.70	160.96	182.20	117.42	135.64	153.88	226.74	255.04	283.40	196.38	219.68	242.92	293.54	324.92	356.30	267.22	295.52	323.88
61	147.80	169.06	190.28	121.46	139.70	157.92	236.86	266.22	295.52	206.48	230.78	255.04	307.70	340.08	372.46	281.40	310.74	340.08
62	153.88	176.14	198.38	131.58	150.84	170.04	246.98	277.36	307.70	216.60	241.92	267.22	321.86	355.28	388.68	295.52	325.92	356.30
63	164.00	187.28	210.52	137.66	157.92	178.12	261.16	292.54	323.88	230.78	257.10	283.40	340.08	374.50	408.90	309.74	341.14	372.46
64	174.06	198.38	222.68	143.76	165.00	186.24	271.26	303.64	336.04	240.90	268.24	295.52	354.26	389.72	425.10	323.88	356.30	388.68
65	184.26	209.50	234.84	153.88	176.14	198.38	287.46	321.86	356.30	257.10	286.46	315.80	374.50	411.94	449.40	338.06	371.48	404.86
66	212.54	239.92	267.22	178.12	202.42	226.74	325.92	363.38	400.82	293.54	324.92	356.30	425.10	465.58	506.10	376.52	412.94	449.40
67	242.92	273.30	303.64	206.48	232.80	259.10	368.42	408.90	449.40	336.04	370.46	404.86	477.74	522.28	566.78	417.00	457.48	497.98
68	271.26	303.64	336.04	230.78	259.10	287.46	410.96	454.46	497.98	374.50	411.94	449.40	528.36	575.92	623.48	459.52	503.08	546.58
69	301.66	337.04	372.46	261.16	292.54	323.88	449.40	495.98	542.50	414.96	454.46	493.92	580.98	632.64	684.20	500.02	547.58	595.14
70	331.98	370.46	408.90	289.50	322.88	356.30	491.92	541.48	591.10	453.42	495.98	538.46	631.60	686.26	740.90	544.54	596.18	647.78
71	360.32	400.82	441.30	313.76	349.20	384.62	534.40	587.06	639.70	495.98	541.48	587.06	684.20	742.92	801.62	582.98	637.68	692.30
72	390.72	434.24	477.74	344.14	382.62	421.04	572.88	628.60	684.20	532.38	579.96	627.56	734.82	796.56	858.32	623.48	682.20	740.90
73	419.02	464.60	510.14	368.42	408.90	449.40	615.38	674.10	732.80	574.88	625.56	676.10	787.48	853.26	919.04	666.02	727.74	789.48
74	449.40	497.98	546.58	396.78	439.28	481.78	657.90	719.64	781.36	613.38	667.02	720.66	838.08	906.86	975.70	706.52	772.28	838.08
75	483.82	535.42	587.06	427.14	472.70	518.24	702.44	768.22	834.02	655.84	712.56	769.22	894.72	967.62	999.98	751.04	820.84	890.68
76	544.54	600.24	655.84	487.88	537.44	587.06	781.36	852.24	923.08	734.82	796.56	858.32	979.76	999.98	999.98	836.06	911.98	987.82
77	605.30	665.00	724.70	548.60	602.24	655.84	864.38	940.30	999.98	817.82	884.62	951.44	999.98	999.98	999.98	921.06	999.98	999.98
78	666.02	729.80	793.52	609.34	667.02	724.70	949.42	999.98	999.98	902.82	975.70	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	732.80	801.62	870.48	676.10	738.88	801.62	999.98	999.98	999.98	985.84	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
41	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
42	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
43	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
44	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
45	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
46	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
47	64.82	74.92	85.00	48.60	56.64	64.82	101.22	115.40	129.56	80.96	93.10	105.28	155.90	173.10	190.28	133.60	147.80	161.94
48	66.84	77.94	89.06	50.62	59.76	68.82	103.28	118.46	133.60	85.00	97.16	109.32	157.92	176.14	194.32	139.70	154.88	170.04
49	70.88	82.00	93.10	54.68	63.80	72.86	107.32	122.50	137.66	87.06	100.22	113.36	161.94	180.20	198.38	139.70	154.88	170.04
50	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
51	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
52	76.92	89.06	101.22	60.76	70.88	80.96	117.42	133.60	149.82	93.10	107.32	121.46	172.08	191.34	210.52	145.78	161.94	178.12
53	78.96	92.10	105.28	62.80	73.92	85.00	119.44	136.64	153.88	97.16	111.36	125.52	174.06	194.32	214.56	151.84	169.06	186.24
54	78.96	92.10	105.28	62.80	73.92	85.00	123.48	140.72	157.92	97.16	111.36	125.52	178.12	198.38	218.62	151.84	169.06	186.24
55	85.00	99.22	113.36	68.82	80.96	93.10	129.56	147.80	166.00	103.28	118.46	133.60	184.26	205.46	226.74	157.92	176.14	194.32
56	89.06	103.28	117.42	72.86	85.00	97.16	139.70	158.94	178.12	113.36	129.56	145.78	194.32	216.60	238.88	168.04	187.28	206.48
57	95.16	110.36	125.52	78.96	92.10	105.28	149.82	170.04	190.28	123.48	140.72	157.92	204.48	227.76	251.02	178.12	198.38	218.62
58	101.22	117.42	133.60	85.00	99.22	113.36	159.94	181.22	202.42	133.60	151.84	170.04	220.66	245.96	271.26	188.30	209.50	230.78
59	111.36	128.54	145.78	91.10	106.30	121.46	170.04	192.32	214.56	143.76	162.98	182.20	230.78	257.10	283.40	204.48	227.76	251.02
60	117.42	135.64	153.88	101.22	117.42	133.60	182.20	206.48	230.78	159.94	181.22	202.42	246.98	275.32	303.64	214.56	238.88	263.18
61	123.48	142.76	161.94	105.28	121.46	137.66	192.32	217.60	242.92	170.04	192.32	214.56	257.10	286.46	315.80	224.72	250.02	275.32
62	133.60	153.88	174.06	111.36	128.54	145.78	202.42	228.76	255.04	180.20	203.46	226.74	267.22	297.58	327.94	240.90	268.24	295.52
63	139.70	160.96	182.20	117.42	135.64	153.88	212.54	239.92	267.22	190.28	214.56	238.88	283.40	315.80	348.20	251.02	279.36	307.70
64	145.78	168.04	190.28	123.48	142.76	161.94	222.68	251.02	279.36	200.42	225.72	251.02	293.54	326.92	360.32	261.16	290.50	319.84
65	155.90	179.20	202.42	133.60	153.88	174.06	238.88	269.26	299.58	216.60	243.94	271.26	309.74	345.18	380.56	277.36	308.76	340.08
66	180.20	205.46	230.78	153.88	176.14	198.38	271.26	303.64	336.04	244.96	274.32	303.64	348.20	386.68	425.10	311.74	346.18	380.56
67	206.48	234.84	263.18	178.12	202.42	226.74	305.72	341.14	376.52	279.36	311.74	344.14	390.72	432.20	473.68	350.22	387.68	425.10
68	230.78	261.16	291.48	202.42	228.76	255.04	344.14	382.62	421.04	311.74	346.18	380.56	433.20	477.74	522.28	388.68	429.16	469.64
69	257.10	290.50	323.88	222.68	251.02	279.36	378.56	420.02	461.52	342.12	379.56	417.00	477.74	526.30	574.88	429.16	473.68	518.24
70	283.40	319.84	356.30	249.00	280.40	311.74	417.00	461.52	506.10	376.52	417.00	457.48	520.28	571.88	623.48	467.64	515.22	562.74
71	307.70	346.18	384.62	273.30	306.68	340.08	451.42	499.00	546.58	408.90	451.42	493.92	558.70	613.38	668.02	502.02	552.64	603.24
72	334.00	375.52	417.00	293.54	328.96	364.36	485.82	536.42	587.06	439.28	484.84	530.36	603.24	661.94	720.66	542.50	597.20	651.80
73	358.32	401.86	445.34	317.82	355.28	392.72	524.30	577.94	631.60	471.68	519.28	566.78	645.78	707.50	769.22	580.98	638.68	696.34
74	384.62	431.18	477.74	342.12	381.62	421.04	558.70	615.38	672.06	506.10	556.70	607.30	688.26	753.06	817.82	619.44	680.16	740.90
75	414.96	464.60	514.18	368.42	410.96	453.42	597.20	656.88	716.62	540.48	594.14	647.78	732.80	801.62	870.48	659.90	724.70	789.48
76	471.68	525.32	578.94	425.10	471.68	518.24	659.90	724.70	789.48	603.24	661.94	720.66	797.58	872.50	947.38	724.70	795.58	866.36
77	528.36	586.06	643.72	481.78	532.38	582.98	726.74	796.56	866.36	670.06	733.84	797.58	862.34	943.32	999.98	789.48	866.36	943.32
78	589.10	650.80	712.56	542.50	597.20	651.80	795.58	871.50	947.38	738.88	808.70	878.54	931.18	999.98	999.98	858.32	941.30	999.98
79	647.78	714.62	781.36	601.24	660.92	720.66	862.34	943.32	999.98	805.66	880.60	955.48	995.94	999.98	999.98	923.08	999.98	999.98
80				661.94	725.74					874.50	955.48					991.92	999.98	
81				718.66	786.46					941.30	999.98					999.98	999.98	
82				781.36	854.26					999.98	999.98					999.98	999.98	
83				844.14	922.08					999.98	999.98					999.98	999.98	
84				906.86	989.92					999.98	999.98					999.98	999.98	

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
41	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
42	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
43	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
44	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
45	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
46	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
47	48.60	56.64	64.82	36.46	42.52	48.60	78.96	90.10	101.22	62.80	71.88	80.96	113.36	127.54	141.72	91.10	102.26	113.36
48	50.62	59.76	68.82	38.48	45.56	52.64	80.96	93.10	105.28	64.82	74.92	85.00	113.36	127.54	141.72	97.16	109.32	121.46
49	50.62	59.76	68.82	38.48	45.56	52.64	85.00	97.16	109.32	68.82	78.96	89.06	119.44	134.64	149.82	97.16	109.32	121.46
50	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	119.44	134.64	149.82	103.28	116.40	129.56
51	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	125.52	141.72	157.92	107.32	120.46	133.60
52	56.64	66.84	76.92	44.56	52.64	60.76	95.16	108.30	121.46	78.96	90.10	101.22	125.52	141.72	157.92	107.32	120.46	133.60
53	58.74	69.88	80.96	46.58	55.68	64.82	97.16	111.36	125.52	80.96	93.10	105.28	131.58	148.82	166.00	113.36	127.54	141.72
54	58.74	69.88	80.96	46.58	55.68	64.82	101.22	115.40	129.56	85.00	97.16	109.32	131.58	148.82	166.00	117.42	131.58	145.78
55	64.82	76.92	89.06	52.64	62.80	72.86	107.32	122.50	137.66	91.10	104.26	117.42	137.66	155.90	174.06	123.48	138.72	153.88
56	68.82	80.96	93.10	52.64	62.80	72.86	111.36	126.54	141.72	95.16	108.30	121.46	143.76	162.98	182.20	129.56	145.78	161.94
57	74.92	88.04	101.22	58.74	69.88	80.96	121.46	137.66	153.88	105.28	119.44	133.60	153.88	174.06	194.32	135.64	152.86	170.04
58	80.96	95.16	109.32	64.82	76.92	89.06	127.54	144.76	161.94	111.36	126.54	141.72	164.00	185.26	206.48	145.78	164.00	182.20
59	87.06	102.26	117.42	68.82	80.96	93.10	137.66	155.90	174.06	121.46	137.66	153.88	174.06	196.38	218.62	151.84	171.08	190.28
60	97.16	113.36	129.56	74.92	88.04	101.22	143.76	162.98	182.20	127.54	144.76	161.94	184.26	207.50	230.78	161.94	182.20	202.42
61	101.22	117.42	133.60	80.96	95.16	109.32	153.88	174.06	194.32	137.66	155.90	174.06	194.32	218.62	242.92	168.04	189.26	210.52
62	107.32	124.50	141.72	85.00	99.22	113.36	159.94	181.22	202.42	143.76	162.98	182.20	204.48	229.78	255.04	174.06	196.38	218.62
63	113.36	131.58	149.82	91.10	106.30	121.46	170.04	192.32	214.56	153.88	174.06	194.32	214.56	240.90	267.22	184.26	207.50	230.78
64	119.44	138.72	157.92	97.16	113.36	129.56	176.14	199.42	222.68	159.94	181.22	202.42	224.72	252.04	279.36	190.28	214.56	238.88
65	129.56	149.82	170.04	103.28	120.46	137.66	186.24	210.52	234.84	170.04	192.32	214.56	234.84	263.18	291.48	200.42	225.72	251.02
66	145.78	168.04	190.28	119.44	138.72	157.92	206.48	232.80	259.10	186.24	210.52	234.84	263.18	293.54	323.88	220.66	247.98	275.32
67	161.94	186.24	210.52	135.64	156.90	178.12	226.74	255.04	283.40	202.42	228.76	255.04	291.48	323.88	356.30	240.90	270.28	299.58
68	182.20	208.50	234.84	151.84	175.12	198.38	249.00	280.40	311.74	218.62	246.98	275.32	321.86	357.30	392.72	263.18	295.52	327.94
69	198.38	226.74	255.04	168.04	193.32	218.62	269.26	302.66	336.04	234.84	265.22	295.52	350.22	387.68	425.10	283.40	317.82	352.24
70	220.66	252.04	283.40	184.26	211.56	238.88	295.52	331.98	368.42	251.02	283.40	315.80	380.56	421.04	461.52	305.72	343.14	380.56
71	236.86	270.28	303.64	200.42	229.78	259.10	315.80	354.26	392.72	267.22	301.66	336.04	408.90	451.42	493.92	325.92	365.40	404.86
72	253.04	288.48	323.88	216.60	247.98	279.36	336.04	376.52	417.00	283.40	319.84	356.30	437.26	481.78	526.30	346.18	387.68	429.16
73	273.30	310.74	348.20	232.80	266.22	299.58	358.32	401.86	445.34	299.58	338.06	376.52	467.64	515.22	562.74	368.42	412.94	457.48
74	289.50	328.96	368.42	249.00	284.44	319.84	378.56	424.10	469.64	315.80	356.30	396.78	495.98	545.56	595.14	388.68	435.22	481.78
75	311.74	354.26	396.78	269.26	306.68	344.14	404.86	453.42	502.02	331.98	374.50	417.00	526.30	578.94	631.60	414.96	464.60	514.18
76	352.24	398.82	445.34	309.74	351.24	392.72	441.30	493.92	546.58	368.42	414.96	461.52	570.84	627.56	684.20	459.52	513.18	566.78
77	396.78	447.38	497.98	354.26	399.80	445.34	481.78	538.46	595.14	408.90	459.52	510.14	615.38	676.10	736.86	504.10	561.76	619.44
78	443.32	499.00	554.66	400.82	451.42	502.02	518.24	578.94	639.70	445.34	500.02	554.66	659.90	724.70	789.48	548.60	610.32	672.06
79	483.82	543.58	603.24	441.30	495.98	550.62	560.74	626.54	692.30	487.88	547.58	607.30	704.44	773.26	842.12	593.14	658.90	724.70
80				487.88	547.58					524.30	588.08					637.68	707.50	
81				532.38	596.18					564.78	632.64					682.20	756.10	
82				578.94	647.78					607.30	680.16					726.74	804.66	
83				625.56	699.38					649.80	727.74					771.26	853.26	
84				672.06	751.04					692.30	775.30					815.78	901.80	

EXHIBIT XVII

RiverSource Life Insurance Company
Long-Term Care Insurance
Nonforfeiture Benefit Rider

Rider Form 30165A
(For Policy Form 30160A-VA)

Issue Age	Percentage of Premium
40	30%
41	30%
42	30%
43	30%
44	30%
45	30%
46	30%
47	30%
48	30%
49	30%
50	30%
51	30%
52	30%
53	30%
54	30%
55	30%
56	30%
57	30%
58	30%
59	30%
60	30%
61	30%
62	30%
63	30%
64	30%
65	30%
66	29%
67	28%
68	27%
69	26%
70	25%
71	24%
72	23%
73	22%
74	21%
75	20%
76	19%
77	18%
78	17%
79	16%
80	15%
81	15%
82	15%
83	15%
84	15%

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

September 9, 2014

Honorable Jacqueline K. Cunningham
Commissioner of Insurance
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129644834
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Commissioner Cunningham:

The referenced rate filing is being submitted by RiverSource Life Insurance Company (previously IDS Life Insurance Company) for your review.

30160A-VA is an existing individual policy form providing benefits for confinement in a nursing home with home care services and was previously approved in 1997. The form was issued in Virginia from March 1998 through December 2000, and is no longer being marketed in any state, and, outside of Virginia was last issued in 2003.

For applications received May 19, 2000 and later, policies were issued with a different set of rates and endorsement form 32100, which changed the benefit trigger from 2 of 5 activities of daily living to 2 of 6 (bathing added as the sixth), provided for waiver of premium while receiving home care and allowed for a 20% spousal premium discount. This rate filing does not apply to policies with the endorsement.

The company is requesting the approval of a premium rate increase on the above-listed form and all associated riders. At this time, a premium rate increase of 17% is being requested for policies issued in Virginia without endorsement. Although a larger premium rate increase is currently supportable, to minimize the impact on policyowners to the extent we can, an increase of only 17% is being requested at this time. Unless emerging experience improves, we believe it likely that additional rate increases will be requested in the future.

As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on this form. A 33.1% increase was approved in June 2007 (filing number not readily available) and implemented as three consecutive annual increases of 10% on each contract's next policy anniversary beginning in December 2007. A 13% increase was approved in August 2012

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

(SERFF Tracking #AERS-127793983) and implemented on each contract's next policy anniversary beginning in December 2012.

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

The following electronic items are included in this submission:

- this cover letter;
- the Virginia Rate Revision Checklist;
- the Virginia Rate Request Summary;
- copies of sample policyholder notification letters and FAQ [1];
- a letter from Milliman Inc. describing their involvement and review of this filing; and
- an Actuarial Memorandum and Rate Schedules.

[1] In the future, slight variations in policy letter and FAQ language may occur that do not materially change the information being provided to the policyholder.

The contact person for this filing is:

Cheryl Meyer
Senior Contract Analyst
9550 Ameriprise Financial Center
Minneapolis, MN 55474
(612) 671-5583
cheryl.d.meyer@ampf.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company

Enclosures

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USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

September 9, 2014

To: Virginia Bureau of Insurance

RE: RiverSource Life Insurance Company
Company NAIC # 65005
SERFF Tracking # AERS-129644834
Policy Form: Long Term Care Policy Form 30160A-VA

Ameriprise Financial, Inc., the parent company of RiverSource Life Insurance Company ("RiverSource Life"), formerly IDS Life Insurance Company, has entered into a service agreement with Milliman, Inc. ("Milliman") effective April 5, 2007, that includes individual long term care rate filing services.

RiverSource Life prepared and submitted the above referenced rate filing in September 2014. Milliman has conducted a high-level review of the cover letter, Rate Revision Checklist, Rate Request Summary, and actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state as indicated in the filing. However, Milliman has not performed any technical checking of the filing for accuracy.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

Should you have any questions regarding the above, please feel free to contact me directly at (952) 820-2419 or by email at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mag

RiverSource Life Insurance Company
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riversource.com

RiverSource

Frequently Asked Questions for RiverSource Life Insurance Company (RiverSource Life) and RiverSource Life Insurance Co. of New York (RiverSource Life of NY) In-Force Long-Term Care Policyowners Affected by the Recent Rate Increase

Q1: Is this a bill?
A: No, this notice is not a bill. This notice does provide important information regarding your upcoming Long Term Care premiums.

Q2: Why are my premiums going up?
A: Rates are being raised on all policies like yours to offset 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 increased 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.

Q3: Are my rates going up because I filed a claim?
A: No. In analyzing the need for a rate increase, claims information is reviewed in aggregate. In other words, we look at the claims experience across all policies like yours. This rate increase in no way reflects on any individual claims you may have submitted.

Q4: But my policy says it is "guaranteed renewable." How can my rates be going up?
A: A policy that is guaranteed renewable means that it cannot be canceled because of a change in your health. It also means that rates can only be changed on your policy if they are changed for all other policies like yours. As long as you pay the premium, it cannot be canceled.

Q5: How do I know that this increase is justified?
A: Insurance is a heavily regulated industry. In order to implement this rate increase, RiverSource Life is required to file a request for approval with each state insurance regulatory authority. RiverSource Life of NY is required to file a request for approval with the State of New York. Included with our request is the necessary actuarial data to support the increase. If the state insurance regulatory authority agrees with our request, it is then approved and implemented. RiverSource Life and RiverSource Life of NY have filed their requests for an increase. (Note: There are a handful of states that are not empowered to actually approve a rate increase. However, RiverSource Life and RiverSource Life of NY still provided these states with the same information concerning our need to increase rates for informational purposes.)

Q6: Will my rates go up again in the future?
A: Future rate increases are possible on all guaranteed renewable long-term care insurance policies no matter which company issued the policy. However, as indicated above, any future rate increase will require state regulatory approval before it can be implemented. It is possible that you will see additional rate increases in the future.

Q7: You indicate that there are options available to me to offset this premium increase. What do you mean by that?
A: At the time you purchased your policy you were presented with several options regarding the exact nature of your benefits under the policy. Your selection of options determined the initial premium that was charged for your policy. In light of this rate increase, you may wish to revisit those options and make an adjustment to your current benefit selections. Doing so could help you lower your premium to a point that it would be comparable to the premium you were paying before the rate increase.

Q8: What options are available to me to offset this premium increase?
A: Each block of long-term care insurance policies which RiverSource Life or RiverSource Life of NY sold had different benefit options. Depending on the option(s) you may have chosen when you purchased your policy, you may want to consider a different option. Listed below are options that may be available to you to help reduce or eliminate the premium increase. You will want to refer to your policy for the specific options that are available to you.

1. Current Daily Benefit Amount: This dollar amount represents the maximum daily benefit we will pay according to your policy. Reducing this amount will reduce the amount that we will pay for covered services received and the premium charged for your policy. Keep in mind that your policy may contain other benefit amounts that will be proportionally decreased if you reduce your daily benefit amount.
2. Elimination Period: This is the number of days that covered services are provided to you but which must be paid for by you before the policy begins to pay benefits. For example, if your policy has a 20-day elimination period, you must be receiving covered services for 20 days before we start paying benefits for services received on or after the 21st day. Increasing the elimination period will reduce your premium.
3. Benefit Period: This is the total period of time for which benefits will be paid during the life of the policy. This period is specified on your policy schedule. Reducing the benefit period will reduce your premium. For example, you may want to consider reducing your benefit period from lifetime to four years.
4. Home Care Coverage: If you have home care coverage, you may be able to reduce these benefits.

Q9: Should I let my policy lapse?

A: Your policy represents a critical component of a sound financial plan. You should always consider one of the options available to reduce your premium before you let this coverage lapse. Please consult with your advisor or an Ameriprise Financial client service representative before making changes to your policy.

Q10: Will I get a refund if I cancel my policy or let my policy lapse?

A: No. Much like other types of insurance (i.e. automobile, homeowners, etc.), your policy does not accumulate any cash value so canceling your policy or letting it lapse will not result in any refund to you. If you cancel your policy, the only refund you will receive is a return of any unearned premium that you may have already paid for the period of time between the time you cancel your policy and your next premium due date. You will not be able to receive any refund of premium that has already been earned by the company.

If you either have a nonforfeiture benefit rider on your policy or you are eligible for a contingent benefit upon lapse, you may be able to stop paying premiums but keep your policy in-force for a reduced benefit amount. Please see the "You have options" section of the notice of premium rate increase letter.

Q11: Wouldn't it be cheaper for me to get a new policy?

A: It may or it may not. It's important to keep in mind that obtaining a new policy with any carrier will require your application to be underwritten at your current age and at your current health status. Also, as many carriers have also experienced rate increases on existing blocks of long-term care policies, they are increasing the premiums they charge for new policies as well. If you choose to explore the possibility of obtaining a new policy elsewhere, we believe you will find that your existing policy, even with this premium increase, represents a good value compared with obtaining new coverage at current market rates. *If you are considering a new policy, be sure you have an offer of insurance for the new policy before you drop your existing coverage. If you don't pay the increased premium on your existing policy, your policy will lapse.*

Q12: Do I have to do anything if I want to keep my benefits the way they are?

A: No. As long as you continue to pay your premiums, now at the increased rate, when they are due, your policy will remain as it was prior to the rate increase. You only need to take action if you would like to explore the options available to you for reducing your benefits to offset the rate increase.

Q13: My premium is paid by a credit card or a bank authorization. I'd like to keep my current coverage; what will happen to my premium?

A: If your premium is currently being paid by a credit card or a bank authorization, the deduction amount will automatically be increased to the new premium amount. You don't need to take any action.

Q14: My premium is paid by a systematic payout from another *Ameriprise Financial®* account. I'd like to keep my current coverage; what will happen to my premium?

A: If your premium is currently being paid by a systematic payout from another *Ameriprise Financial* account, you may need to take action:

- **If taxes are not being withheld**, the payout amount will automatically be increased to the new premium amount. You don't need to take any action.
- **If taxes are being withheld**, the gross payout amount may need to be adjusted. Contact your financial advisor or call us at our service center for more information.

Not all policies are available in all states.

Insurance and annuity products are issued by RiverSource Life Insurance Company and in New York, by RiverSource Life Insurance Co. of New York, Albany, New York. These companies are affiliated with Ameriprise Financial Services, Inc. Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuity products in New York.

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RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

September 29, 2014

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129644834
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated September 16, 2014 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your September 16, 2014 letter. I restate your requests for additional information in italics for reference.

1. *Has the company addressed all objections raised in the prior rate filing?*

   Yes, all objections from the prior 2011 filing were resolved.

2. *Please provide documentation supporting the company's assertion that a 142.00% rate increase is justified.*

   The "Overall Percent Change Indicated" was incorrectly entered into SERFF at the time this rate increase filing was submitted; this should have been 112.9%. We have corrected this field on SERFF. The analysis that follows provides support for an overall rate increase of 112.9%.

   Table 1 shows the isolated impact on the projected incurred lifetime loss ratio of future deviations in each key driver from original assumptions and the corresponding rate increase needed to produce an incurred lifetime loss ratio of 63.7%, which represents the incurred lifetime loss ratio using historical experience combined with projections based on our original pricing assumptions. The incurred lifetime loss ratios in the table below reflect actual historical experience (i.e. only the projection period assumptions vary). Please note that Table 1 has been developed using nationwide historical experience through March 31, 2014, where actual and projected premiums reflect the accumulated rate increases as approved in Virginia and implemented on all policies from 2007 through 2013 on a nationwide basis, and the incurred lifetime loss ratios correspond to Exhibit VIII of the Actuarial Memorandum provided with the initial submission.

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Minneapolis, MN 55474

RiverSource Insurance

Table 1
RiverSource Life Insurance Company
Nationwide Experience
Impact on the Lifetime Loss Ratio of Changing
From Original Pricing to Current Assumptions
Policy Form: 30160A

Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio of 63.7%	Increase Needed to Produce a Lifetime Loss Ratio of 63.7%
Originally Priced Loss Ratio	62.8%	N/A	N/A
Original Pricing Loss Ratio based on Actual Sales	54.5%	N/A	N/A
Historical Experience through 3/31/2014 & Projections with Original Pricing Assumptions	63.7%	N/A	N/A
Historical Experience through 3/31/2014 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	66.5%	2.8%	19.4%
Mortality	65.4%	1.7%	11.6%
Lapse	78.3%	14.6%	84.8%
Historical Experience through 3/31/2014 & Projections with All Current Assumptions	83.7%	20.0%	112.9%

Please note that in the above Table 1, the incurred lifetime loss ratio for each changed assumption does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the incurred lifetime loss ratio (i.e. 20.0%) is greater than to the sum of each changed assumption's impact on the incurred lifetime loss ratio (i.e. 19.1% = 2.8% + 1.7% + 14.6%).

As can be seen in Table 1, the assumption with the greatest impact on the need to increase premiums is the lapse assumption. The need for an increase has been mitigated to some extent by actual sales demographics that, based on original pricing assumptions, were more favorable than anticipated. The future increase in premiums, in addition to the cumulative 50.4% previously approved in Virginia required to bring the incurred lifetime loss ratio to the target lifetime loss ratio 63.7% based on the combined impact of all current assumptions is 112.9%; however, we have chosen to limit the current rate increase request to 17% to minimize the impact on policyholders to the extent we can.

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At the time of the prior 2011 filing, we provided information that demonstrated that an 101.7% rate increase was justifiable (SERFF Tracking #AERS-127792983, response letter dated May 22, 2012). However, we chose to limit the requested rate increase at that time to 15% to minimize the impact on policyholders to the extent that we could. The Bureau ultimately approved a 13% rate increase for the 2011 filing.

3. *Please state the lifetime loss ratio anticipated in the original filing and, if applicable, an explanation why the current projected loss ratio is less than the originally anticipated.*

   Policy form 30160-VA was originally priced with a target lifetime incurred loss ratio of 62.8%, which is lower than the currently anticipated lifetime incurred loss ratios, both with and without the requested increase, for both nationwide and Virginia-specific experience.

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.*

   Attachment 1 to this letter provides the nationwide experience assuming the proposed Virginia premium rate level (i.e. with cumulative 76% increase) from inception, while Attachment 2 provides corresponding information for Virginia-specific experience. Please note that RiverSource Life does not consider Virginia-specific experience to be fully credible but is providing it as generally requested.

5. *Please 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.*

   Attachment 3 to this letter provides a list of the 50 states (including the District of Columbia) where this policy form was offered, with the status of all currently requested rate increases as of September 29, 2014 and the history of all previous rate revisions which first began in 2007. As this attachment shows:
   - the cumulative 76% premium increase currently requested in Virginia has been approved in 9 states;
   - we have rate increase requests pending in 17 states (including Virginia) to bring premium increases to the cumulative 76% currently requested in Virginia, and we will soon be requesting increases in Arizona, Arkansas, Connecticut, Georgia, Hawaii, Idaho, Indiana, Kansas, Louisiana, Maine, Minnesota, New Mexico, North Carolina, North Dakota, Oregon, Pennsylvania, Tennessee, Texas and Washington to bring premium increases to the cumulative 76% currently requested in Virginia;
   - we have rate increase requests pending submitted requests in California for policies issued prior to July 1, 2002, Massachusetts and Rhode Island to bring premiums in these states to the current Virginia premium level;
   - we have requested or will soon be requesting a 15% rate increase in Maryland, a 33.1% rate increase in Vermont, a 21% rate increase for Florida and a 30% rate increase in Delaware to move premiums towards the level currently requested in Virginia; and
   - no rate increase is being requested in the District of Columbia at this time.

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RiverSource Insurance

6. *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.*

   The assumptions used in this rate filing are our current best-estimate assumptions based on actual experience and do not include any provision for profit or contingencies. These assumptions are the same as those used for the 2013 asset adequacy analysis as well as our annual GAAP gross premium valuation.

   We anticipate that we would need a 41.6% rate increase on this policy form in Virginia to make this block sustainable without additional rate increases, if current best estimate assumptions are realized. If experience were to deteriorate from our current best estimates, additional rate increase beyond the 41.6% rate increase would be necessary.

7. *Provide the anticipated future loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated future earned premium.*

   Anticipated loss ratios calculated with the numerator equal to anticipated incurred claims less policy reserves and the denominator equal to anticipated earned premiums are shown in Attachment 4 to this letter, for both nationwide and Virginia-specific experience.

8. *Please confirm Form #30165A is a nonforfeiture rider and there no other associated riders with the policy. It is our understanding from the previous rate filing, the premium for this rider is a percentage of the base policy. Will that percentage change with this rate request or stay the same?*

   Form 30165A is a Nonforfeiture Benefit Rider and is the only rider associated with policy form 30160A-VA. The premium for this rider will be equal to a percentage of the premium of the base policy with any rate increase, where the percentage rate is the same as at the time the policy was originally issued.

9. *Thank you for providing copies of the policyholder correspondence. It appears, however, on your other pending LTC rate filings, we have received updated letters under form numbers 13207E (8/13) and 13210E (8/13). Those letters have already been reviewed and issues resolved. We suggest the company may wish to use those letters for this filing as well. If not, please let us know as there are concerns that we would need to resolve with the company.*

   Enclosed with this letter are the current versions of the policyholder letters (132106 E (8/13) and (132107 E (8/13)), as provided to the Bureau on May 30, 2014 in responses for the company's other pending filings. I apologize for providing older versions of the policyholder letters with the initial submission, which may had led to some confusion.

10. *Please confirm how the policy is amended for any changes the policyholder requests. It is our understanding from a previous filing, a revised Schedule of Benefits is sent with a letter of confirmation. Please provide evidence the Schedule of Benefits was approved with such*

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

variability. Also, are any forms the insured signed to change the policy attached to the policy at a later date?

Enclosed with this letter is policy form 30160A-VA, as approved by the Bureau on October 2, 1997. The items shown in parenthesis on the Schedule of Benefits on pages 3 and 4 are variable in nature.

After the policy is amended for any policyholder request, a copy of the Long-Term Care Coverage Change Request Form that was signed by the policyholder and submitted to the company will be provided to the policyholder at the same time the revised Schedule of Benefits is sent.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Actuary
RiverSource Life Insurance Company

Attachment 1: Nationwide Projections with Proposed Virginia Premium Levels since Inception
Attachment 2: Virginia Projections with Proposed Virginia Premium Levels since Inception
Attachment 3: Status of Long Term Care Filings by State as of September 29, 2014
Attachment 4: Anticipated Loss Ratio Calculation
Enclosure: Sample Policyholder Notification Letters
Policy Form 30160A-VA

Attachment 1
RiverSource Life Insurance Company
Nationwide Experience Projections
Experience with Premiums Restated to Proposed Virginia Premium Level since Inception*
Policy Form: 30160A

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1997	86,112	0	0.0%	194,978	0	0.0%	5.00%	2.2642
	1998	14,930,551	238,040	1.6%	32,196,399	513,311	1.6%	5.00%	2.1564
	1999	64,824,531	2,195,726	3.4%	133,131,721	4,509,416	3.4%	5.00%	2.0537
	2000	113,412,192	5,269,405	4.6%	221,826,082	10,306,577	4.6%	5.00%	1.9559
	2001	118,669,772	7,160,935	6.0%	221,056,695	13,339,309	6.0%	5.00%	1.8628
	2002	117,077,683	11,041,689	9.4%	207,705,686	19,588,888	9.4%	5.00%	1.7741
	2003	113,742,375	12,962,218	11.4%	192,179,588	21,901,018	11.4%	5.00%	1.6896
	2004	109,786,368	16,189,605	14.7%	176,662,383	26,051,451	14.7%	5.00%	1.6091
	2005	106,619,137	15,525,188	14.6%	163,396,041	23,792,674	14.6%	5.00%	1.5325
	2006	103,883,289	27,970,911	26.9%	151,622,187	40,824,764	26.9%	5.00%	1.4595
	2007	101,210,620	28,153,541	27.8%	140,686,963	39,134,590	27.8%	5.00%	1.3900
	2008	95,097,219	28,049,120	29.5%	125,894,363	37,132,801	29.5%	5.00%	1.3238
	2009	90,728,482	39,399,628	43.4%	114,391,253	49,675,391	43.4%	5.00%	1.2608
	2010	87,194,862	44,772,482	51.3%	104,700,985	53,761,459	51.3%	5.00%	1.2008
	2011	83,846,006	42,677,742	50.9%	95,885,503	48,805,864	50.9%	5.00%	1.1436
	2012	81,091,645	51,342,822	63.3%	88,319,659	55,919,207	63.3%	5.00%	1.0891
	2013	77,781,288	49,986,629	64.3%	80,680,226	51,849,649	64.3%	5.00%	1.0373
	1/2014-3/2014	18,693,417	13,945,869	74.6%	18,807,772	14,031,181	74.6%	5.00%	1.0061
Projected Future Experience	4/2014-12/2014	55,634,065	39,435,543	70.9%	54,625,422	38,720,579	70.9%	5.00%	0.9819
	2015	71,152,048	54,916,019	77.2%	66,942,323	51,666,902	77.2%	5.00%	0.9408
	2016	66,309,164	57,244,484	86.3%	59,415,209	51,292,955	86.3%	5.00%	0.8960
	2017	62,873,646	59,045,481	93.9%	53,654,163	50,387,341	93.9%	5.00%	0.8534
	2018	59,445,047	61,430,777	103.3%	48,312,683	49,926,542	103.3%	5.00%	0.8127
	2019	56,028,975	65,109,340	116.2%	43,367,946	50,396,395	116.2%	5.00%	0.7740
	2020	52,628,505	68,755,083	130.6%	38,796,086	50,684,094	130.6%	5.00%	0.7372
	2021	49,250,469	71,023,703	144.2%	34,577,051	49,863,286	144.2%	5.00%	0.7021
	2022	45,897,672	72,800,813	158.6%	30,688,732	48,677,079	158.6%	5.00%	0.6686
	2023	42,566,993	74,981,481	176.1%	27,106,407	47,747,760	176.1%	5.00%	0.6368
	2024	39,276,380	78,792,465	200.6%	23,819,966	47,785,306	200.6%	5.00%	0.6065
	2025	36,061,204	82,455,488	228.7%	20,828,625	47,625,544	228.7%	5.00%	0.5776
	2026	32,935,473	83,420,264	253.3%	18,117,363	45,888,372	253.3%	5.00%	0.5501
	2027	29,899,125	83,514,953	279.3%	15,663,913	43,752,818	279.3%	5.00%	0.5239
	2028	26,967,079	83,687,642	310.3%	13,455,083	41,755,513	310.3%	5.00%	0.4989
	2029	24,165,123	85,112,978	352.2%	11,482,916	40,444,454	352.2%	5.00%	0.4752
	2030	21,507,974	86,205,356	400.8%	9,733,598	39,012,891	400.8%	5.00%	0.4526
	2031	19,009,016	84,472,609	444.4%	8,193,024	36,408,308	444.4%	5.00%	0.4310
	2032	16,689,832	81,847,908	490.4%	6,850,894	33,597,184	490.4%	5.00%	0.4105
	2033	14,552,902	78,570,778	539.9%	5,689,258	30,716,169	539.9%	5.00%	0.3909
	2034	12,590,602	74,583,413	592.4%	4,687,736	27,768,917	592.4%	5.00%	0.3723
	2035	10,811,443	70,192,966	649.2%	3,833,638	24,889,776	649.2%	5.00%	0.3546
	2036	9,219,535	65,532,451	710.8%	3,113,487	22,130,667	710.8%	5.00%	0.3377
	2037	7,807,037	60,675,088	777.2%	2,510,932	19,514,580	777.2%	5.00%	0.3216
	2038	6,564,144	55,704,886	848.6%	2,010,655	17,062,898	848.6%	5.00%	0.3063
	2039	5,479,154	50,709,984	925.5%	1,598,394	14,793,253	925.5%	5.00%	0.2917
	2040	4,539,425	45,757,246	1008.0%	1,261,194	12,712,787	1008.0%	5.00%	0.2778
	2041	3,732,029	40,915,479	1096.3%	987,499	10,826,280	1096.3%	5.00%	0.2646
	2042	3,044,037	36,245,363	1190.7%	767,100	9,133,869	1190.7%	5.00%	0.2520
	2043	2,462,729	31,807,364	1291.5%	591,057	7,633,798	1291.5%	5.00%	0.2400
	2044	1,975,803	27,641,311	1399.0%	451,614	6,318,040	1399.0%	5.00%	0.2286
	2045	1,571,539	23,786,525	1513.6%	342,105	5,178,040	1513.6%	5.00%	0.2177
	2046	1,238,926	20,270,146	1636.1%	256,856	4,202,444	1636.1%	5.00%	0.2073
	2047	967,768	17,093,887	1766.3%	191,085	3,375,178	1766.3%	5.00%	0.1974
	2048	748,774	14,258,087	1904.2%	140,805	2,681,191	1904.2%	5.00%	0.1880
	2049	573,601	11,756,040	2049.5%	102,728	2,105,418	2049.5%	5.00%	0.1791
	2050	434,865	9,575,986	2202.1%	74,172	1,633,320	2202.1%	5.00%	0.1706
	2051	326,113	7,703,754	2362.3%	52,974	1,251,414	2362.3%	5.00%	0.1624
	2052	241,776	6,115,463	2529.4%	37,404	946,104	2529.4%	5.00%	0.1547
	2053	177,108	4,788,253	2703.6%	26,095	705,500	2703.6%	5.00%	0.1473
	2054	128,106	3,696,398	2885.4%	17,976	518,692	2885.4%	5.00%	0.1403
	2055	91,437	2,811,810	3075.1%	12,220	375,775	3075.1%	5.00%	0.1336
	2056	64,353	2,105,797	3272.3%	8,191	268,021	3272.3%	5.00%	0.1273
	2057	44,622	1,551,216	3476.3%	5,409	188,033	3476.3%	5.00%	0.1212
	2058	30,450	1,122,290	3685.7%	3,515	129,562	3685.7%	5.00%	0.1154
	2059	20,421	795,963	3897.8%	2,245	87,514	3897.8%	5.00%	0.1099
	2060	13,434	552,160	4110.2%	1,407	57,818	4110.2%	5.00%	0.1047
	2061	8,650	373,712	4320.4%	863	37,269	4320.4%	5.00%	0.0997
	2062	5,434	246,425	4534.9%	516	23,405	4534.9%	5.00%	0.0950
	2063	3,318	157,670	4752.0%	300	14,262	4752.0%	5.00%	0.0905
	Past	1,498,675,551	396,881,551	26.5%	2,269,338,483	511,137,550	22.5%		
	Future	897,767,325	2,141,350,298	238.5%	614,410,837	1,092,913,315	177.9%		
	Lifetime	2,396,442,876	2,538,231,849	105.9%	2,883,749,321	1,604,050,865	55.6%		

* Proposed Virginia rate schedule reflects a cumulative rate increase of 50.4% from three consecutive rate plus a 13% rate increase, plus the requested 17% increase.

Attachment 2
RiverSource Life Insurance Company
Virginia Experience Projections
Experience with Premiums Restated to Proposed Virginia Premium Level since Inception*
Policy Form: 30160A-VA

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1997	0	0	0.0%	0	0	0.0%	5.00%	2.2642
	1998	572,939	38,902	6.8%	1,235,491	83,888	6.8%	5.00%	2.1564
	1999	2,874,037	0	0.0%	5,902,480	0	0.0%	5.00%	2.0537
	2000	4,531,992	117,600	2.6%	8,864,250	230,017	2.6%	5.00%	1.9559
	2001	4,531,313	444,561	9.8%	8,440,878	828,123	9.8%	5.00%	1.8628
	2002	4,381,480	524,265	12.0%	7,773,114	930,090	12.0%	5.00%	1.7741
	2003	4,245,080	726,485	17.1%	7,172,505	1,227,472	17.1%	5.00%	1.6896
	2004	4,132,242	922,913	22.3%	6,649,385	1,485,103	22.3%	5.00%	1.6091
	2005	4,016,444	771,907	19.2%	6,155,285	1,182,963	19.2%	5.00%	1.5325
	2006	3,927,642	698,699	17.8%	5,732,565	1,019,782	17.8%	5.00%	1.4595
	2007	3,858,356	1,013,609	26.3%	5,363,274	1,408,958	26.3%	5.00%	1.3900
	2008	3,660,392	925,221	25.3%	4,845,807	1,224,853	25.3%	5.00%	1.3238
	2009	3,550,999	1,704,874	48.0%	4,477,130	2,149,520	48.0%	5.00%	1.2608
	2010	3,439,462	1,500,343	43.6%	4,130,004	1,801,567	43.6%	5.00%	1.2008
	2011	3,337,012	1,817,215	54.5%	3,816,176	2,078,150	54.5%	5.00%	1.1436
	2012	3,227,996	1,984,850	61.5%	3,515,720	2,161,767	61.5%	5.00%	1.0891
	2013	3,101,564	1,238,456	39.9%	3,217,161	1,284,614	39.9%	5.00%	1.0373
	1/2014-3/2014	745,678	572,184	76.7%	750,240	575,684	76.7%	5.00%	1.0061
Projected Future Experience	4/2014-12/2014	2,232,821	1,434,302	64.2%	2,192,340	1,408,298	64.2%	5.00%	0.9819
	2015	2,875,412	2,018,724	70.2%	2,705,288	1,899,286	70.2%	5.00%	0.9408
	2016	2,701,300	2,129,253	78.8%	2,420,454	1,907,881	78.8%	5.00%	0.8960
	2017	2,582,089	2,222,003	86.1%	2,203,464	1,896,179	86.1%	5.00%	0.8534
	2018	2,461,156	2,345,995	95.3%	2,000,252	1,906,657	95.3%	5.00%	0.8127
	2019	2,338,574	2,555,512	109.3%	1,810,120	1,978,036	109.3%	5.00%	0.7740
	2020	2,214,338	2,734,275	123.5%	1,632,341	2,015,622	123.5%	5.00%	0.7372
	2021	2,088,816	2,852,332	136.6%	1,466,485	2,002,524	136.6%	5.00%	0.7021
	2022	1,961,891	2,950,738	150.4%	1,311,787	1,972,963	150.4%	5.00%	0.6686
	2023	1,833,546	3,075,430	167.7%	1,167,591	1,958,415	167.7%	5.00%	0.6368
	2024	1,704,945	3,324,579	195.0%	1,033,999	2,016,259	195.0%	5.00%	0.6065
	2025	1,577,634	3,514,992	222.8%	911,227	2,030,228	222.8%	5.00%	0.5776
	2026	1,452,013	3,580,489	246.6%	798,733	1,969,579	246.6%	5.00%	0.5501
	2027	1,328,084	3,605,026	271.4%	695,773	1,888,644	271.4%	5.00%	0.5239
	2028	1,206,976	3,647,772	302.2%	602,214	1,820,037	302.2%	5.00%	0.4989
	2029	1,089,927	3,808,454	349.4%	517,918	1,809,722	349.4%	5.00%	0.4752
	2030	977,403	3,893,224	398.3%	442,331	1,761,908	398.3%	5.00%	0.4526
	2031	870,334	3,842,063	441.4%	375,120	1,655,957	441.4%	5.00%	0.4310
	2032	770,031	3,749,270	486.9%	316,085	1,539,012	486.9%	5.00%	0.4105
	2033	676,370	3,627,286	536.3%	264,418	1,418,038	536.3%	5.00%	0.3909
	2034	589,311	3,477,618	590.1%	219,412	1,294,788	590.1%	5.00%	0.3723
	2035	509,671	3,307,658	649.0%	180,725	1,172,865	649.0%	5.00%	0.3546
	2036	437,790	3,120,896	712.9%	147,844	1,053,944	712.9%	5.00%	0.3377
	2037	373,450	2,921,233	782.2%	120,111	939,539	782.2%	5.00%	0.3216
	2038	316,300	2,713,035	857.7%	96,885	831,027	857.7%	5.00%	0.3063
	2039	265,933	2,499,825	940.0%	77,579	729,256	940.0%	5.00%	0.2917
	2040	221,895	2,283,268	1029.0%	61,649	634,363	1029.0%	5.00%	0.2778
	2041	183,703	2,067,141	1125.3%	48,608	546,968	1125.3%	5.00%	0.2646
	2042	150,856	1,854,662	1229.4%	38,016	467,377	1229.4%	5.00%	0.2520
	2043	122,843	1,648,868	1342.3%	29,482	395,730	1342.3%	5.00%	0.2400
	2044	99,162	1,451,698	1464.0%	22,666	331,818	1464.0%	5.00%	0.2286
	2045	79,321	1,264,669	1594.4%	17,267	275,303	1594.4%	5.00%	0.2177
	2046	62,853	1,090,138	1734.4%	13,031	226,009	1734.4%	5.00%	0.2073
	2047	49,316	928,998	1883.8%	9,737	183,430	1883.8%	5.00%	0.1974
	2048	38,298	782,185	2042.4%	7,202	147,088	2042.4%	5.00%	0.1880
	2049	29,424	649,942	2208.9%	5,270	116,400	2208.9%	5.00%	0.1791
	2050	22,353	532,633	2382.8%	3,813	90,848	2382.8%	5.00%	0.1706
	2051	16,784	430,503	2565.0%	2,726	69,932	2565.0%	5.00%	0.1624
	2052	12,447	342,956	2755.3%	1,926	53,058	2755.3%	5.00%	0.1547
	2053	9,111	269,114	2953.7%	1,342	39,651	2953.7%	5.00%	0.1473
	2054	6,578	207,799	3159.0%	923	29,159	3159.0%	5.00%	0.1403
	2055	4,679	157,842	3373.4%	625	21,094	3373.4%	5.00%	0.1336
	2056	3,276	117,675	3592.0%	417	14,977	3592.0%	5.00%	0.1273
	2057	2,254	85,938	3812.7%	273	10,417	3812.7%	5.00%	0.1212
	2058	1,522	61,360	4031.5%	176	7,084	4031.5%	5.00%	0.1154
	2059	1,005	42,701	4248.9%	110	4,695	4248.9%	5.00%	0.1099
	2060	648	28,894	4459.0%	68	3,026	4459.0%	5.00%	0.1047
	2061	407	18,926	4650.1%	41	1,887	4650.1%	5.00%	0.0997
	2062	247	11,981	4850.6%	23	1,138	4850.6%	5.00%	0.0950
	2063	145	7,297	5032.4%	13	660	5032.4%	5.00%	0.0905
	Past	58,134,629	15,002,084	25.8%	88,041,463	19,672,553	22.3%		
	Future	38,555,242	95,289,172	247.1%	25,975,899	46,548,775	179.2%		
	Lifetime	96,689,871	110,291,256	114.1%	114,017,362	66,221,328	58.1%		

* Proposed Virginia rate schedule reflects a cumulative rate increase of 50.4% from three consecutive rate plus a 13% rate increase, plus the requested 17% increase.

Attachment 3
RiverSource Life Insurance Company
Status of Long Term Care Rate Filings as of September 25, 2014
Policy Form 30160A

	Initial Nationwide Request			Follow-Up Request			Follow-Up Request			Second Nationwide Request			Follow-Up Request			Follow-Up to Second Nationwide Request					
State	Date of Approval	Rate Increase Approved	Rate Increase Effective Date	Date of Approval	Rate Increase Approved	Rate Increase Effective Date	Date Approved	Rate Increase Approved	Rate Increase Effective Date	Date of Approval	Rate Increase	Rate Increase Effective Date	Date of Approval	Rate Increase	Rate Increase Effective Date	Date of Submission	Date of Approval	Rate Increase	Rate Increase Effective Date	Cumulative Rate Increases Approved	Annualized Premium as of March 31, 2014
Alabama	7/31/2007	33.1%	11/1/2007							4/24/2012	15.0%	10/1/2012				7/21/2014				53.1%	595,696
Alaska [1]	4/2/2007	33.1% [5]	12/1/2007							Not Required	15.0%	4/1/2012				Not Required	Not Required	15.0%	1/1/2015	76.0%	18,982
Arizona	6/7/2007	7.5%	9/1/2007	9/1/2011	23.8%	1/1/2012				7/23/2013	15.0%	11/1/2013								53.1%	740,748
Arkansas	12/10/2007	15.0%	3/1/2008	9/3/2008	15.7%	3/1/2009				Not Yet Submitted										33.1%	471,301
California [2]	9/11/2007	10.0%	1/1/2008	9/16/2008	10.0%	1/1/2009	9/9/2011	10.0%	12/1/2011	15% Increase - Submitted 12/18/2012										33.1%	6,549,411
California [3]	85.2% Increase - Submitted 12/20/2012									85.2% Increase - Submitted 12/20/2012						85.2% Increase - Submitted 12/20/2012				0.0%	854,804
Colorado	5/10/2007	33.1%	9/1/2007							2/24/2012	15.0%	6/1/2012				9/29/2014				53.1%	1,230,775
Connecticut	12/14/2007	5.0%	3/1/2008	3/5/2010	12.0%	7/1/2010	9/24/2013	13.2%	1/1/2014	9/24/2013	6.0%	1/1/2014								41.1%	1,985,917
Delaware	1/24/2008	10.0%	5/1/2008	5/10/2010	10.0%	8/1/2010	9/9/2012	10.0%	1/1/2013	30% Increase - Submitted 9/29/2014						30% Increase - Submitted 9/29/2014				33.1%	321,865
District of Columbia	Not Filing									Not Filing										0.0%	99,523
Florida	10/18/2007	10.0%	1/1/2008	Not Yet Submitted																10.0%	1,557,226
Georgia	5/11/2007	10.0%	9/1/2007	9/5/2008	5.0%	12/1/2008	2/24/2010	10.0%	7/1/2010	1/18/2012	12.0%	4/1/2012	1/15/2013	7.6%	4/1/2013					53.1%	1,002,275
Hawaii	6/19/2008	10.0%	9/1/2008	5/19/2010	10.0%	8/1/2010	8/28/2012	19.0%	11/1/2013											44.0%	1,063,443
Idaho	12/4/2007	15.0%	3/1/2008	9/7/2011	15.7%	12/1/2011				32.3% Increase - Submitted 9/24/2014						32.3% Increase - Submitted 9/24/2014				33.1%	109,372
Illinois	9/12/2007	33.1% [5]	12/1/2007							12/28/2012	15.0%	4/1/2012				7/29/2014				53.1%	2,326,464
Indiana	12/3/2008	10.0%	3/1/2009	4/11/2010	10.0%	7/1/2010	4/10/2013	10.0%	7/1/2013	Not Yet Submitted										33.1%	928,230
Iowa	2/5/2008	33.1% [5]	5/1/2008							2/3/2012	15.0%	5/1/2012				8/21/2014				53.1%	1,289,991
Kansas	11/26/2007	18.0%	3/1/2008	11/14/2008	12.8%	3/1/2009				1/15/2013	10.0%	12/1/2013								46.4%	554,134
Kentucky	8/3/2007	33.1% [5]	12/1/2007							2/9/2012	15.0%	6/1/2012				7/29/2014				53.1%	583,762
Louisiana	9/7/2007	10.0%	5/1/2008	9/24/2008	10.0%	5/1/2009	2/1/2011	10.0%	5/1/2011	7/2/2013	10.0%	2/1/2014								46.4%	390,461
Maine	6/6/2007	33.1% [5]	12/1/2007							9/17/2013	10.0%	1/1/2014								46.4%	683,985
Maryland	9/25/2007	15.0%	1/1/2008	9/9/2008	15.0%	1/1/2009				1/18/2013	15.0%	9/1/2013								52.1%	777,600
Massachusetts	6/1/2012	10.0%	10/1/2012	39.2% Increase - Submitted 4/21/2014			39.2% Increase - Submitted 4/21/2014			39.2% Increase - Submitted 4/21/2014										10.0%	2,348,359
Michigan	4/9/2007	33.1% [5]	12/1/2007							12/13/2011	15.0%	4/1/2012				7/16/2014	7/21/2014	15.0%	1/1/2015	76.0%	3,764,093
Minnesota	8/14/2007	10.0%	11/1/2007	9/10/2008	10.0%	12/1/2008	4/7/2010	10.0%	7/1/2010	5/16/2013	15.0%	8/1/2013								53.1%	4,046,278
Mississippi	7/18/2007	33.1% [5]	12/1/2007							8/13/2012	15.0%	12/1/2012				8/11/2014	9/24/2014	15.0%	1/1/2015	76.0%	186,052
Missouri	5/2/2007	33.1% [5]	12/1/2007							9/19/2012	15.0%	1/1/2013				8/1/2014	8/6/2014	15.0%	1/1/2015	76.0%	935,026
Montana	11/2/2007	33.1% [5]	2/1/2008							8/2/2012	15.0%	11/1/2012				8/6/2014	9/15/2014	15.0%	1/1/2015	76.0%	243,408
Nebraska	10/30/2007	10.0%	2/1/2008	8/29/2008	10.0%	2/1/2009	1/29/2010	10.0%	7/1/2010	10/10/2012	15.0%	1/1/2013				8/1/2014				53.1%	752,401
Nevada	7/22/2010	10.0%	10/1/2010	12/19/2012	10.0%	3/1/2013	45.4% Increase - Submitted 12/19/2013			45.4% Increase - Submitted 12/19/2013						45.4% Increase - Submitted 12/19/2013				21.0%	313,139
New Hampshire	5/25/2007	33.1% [5]	12/1/2007							7/31/2012	15.0%	11/1/2012				7/24/2014				53.1%	523,182
New Jersey [4]	7/31/2007	33.1%	11/1/2007							5/7/2012	15.0%	10/1/2012				7/21/2014				53.1%	974,727
New Mexico	7/23/2007	33.1% [5]	12/1/2007							Not Yet Submitted										33.1%	200,964
North Carolina	8/1/2007	15.0%	11/1/2007	8/11/2008	15.7%	11/1/2008				1/5/2012	15.0%	4/1/2012								53.1%	1,650,376
North Dakota	4/25/2007	18.0%	9/1/2007	6/19/2008	12.8%	9/1/2008				2/13/2012	10.0%	5/1/2012	3/12/2013	4.6%	6/1/2013	9/24/2014				53.1%	189,564
Ohio	6/21/2007	33.1% [5]	12/1/2007							12/23/2011	15.0%	4/1/2012				8/15/2014				53.1%	3,063,161
Oklahoma	7/3/2008	10.0%	10/1/2008	10/6/2010	10.0%	1/1/2011	9/13/2012	10.0%	12/1/2012	9/13/2012	9.1%	12/1/2012				8/22/2014				45.2%	473,495
Oregon	4/23/2007	10.0%	9/1/2007	6/9/2008	10.0%	9/1/2008	3/24/2010	5.0%	7/1/2010	11/19/2013	15.0%	3/1/2014								46.2%	1,043,400
Pennsylvania	9/17/2007	10.0%	12/1/2007	9/8/2008	10.0%	12/1/2008	4/7/2010	10.0%	7/1/2010	3/6/2012	10.0%	6/1/2012	5/7/2013	4.6%	8/1/2013					53.1%	3,533,951
Rhode Island	2/28/2008	33.1% [5]	6/1/2008							15% Increase - Submitted 8/8/2012										33.1%	385,399
South Carolina	5/2/2007	33.1% [5]	12/1/2007							10/22/2012	15.0%	2/1/2013				8/1/2014				53.1%	758,425
South Dakota	10/3/2007	10.0%	1/1/2008	7/2/2008	10.0%	1/1/2009	12/31/2009	10.0%	7/1/2010	1/12/2012	15.0%	4/1/2012				8/11/2014	9/4/2014	15.0%	1/1/2015	76.0%	208,456
Tennessee	4/30/2007	33.1% [5]	12/1/2007							2/3/2012	10.0%	5/1/2012	4/8/2013	4.6%	7/1/2013					53.1%	1,376,656
Texas	12/11/2007	21.0%	2/1/2008	3/24/2010	7.0%	7/1/2010				2/15/2012	9.0%	5/1/2012								41.2%	2,825,200
Utah	12/12/2007	33.1%	3/1/2008							10/23/2012	15.0%	2/1/2013				8/15/2014				53.1%	289,203
Vermont	Not Yet Submitted																			0.0%	98,374
Virginia	6/21/2007	33.1% [5]	12/1/2007							8/27/2012	13.0%	12/1/2012				9/11/2014				50.4%	2,583,603
Washington	6/6/2007	10.0%	9/1/2007	10/20/2008	10.0%	1/1/2009	4/21/2011	10.0%	8/1/2011	6/19/2013	15.0%	2/1/2014								53.1%	1,646,165
West Virginia	6/4/2007	15.0%	9/1/2007	7/16/2008	15.7%	10/1/2008				1/26/2012	15.0%	5/1/2012				8/15/2014	9/19/2014	15.0%	1/1/2015	76.0%	326,835
Wisconsin	12/20/2007	20.0%	3/1/2008	2/4/2010	10.9% or 10% [6]	7/1/2010				1/5/2012	15% or 10% [6]	7/1/2012				8/1/2014	9/22/2014	15% or 10% [6]	1/1/2015	76.0% or 68.3% or 61.0% or 59.7% [6]	1,461,056
Wyoming	3/13/2007	33.1% [5]	12/1/2007							10/9/2012	15.0%	1/1/2013				8/13/2014	8/18/2014	15.0%	1/1/2015	76.0%	125,311

[1] *Alaska does not require long term care rates to be filed before use.*

[2] *Pre-Rate Stability policies only, issued prior to July 1, 2002.*

[3] *Rate Stability policies only, issued on or after July 1, 2002.*

[4] *Group policies, submitted and filed in Alabama where trustee is located.*

[5] *Implemented as three consecutive 10% increases over over three years.*

[6] *Pursuant to Wisconsin regulations, increases for certain older age policies are capped at 10%.*

Attachment 4
RiverSource Life Insurance Company
Anticipated Loss Ratio Calculation With Statutory Active Life Reserve

Nationwide Experience
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis

Policy Form 30160A
With No Increase

1	Present Value of Future Claims:	1,108,011,914
2	3/31/2014 Statutory Active Life Reserves:	639,417,356
3	Present Value of Future Premiums:	533,717,172
	Anticipated Loss Ratio = (1 - 2) / 3	**87.8%**

Policy Form 30160A
With 17% Increase

1	Present Value of Future Claims:	1,092,913,315
2	3/31/2014 Statutory Active Life Reserves:	639,417,356
3	Present Value of Future Premiums:	601,363,832
	Anticipated Loss Ratio = (1 - 2) / 3	**75.4%**

Virginia Experience
Using Actual History

Policy Form 30160A-VA
With No Increase

1	Present Value of Future Claims:	47,219,670
2	3/31/2014 Statutory Active Life Reserves:	27,467,384
3	Present Value of Future Premiums:	22,568,173
	Anticipated Loss Ratio = (1 - 2) / 3	**87.5%**

Policy Form 30160A-VA
With 17% Increase

1	Present Value of Future Claims:	46,548,775
2	3/31/2014 Statutory Active Life Reserves:	27,467,384
3	Present Value of Future Premiums:	25,448,895
	Anticipated Loss Ratio = (1 - 2) / 3	**75.0%**

Sample Rate Increase Notification Letter to Clients On Waiver of Premium

<DATE>

Policy Number:
<POLICY NUMBER>

<POLICYOWNER NAME>
<ADDRESS1>
<ADDRESS2>

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
<POLICY NUMBER>

Dear <POLICYOWNER NAME>,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective <EFFECTDATE>, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy.

Your new premium
When this increase takes effect, your <PREMMODE> premium payment will increase from $<OLDPREMAMT> to $<NEWPREMAMT>, beginning with the premium payment that is due <EFFECTDATE>. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

You have options

SAMPLE

Sample Rate Increase Notification Letter to Clients On Waiver of Premium

Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may offset this premium increase.

SAMPLE

Sample Rate Increase Notification Letter to Clients On Waiver of Premium

For more information or assistance, please contact:

- your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
- an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

<ADVISOR NUMBER AND NAME>

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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132107 E(8/13)

SAMPLE

Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

<DATE>

Policy Number:
<POLICY NUMBER>

<POLICYOWNER NAME>
<ADDRESS1>
<ADDRESS2>

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
<POLICY NUMBER>

Dear <POLICYOWNER NAME>,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective <EFFECTDATE>, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision “We Have the Right to Change Premiums” is on the cover page of your policy.

Your new premium
When this increase takes effect, your <PREMMODE> premium payment will increase from $<OLDPREMAMT> to $<NEWPREMAMT>, beginning with the premium payment that is due <EFFECTDATE>. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the <EFFECTDATE> due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

SAMPLE

Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $<NHDBAMT> to $<ALTDBAMT>, your <PREMMODE> premium would be $<ALTPREM>. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

(Comment: this statement appears only if the client has Home Care coverage through Rider)

You may also consider reducing your Home Care coverage benefits.

(Comment: this statement appears only if the client has a Non-forfeiture option through Rider)

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

(Comment: this statement appears only if the client is eligible for Contingent Benefit Upon Lapse)

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor before you stop paying premiums and reduce your benefit period.

Carefully consider your options

It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-

SAMPLE

term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than <EFFDATE1> to ensure your requested changes are processed before <EFFECTDATE>, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before <EFFDATE1>, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, <**Advisor Name**>, at <**phone number**>
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

<ADVISOR NUMBER AND NAME>

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132106 E(8/13)

SAMPLE

RiverSource Life Insurance Company 70100 Ameriprise Financial Center Minneapolis, MN 55474

Long-Term Care Coverage Change Request Form

October 11, 2012

9100-2400000-7 004

V John Doe
ADDRESS Line 1>
City, VA 99999-9999

Dear V John Doe:

You have options to modify your existing coverage to offset the upcoming premium increase on your policy. If you want to elect one of these options, please indicate your choice in the space provided below and return this form in the enclosed postage-paid envelope to:

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
P.O. Box 10
Minneapolis, MN 55440-8902

If you decide to modify your coverage at this time
Please complete this Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than July 15, 2012 to ensure your requested changes are processed before August 15, 2012, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before July 15, 2012, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the premium, you will receive a refund for any overpaid premium.

Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

Your options
Please indicate your choice by checking one of the options below:

☐ Reduce my current daily benefit amount from $125.00 to $109.00 which will result in a annual premium of $2,862.58 beginning with the premium payment that is due August 15, 2012. I understand that my policy may contain other benefit amounts that will decrease proportionally if I reduce my daily benefit amount.

Your Home Care coverage and premium will remain unchanged.

The Benefit Increase Option on your policy remains intact and will result in an increase of $6.25 in your daily benefit amount in one year.

291524-VA

The Benefit Increase Option on your policy of 5% per year will remain intact and will continue to increase your daily benefit amount annually.

□ Because I purchased the Nonforfeiture Benefit Rider, I want to stop paying premiums and have a reduced lifetime benefit, as described in my policy.

□ Because I am eligible for a contingent nonforfeiture benefit upon lapse, I want to stop paying premiums and have a reduced lifetime benefit equal to the greater of (1) 100% of the sum of all premiums paid over the life of the policy, and (2) 30 times my policy's current nursing home daily benefit amount.

□ Please make the following change(s) to my policy:

_____

_____

You will receive a new policy schedule after these changes are processed.

_____ _____

Signature of Policyholder Date

For more information or assistance, please contact:

> your financial advisor, <**Advisor Name**>, at (999) 000-9999
> an Ameriprise Financial client service representative at 1 **(866) 863-9497**,

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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291524-VA

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

Long-Term Care Insurance Policy

This long-term care policy is intended to qualify for favorable tax treatment. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the policy was issued or issued for delivery. If you have any questions regarding the tax qualification of this product, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

Insured: **(John Q. Doe)** **Policy Number:** **9100-(1234567)**

We at IDS Life Insurance Company are pleased to issue this insurance policy to You. This policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this policy. Your premiums will not increase due to a change in Your age or the deterioration of Your mental or physical health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

This policy may not apply when you have a claim! Please Read! The issuance of this policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

APPROVED
Commonwealth Of Virginia
State Corporation Commission
Bureau Of Insurance
DATE 10-29-97
BY

President: Richard W. Kling

Secretary: William A. Stoltzmann

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

Table of Contents

Subject	Page
Policy Renewal and Premium Changes	1
30 Day Right to Examine Your Policy	1
Caution About Application Answers	1
Table of Contents	2
Schedule	3
Basic Contract Provisions	4
Glossary of Important Terms	5
Exclusions and Limitations	10
Facility Care Benefit Provisions	11
Home and Community Care Benefit Provisions	13
Additional Community Care Benefits	15
Claims Information	18
Effective Date and Premium Payment Provisions	20
A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Schedule

Insured:	(John Q. Doe)	Policy Number:	9100-(1234,567)
First Premium:	$(xxx.xx)	Renewal Premium:	$(xxx.xx)
Premium Mode:	(Annual)	Policy Date:	(June 15, 1997)
Effective Date:	(June 15, 1997)		

FACILITY CARE BENEFIT: Nursing Home Care; Assisted Living Facility Care; Bed Reservation Benefit; Waiver of Premium

HOME AND COMMUNITY CARE BENEFIT: Home Care; Adult Day Care; Respite Care; Equipment Purchases; Caregiver Training; Alternate Plan of Care; Case Management Services

FACILITY CARE BENEFIT

Daily Maximum Benefit Amount: $(100.00)

HOME AND COMMUNITY CARE BENEFIT

Daily Maximum Benefit Amount: $(100) (100% of Facility Care Daily Maximum)
$(75.00) (75% of Facility Care Daily Maximum)
$(50.00) (50% of Facility Care Daily Maximum)

LIFETIME MAXIMUM BENEFIT AMOUNT:
(Lifetime limit for all Facility Care and Home and Community Care Benefits Combined)
$(73,000) (730 days x $100)
$(146,000) (1460 days x $100)
$(219,000) (2190 days x $100)
$(Lifetime/Unlimited)

DEDUCTIBLE PERIOD: (20)(90) Days

MONTHLY WAIVER OF PREMIUM FOR FACILITY CARE: Automatically Included

(NONFORFEITURE BENEFIT OPTION:)

(Do You have this Option?) (Yes - see attached rider)

BENEFIT INCREASE OPTION:

Do You have this Option? (Yes)(No)

(SIMPLE 5% BENEFIT INCREASES: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts.

Your Lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where:
(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the

previous year to the current year.)

(COMPOUND 5% BENEFIT INCREASES: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of increase. The first increase will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts. Each increase thereafter will be equal to 5% of the increased amounts that applied on the date of the prior year's increase.

Your Lifetime Maximumm Benefit Amount also will be increased. It will be increased by an amount equal to (a) times (b), where:
(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year.)

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this policy, Your application and any attached papers. No change in this policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this policy. None of Our representatives or other persons may change this policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:
(a) Misstatements in Your Application: During the first 6 months the policy is in force, We may rescind (void) the policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage.

While the policy has been in force for at least 6 months but less than 2 years, We may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage; and pertinent to the conditions for which benefits are sought.

After the policy has been in force for 2 years it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health. If We pay any benefits under the policy, the benefit payments will not be recovered by Us in the event the policy is rescinded.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the policy would not have become effective, We will only be liable for the refund, upon request, of all premiums paid for this policy.

Conformity with State Statutes: If this policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This policy does not participate in Our profits or surplus earnings; and no dividends will be paid at any time.

Conformity with Internal Revenue Code: It is intended that the policy be a tax qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191). If on its effective date, it does not comply with the requirement of that section, it will be treated as if it had been changed to comply with those requirements.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the policy.

Activities of Daily Living (ADLs)

The following five (5) basic functions are the Activities of Daily Living:

Continence:	Your ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including care for catheter or colostomy bag.
Dressing:	Your ability to put on and take off all clothing and any necessary braces, fasteners or artificial limbs.
Eating:	Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
Toileting:	Your ability to go to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
Transferring:	Your ability to move in or out of a chair, bed, or wheelchair.

Adult Day Care Center

An organization which provides a program of adult day care and:

- Is state licensed, if the state in which it is located licenses adult day care facilities;
- Operates at least 5 days a week for a minimum of 6 hours and is not an overnight facility;
- Maintains a written record for each client which includes a Plan of Care and a record of all services provided;
- Has established procedures for obtaining appropriate aid in the event of medical emergency;
- Has formal arrangements for providing services of: a dietician; a licensed physical therapist; a licensed speech therapist; and a licensed occupational therapist; and
- Its staff includes: a full time director and one or more Nurses in attendance during operating hours for at least 4 hours a day.

Assisted Living Facility

A facility* that is engaged primarily in providing ongoing care and related services to 8 (eight) inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and
- Provides 3 meals a day and accommodates special dietary needs; and
- Is licensed by the appropriate licensing agency (if any) to provide such care; and
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

An Assisted Living Facility is NOT: a hospital or clinic; a place which operates primarily for the treatment of alcoholism, drug addiction or mental illness; a Nursing Home; Your primary place of residence in an area used principally for independent residential living; or a similar establishment.

* If a facility has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as an Assisted Living Facility only if it is engaged principally in providing, to inpatients, not only room and board, but also care and services which meets all of the above criteria.

Case Management Services

Assistance in developing and implementing a plan to meet Your long-term care needs. This includes, but is not limited to:
- a comprehensive evaluation which may include a personal interview, identification of the services You use, and identification of the availability of care;
- care planning to identify problem areas and determine the optimal level of service to meet Your needs;
- assistance from a care coordinator who works with You, Your Doctor, and primary unpaid caregivers to suggest possible solutions using a variety of formal and informal support services and available financial support;
- develop, implement and coordinate a Plan of Care as appropriate; assist in the selection of providers and explain the needs and expectations; and make arrangements to initiate the services;
- ongoing care monitoring that includes: monitoring the delivery of the long-term care services; and periodic reevaluations and revisions of the Plan of Care as warranted.

Chore Services

Assistance a person provides to You with light work or household tasks You would normally perform (but can no longer do because of Your need for assistance) that are necessary to or consistent with Your ability to remain safely in Your home. This may include such activities as: simple household repairs; taking out the garbage; and related tasks that do not require the services of a trained aide or attendant.

Custodial Care

Care which can be performed by persons without professional medical training and which is primarily for the purpose of meeting the personal needs of the patient, including feeding and personal hygiene.

Daily Maximum Benefit Amount

The Daily Maximum Benefit Amount is the greatest amount We will pay for all expenses You incur on any one day that are covered by the benefits of the policy. The Daily Maximum Benefit Amount is stated in the Schedule. If the Schedule states that You have a Benefit Increases Option, the Benefit Increases Option provision of the Schedule expalins how this amount will increase over time.

Deductible Period

The Deductible Period is the number of days of service needed to qualify for benefits. It begins on the first day on which You incur an expense for which benefits would have been paid if there were no Deductible Period. It ends with the expiration of the number of days shown in the Schedule as the Deductible Period. Only days on which you incur expenses for which benefits would have been paid if there were no Deductible Period can be used to satisfy the Deductible Period. The days do not need to be consecutive days of care, but must be satisfied within 60 days if Your Deductible Period is 20 days; or, must be satisfied within 270 days if Your Deductible Period is 90 days. Benefits are not payable for any expenses incurred during the Deductible Period. Only one Deductible Period must be met during the lifetime of the policy.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Home Health Aide and Personal Attendant Services

Assistance a person provides to You with: simple health care tasks; personal hygiene; performing Activities of Daily Living; managing medications; and other related supportive services.

Homemaker Services

Assistance a person provides to You with activities necessary to or consistent with Your needs to manage and maintain a household when You are no longer capable of managing those activities and an informal caregiver is not available. This may include such activities as: preparing meals; doing laundry; and doing incidental household tasks.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Intermediate Nursing Care

Basic care including physical, emotional, social and other restorative services under periodic medical supervision. This nursing care requires the skill of the registered nurse in administration, including observation and recording of reactions and symptoms, and supervision of nursing care.

Licensed Health Care Practitioner

Any of the following who is not a member of the Immediate Family:
- a physician (as defined in section 1861(r)(1) of the Social Security Act);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Licensed Therapist

A licensed physical, occupational or speech therapist who is operating within the scope of his or her license.

Lifetime Maximum Benefit Amount

The Lifetime Maximum Benefit amount is shown in the Schedule. It is the maximum benefit dollar amount that will be paid for all policy benefits. If the Schedule states that you have a Benefit Increase Option, the Benefit Increase Option provision of the Schedule explains how this amount will increase over time.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility* or distinctly separate part of a hospital or other institution which is licensed by the appropriate licensing agency to engage primarily in providing nursing care and related services to inpatients and:

- Provides 24 hour a day nursing service under a planned program of policies and procedures which was developed with the advice of, and is periodically reviewed and executed by, a professional group of at least one Doctor and one Nurse; and

- Has a Doctor available to furnish medical care in case of emergency; and

- Has at least one Nurse who is employed there full time (or at least 24 hours per week if the facility has less than 10 beds); and

- Has a Nurse on duty or on call at all times; and

- Maintains clinical records for all patients; and

- Has appropriate methods and procedures for handling and administering drugs and biologicals.

A Nursing Home is not: a hospital or clinic, a place which operates primarily for the treatment of alcoholism, drug addiction or mental illness, an Assisted Living Facility, Your primary place of residence in an area used principally for independent residential living, or a similar establishment.

* If an institution has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as a Nursing Home only if it meets all of the above criteria, is authorized by license to provide nursing care to inpatients, and is engaged principally in providing such nursing care in accordance with that license.

Plan of Care

Plan of Care means a written document prepared and signed by a Licensed Health Care Practitioner specifying the long-term care service, type of care, treatment or procedure that is consistent with an assessment of Your ability to perform Activities of Daily Living or to perform basic cognitive functions appropriately.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Respite Care

Short-term care provided to You in an institution, Your home or at a community based program, in order to relieve Your primary caregiver in Your home. Examples of Respite Care Facilities are: community-based residential facilities; assisted living facilities; rest homes; custodial care facilities; personal care facilities; and alternate long-term care facilities.

Severe Cognitive Impairment

Deterioration or loss in Your intellectual capacity as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- Your short or long-term memory;
- Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
- Your deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Severe Cognitive Impairment.

Skilled Nursing Care

Care which requires the skills of professional personnel such as a registered or a licensed practical nurse and is provided either directly by or under the supervision of these personnel.

Substantial Assistance

The hands-on or standby assistance of another person without which You would be unable to perform an Activity of Daily Living.

Hands-on assistance is the physical assistance of another person without which You would be unable to perform an Activity of Daily Living. Standby assistance is the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to You while performing an Activity of Daily Living.

Substantial Supervision

Continual supervision (which may include verbal cueing, gestures, or other demonstrations) by another person that is necessary to protect You from threats to Your health or safety (such as may result from wandering).

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions and Limitations

This section states the conditions under which payment will not be paid even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for any expenses incurred for anything:

- Provided by a member of Your Immediate Family; unless
  - the Immediate Family member is a regular employee of the organization that is providing the services; and
  - the organization receives the payment for the services; and
  - the Immediate Family member receives no compensation other than the normal compensation for employees in his or her job category.

- For which no charge is made in the absence of insurance.

- Provided outside of the United States of America or its possessions.

- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.

- That results from war or act of war, whether declared or not.

- That results from an attempt at suicide or an intentionally self-inflicted injury.

- That results from alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instruction of a Doctor.

Non-Duplication

The policy will pay benefits only for covered expenses You incur that are in excess of the amount paid or payable under Medicare (including amounts that would be reimburseable but for the application of a deductible or coinsurance amount) and any other federal, state or other governmental health care plan or law (except Medicaid).

As used above, "Medicare" means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Facility Care Benefit Provisions

This section describes the benefits payable under the policy for the Facility Care benefits of Nursing Home or Assisted Living Facilities.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Policy in Force

The policy must be in force when the Nursing Home or Assisted Living Facility stay starts.

Conditions

Benefits will be paid for expenses You incur after Your Deductible Period has been satisifed and while the policy is in force. Benefits are not payable for any day used to satisfy the Deductible Period. The Deductible Period is shown in the Schedule and is described in the Definitions section of this policy. Benefit payments are subject to the Facility Care Daily Maximum Benefit, the Lifetime Maximum Benefit, and all other provisions of the policy.

Confined in a Nursing Home or Assisted Living Facility

Your Nursing Home and Assisted Living Facility stay must be Necessary and You must be confined in the Nursing Home or an Assisted Living Facility as an overnight resident inpatient and a room and board or subsistence charge is made for each day.

Stay is Necessary

We consider Your Nursing Home or Assisted Living Facility stay to be necessary if We are given proof, in the form of a certification at least annually, and a written Plan of Care prepared and signed by a Licensed Health Care Practitioner that Your stay is appropriate because of Your:

(a) - Being unable to perform without substantial assistance from another individual, 2 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or

(b) - Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or

(c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home or Assisted Living Facility stay, whether skilled, intermediate or custodial.

How Much We Pay

We will pay the expenses You incur, up to the Facility Care Daily Maximum Benefit amount for each day of confinement in a Nursing Home or Assisted Living Facility after the Deductible Period. The Schedule shows the Facility Care Daily Maximum Benefit amount. It may be changed, over time, by a Benefit Increase Option.

The benefit amounts We pay for reimbursement of expenses for Nursing Home or Assisted Living Facility stays will be deducted from the Lifetime Maximum Benefit amount.

How Long Benefits Will Be Paid

The Facility Care Benefit will be paid for as long as: You qualify for benefits; the policy remains in force; and the Lifetime Maximum Benefit amount has not been reached.

Bed Reservation Feature

If You become hospitalized during a Nursing Home or Assisted Living Facility stay and You are charged to reserve Your accommodations in the Nursing Home or Assisted Living Facility, We will:
- pay the same benefits; and
- give the same Deductible Period credit;

that You would have received if You had stayed in the Nursing Home or Assisted Living Facility instead of a hospital. We will do this for a total of 21 days of hospitalization (continuous or not) each policy year.

The benefits paid for reserving Your accommodations in the Nursing Home or Assisted Living Facility will be deducted from the Lifetime Maximum Benefit Amount.

Home And Community Care Benefit Provisions

This section describes the coverage available for Home and Community Care.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Policy in Force

The policy must be in force when You receive the Covered Care.

Conditions

Benefits will be paid for expenses You incur after Your Deductible Period has been satisfied and while the policy is in force. Benefits are not payable for any day used to satisfy the Deductible Period. The Deductible Period is shown in the Schedule and is described in the Definitions section of this policy. Benefit payments are subject to the Home and Community Care Daily Maximum Benefit, the Lifetime Maximum Benefit Amount, and all other provisions of the policy. Benefits will not be paid for services received while hospitalized.

Covered Care

Covered Care is any of the following:

100% of the expenses You incur for:

- Home health care services provided by a Nurse;
- Home health care services provided by a Licensed Therapist;
- Home Health Aide and Personal Care Attendant Services; and
- Day care services You receive at an Adult Day Care Center.

80% of the expenses You incur for:

- Homemaker Services; or
- Chore Services.

when the care is necessary because of Your:

(a) - Being unable to perform, without substantial assistance from another individual, 2 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
(b) - Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or
(c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

Determining When Care is Necessary

We consider care to be necessary if We are given proof, in the form of a certification at least annually, and a written Plan of Care prepared and signed by a Licensed Health Care Practitioner, that Your receipt of the care is appropriate, and You meet the requirements of (a), (b), or (c) above.

How Much We Pay

We will pay the Covered Care expenses You incur, up to the Home and Community Care Daily Maximum Benefit amount after the Deductible Period. The Schedule shows the Home and Community Care Daily Maximum Benefit amount. It may be changed, over time, by a Benefit Increase Option.

The benefit amounts We pay for reimbursement of Covered Care expenses will be deducted from the Lifetime Maximum Benefit amount.

How Long Will Benefits Be Paid

Benefit payments will be paid for as long as: You qualify for benefits; the policy remains in force; and the Lifetime Maximum Benefit Amount has not been reached.

ADDITIONAL COMMUNITY CARE BENEFIT PROVISIONS
(Respite Care; Equipment Purchases; Caregiver Training; Case Management Services; Alternate Plan of Care)

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Community Care

Covered Community Care is Covered Respite Care, Covered Equipment Purchases, Caregiver Training (as defined below), Case Management Services, and an Alternate Plan of Care when the care is necessary because of Your:

(a) Being unable to perform without substantial assistance from another individual, 2 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
(b) Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or
(c) Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

Determining When Care is Necessary

We consider care to be necessary if We are given proof, in the form of a certification at least annually, and a written Plan of Care prepared and signed by a Licensed Health Care Practitioner, that Your receipt of the care is appropriate, and You meet the requirements of (a), (b), or (c) above.

How Long Benefits Will Be Paid

Benefit payments will be paid for as long as: You qualify for benefits; the policy remains in force; and the Lifetime Maximum Benefit Amount has not been reached. Benefit payments are deducted from the Lifetime Maximum Benefit Amount unless stated otherwise by the provision.

Covered Respite Care

We will pay the expenses You incur, up to the Facility Care Daily Maximum, for Covered Respite Care that is provided to You in an institution, Your home or at a community based program in order to relieve Your primary caregiver in Your home.

Limitations on Benefit Payments: Covered Respite Care is limited to the actual expenses You incur, up to the Facility Care Daily Maximum, for the first 14 days of Respite Care per policy year. Respite Care is not subject to the Deductible Period, and may not be used to satisfy Your Deductible Period. Benefit payments are deducted from the Lifetime Maximum Benefit Amount.

Covered Equipment Purchases

We will pay the expenses You incur, up to fifty (50) times the Home and Community Care Daily Maximum, for Covered Equipment Purchases. Covered Equipment Purchases are the purchases of medically appropriate equipment that are made while the policy is in force and are:

- Intended to assist You in living at home or in other residential housing by relieving Your need for direct, physical assistance; and
- Expected to enable You to remain at home for at least 90 days after the purchase date; and
- Specified and provided in accordance with Your Plan of Care.

Covered Equipment Pu ases will NOT include:

- Any equipment that will, other than incidentally, increase the value of the residence in which it is installed; or

- Artificial limbs, teeth or equipment that is placed in Your body, temporarily or permanently.

Examples of Eligible Equipment: Based on Your situation, the eligible equipment may include such items as:
- Pumps and other devices for intravenous injection;
- Grab bars to assist in toileting;
- Special hospital style beds; crutches; or wheelchairs;
- Interior and exterior ramps to permit movement from one level of the residence to another; or
- Other mechanical aids.

Limitations on Benefit Payments: The lifetime maximum total amount We will pay for expenses incurred under the Equipment Purchase Benefit is an amount equal to fifty (50) times the Home and Community Care Daily Maximum Benefit amount. Equipment purchases must be pre-approved by Us. Benefits paid for the Equipment Purchase Benefit are deducted from the Lifetime Maximum Benefit Amount. The Equipment Purchase Benefit is not subject to the Deductible Period, and may not be used to satisfy Your Deductible Period.

Caregiver Training Benefit

We will pay the expenses You incur, up to a lifetime maximum of five (5) times the Home and Community Care Daily Maximum Benefit, for the training of an informal caregiver to care for You in Your home. All of the following conditions apply to the payment of this benefit:

- We will not pay for training provided to someone who will be paid to care for You; and
- The training cannot be received while You are confined in a hospital, a Nursing Home, or an Assisted Living Facility, unless it is reasonably expected that the training will make it possible for You to return to Your home where You can be cared for by the person receiving the training.

Expenses covered by this benefit are not subject to the Deductible Period and may not be used to satisfy Your Deductible Period.

Limitations on Benefit Payments: The lifetime maximum total amount We will pay under this Caregiver Training Benefit is an amount equal to five (5) times Your Home and Community Care Daily Maximum Benefit. Payment under this Caregiver Training Benefit will not count against Your Facility Daily Maximum Benefit or Your Home and Community Care Daily Maximum Benefit for any day. Benefits paid for this Caregiver Training Benefit are deducted from the Lifetime Maximum Benefit Amount.

Alternate Plan of Care

We will pay the expenses You incur for care, treatment, services, supplies or other items You receive in accordance with an Alternate Plan of Care.

An Alternate Plan of Care must clearly specify the benefits to be payable, and is mutually agreeable to You, Your Doctor, and Us as a cost effective alternative to benefits otherwise covered by this policy. Benefits are not payable for any expenses incurred prior to the date of mutual agreement. Agreement to participate in an Alternate Plan of Care will not waive any of the rights You or We have under the policy.

Examples of an Alternate Plan of Care: An Alternate Plan of Care may indicate the use of providers, facilities, or supports not otherwise covered by the policy. Examples include, but are not limited to:
- In-home safety devices.
- Home delivered meals.
- Stays in other types of facilities.
- Additional Equipment Benefits.

Limitations of the Alternate Plan of Care: We will pay the expenses You incur up to the Facility Care Daily Maximum Benefit. Benefits are paid after the Deductible Period has been satisfied and are deducted from the Lifetime Maximum Benefit Amount.

Case Management Services

We will pay the expenses You incur for Case Management Services which are provided by a Case Manager, chosen by You and subject to Our approval.

A Case Manager's initial assessment fee is subject to a maximum charge of five (5) times the Facility Care Daily Maximum Benefit. This amount will not be deducted from the Lifetime Maximum Benefit amount. A Case Manager's initial assessment fee in excess of five (5) times the Facility Care Daily Maximum Benefit amount will be deducted from the Lifetime Maximum Benefit amount.

Other fees charged for Case Management Services are subject to a maximum of two (2) times the Facility Care Daily Maximum Benefit amount per use. This amount will not be deducted from the Lifetime Maximum Benefit amount. Fees in excess of two (2) times the Facility Care Daily Maximum Benefit amount are deducted from the Lifetime Maximum Benefit amount.

The Case Management Services benefit is not subject to the Home and Community Care Daily Maximum benefit.

Expenses covered by this benefit are not subject to the Deductible Period and may not be used to satisfy Your Deductible Period.

At Our discretion, We may require that Case Management Services be used, for which no expense charge will be deducted from the Lifetime Maximum Benefit amount.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your policy number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the policy; the periods for which You are claiming benefits; and copies of Your expense statements for covered items.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your licensed or certified medical professional, such as Your Doctor, Nurse, or social worker, and other care givers to obtain information about: Your state of health; and the degree to which You need care covered by the policy. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in the evaluation of Your condition. We will also need a copy of Your Medicare Explanation of Benefits (or similar form for other plans and programs subject to the Non-Duplication provision) to determine which expenses (if any) are excluded from coverage.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical examination when a claim is made and at reasonable intervals while You are claiming continued benefits. If an examination is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due immediately; and at the end of each 30 days thereafter, when the loss is expected to result in on-going benefits.

Payment of Claims: All benefits will be paid to You. If You become eligible for medical assistance in the Commonwealth of Virginia, the Virginia Department of Medical Assistance Services will be the payor of last resort for benefits payable under the policy. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to $1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

Once We complete Our review of Your claim, We will act promptly on Your request and give You an answer within 30 days after We receive Your appeal; and pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your policy at any time by sending Us written notice. Your policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written notice of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

Monthly Waiver of Premium During Covered Confinements

We will waive premium payments on a month-to-month basis during extended Nursing Home and Assisted Living Facility stays. The waiver begins after You have been confined in a Nursing Home or Assisted Living Facility for 90 days during which You are satisfying Your Deductible Period or receiving policy benefits for the confinement. The 90 days does not have to be consecutive days, but must be satisfied within 180 days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and

- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Assisted Living Facility Benefits.

This waiver of premium payment stops when You cease to receive Nursing Home or Assisted Living Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the policy to its previous premium payment mode. You must pay future premiums as they become due.

What Happens When Premiums are Not Paid

Grace Period: This policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The policy will stay in force during the grace period. If the premium is not paid during the grace period, the policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the policy terminates.

Extension of Benefits: Termination of this policy will not affect any claim for uninterrupted institutional confinement that begins while the policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the policy was in force, will terminate when the Lifetime Maximum Benefit Amount that applies on the date of termination is reached, and is subject to the Deductible Period and all other applicable provisions of the policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Assisted Living Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Assisted Living Facility from a temporary or acute hospitalization.

Reinstatement: Once this policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated policy.

Any premiums We accept for a reinstatement will be applied to a period which begins on the date of reinstatement.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Protection Against Unintentional Lapse: You have the option to direct us to notify someone else when the 31 day grace period has expired and Your policy is about to terminate because premiums have not been paid on time. We will then give the person You name an additional 31 days during which premiums may be paid before the policy will terminate because the premium has not been paid. You may change the designation at any time.

Continuation for Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment: If Your policy lapses because premiums have not been paid by the end of the grace period and before Your benefits have been exhausted, We will provide a continuation of coverage. To be eligible for this continuation You must provide us with proof that beginning on or before the date of lapse and continuing without interruption, You:

(a) Are unable to perform, without substantial assistance from another individual, 2 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
(b) Require substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or
(c) Have a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

The proof, in the form of a certification by a Licensed Health Care Practitioner, must specify that the above requirements have been met and must be provided to Us:
- within 5 months of the lapse date, when You are eligible for continuation because You have been functionally impaired; and
- within 9 months of the lapse date, when You are eligible for continuation because You have been cognitively impaired.

You must pay all past-due premiums for the policy and all riders that were in force immediately prior to the date of lapse.

This continuation will then provide uninterrupted coverage to the same extent that the policy and all riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the policy and its riders.

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440
Tele: 612-671-3733

Nonforfeiture Benefit Rider

This rider was issued on the basis of Your application and payment of the required premium. This rider is made a part of the policy. This rider is subject to all terms, exceptions, and provisions of the policy unless changed by this rider. All changes are explained below.

If Your policy terminates due to nonpayment of premiums, it will continue automatically with a Reduced Lifetime Benefit. Your Facility Care Daily Benefit amount, Home and Community Care Daily Maximum Benefit amount, and Deductible Period will not change after the date of lapse. Increases to the Facility Care Daily Benefit amount and the Home and Community Care Daily Maximum Benefit amount as provided under the Benefit Increases Option, if applicable to the policy, will cease to apply.

The amount of Your Reduced Lifetime Benefit will be the total of all policy premiums paid including the premium for this nonforfeiture benefit.

If the policy has been in force for at least 3 years, the Reduced Lifetime Benefit will not be less than thirty (30) times the Facility Care Daily Maximum Benefit amount at the time of lapse.

The Reduced Lifetime Benefit will apply only to benefit amounts paid:

- for Facility Care that occurs after the lapse date, and
- for Home and Community Care You receive after the lapse date.

In no case will the sum of:

1. The expenses incurred for Facility Care while the policy was in force, and the expenses incurred for Facility Care after the lapse date, exceed the Lifetime Maximum Benefit amount as stated in the Schedule in effect at the time of lapse; and

2. The expenses incurred for Home and Community Care You receive for which benefits were paid while the policy was in force, and the expenses incurred for Home and Community Care You receive for which benefits were paid after the lapse date, exceed the Lifetime Maximum Benefit amount as stated in the Schedule in effect at the date of lapse.

This rider is issued as of the policy date of the policy unless a different date is shown here.

IDS Life Insurance Company

William A. Stoltzmann

Secretary

APPROVED
Commonwealth Of Virginia
State Corporation Commission
Bureau Of Insurance
DATE 10-29-97
BY RK

Long-Term Care Insurance Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends).

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

November 4, 2014

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129718202
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated October 16, 2014 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your October 16, 2014 letter. I restate your requests for additional information in italics for reference.

1. *Please explain the difference in the Incurred Claims for historical years between Attachment 1 and Exhibit VIII.*

   Waived premiums are included in both earned premiums and incurred claims shown in Exhibit VIII of the Actuarial Memorandum and Attachment 1 of my September 29, 2014 response. The incurred claims in Attachment 1 are adjusted to reflect the additional waived premiums that would be associated with higher earned premiums, when premiums are restated to reflect the proposed premium rate level (i.e. with cumulative 76% increase) since inception.

2. *Please provide calculations of the statistical credibility of both the nationwide and Virginia-only incurred claims experience, including discussion of the Company's standard for full credibility.*

   RiverSource Life has chosen a credibility standard of a 90% confidence interval for the number of claims with an error of plus or minus 10%. Based on these parameters, 271 claims is the criterion for full credibility. Using this standard, the nationwide experience in Exhibits VIII and X of the Actuarial Memorandum and Attachment 1 of my September 29, 2014 response is fully credible, whereas Virginia-specific experience as provided in Exhibit IX and XI of the Actuarial Memorandum and Attachment 2 of my September 29, 2014 response is 76.8% credible.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

The credibility percentages shown in the following table are determined as (Number of Claims / 271)^1/2.

RiverSource Life's Credibility Standard

Experience	Claim Count	Credibility
Virginia	160	76.8%
Nationwide	4,325	100.0%

3. *While Exhibit XII provides information related to compliance with one section of the NAIC Model Bulletin, all aspects of the Bulletin have not been addressed. Please provide additional discussion of the Company's compliance with each section of the Model Bulletin.*

The company believes the Actuarial Memorandum provided with the initial submission was prepared in compliance with the requirements set forth in the NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases ("the Bulletin"), as adopted by the NAIC on December 18, 2013. The following provides a summary to demonstrate compliance with the Bulletin.

Actuarial Assumptions for Establishing Rate Increase Requests
Section 5 of the Actuarial Memorandum provides the assumptions used to support this rate increase filing and the experience analysis used to support these assumptions. Please note that, in accordance with standards set forth in 14 VAC 5-130-50(B), the loss ratios are calculated an interest rate consistent with that assumed in the determination of premiums at the time of original pricing, rather than the maximum valuation interest rate for contract reserves recommended in the Bulletin.

Approval of Rate Increases
If the Bureau approves the currently requested 17% rate increase, the company is willing to agree not to seek any increase effective within three years of the approval date of the currently requested increase. However, since this is a pre-rate stability filing, we do believe it is likely that we will request additional rate increases after three years.

Requirement to Administer Contingent Benefit Upon Lapse
If the requested 17% rate increase is approved, the company will offer insureds a contingent benefit upon lapse in accordance with the duration and trigger percentages referenced in the Bulletin, regardless of the issue date of the policy.

Policyholder Notification of Premium Increase
The company believes that policyholder notification letters, as provided to the Bureau with my September 29, 2014 response, comply with the requirements set forth in this section of the Bulletin.

Application of New Loss Ratio Standard
Exhibit XII of the Actuarial Memorandum provides a demonstration that this rate increase meets the dual-loss ratios standard for individual long-term care policy form set forth in the Bulletin.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

4. *The September 29, 2014 letter referred to SERFF tracking # AERS-129644834 in error. This filing was rejected and replaced with SERFF tracking # AERS-129718202. Please refer to this tracking number in the future.*

   I apologize for the error. This letter is using the correct SERFF Tracking #, as will any further correspondence.

5. *According to your response to item 2 in your September 29, 2014 letter, the overall percent change indicated was updated to 112.9%; however, our filing continues to reflect 142%.*

   The "Overall Percent Change Indicated" field on SERFF has been corrected with this response to be 112.9%. I apologize that this was not updated at the time of my previous response.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Actuary
RiverSource Life Insurance Company

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

December 17, 2014

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129644834
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated November 7, 2014 and subsequent SERFF Note to Filer dated December 17, 2014 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your December 17, 2014 SERFF Note to Filer. I restate your request for additional information in italics for reference.

Utilizing the actual inforce as of the projection date, please provide a projection of the expected future earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

Attachment 1 to this letter provides a projection of future nationwide experience from April 1, 2014 through December 31, 2063, where projections are based on all original pricing assumptions and assumes the original Virginia premium rate level, i.e. no prior increases have been implemented. The projected experience is based on the actual distribution of business inforce as of March 31, 2014.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Actuary
RiverSource Life Insurance Company

Attachment 1: Nationwide Experience at Original Pricing Levels Projected with Original Pricing Assumptions

Attachment 1
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Experience Restated to the Original Virginia Rate Schedule
Future Experience Projected with Original Pricing Assumptions
Policy Form: 30160A

	Loss Ratio Demonstration						Interest Rate Factors	
	Without Interest			With Interest			Calendar Year	Mid-Year
Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
4/2014-12/2014	31,113,928	31,056,255	99.8%	30,549,834	30,493,207	99.8%	5.00%	0.9819
2015	38,191,090	42,519,188	111.3%	35,931,507	40,003,532	111.3%	5.00%	0.9408
2016	34,643,208	43,743,559	126.3%	31,041,463	39,195,679	126.3%	5.00%	0.8960
2017	31,328,297	44,861,292	143.2%	26,734,469	38,283,052	143.2%	5.00%	0.8534
2018	28,240,118	45,810,557	162.2%	22,951,548	37,231,544	162.2%	5.00%	0.8127
2019	25,371,904	46,573,576	183.6%	19,638,542	36,049,211	183.6%	5.00%	0.7740
2020	22,716,373	47,196,861	207.8%	16,745,799	34,792,048	207.8%	5.00%	0.7372
2021	20,265,763	47,674,522	235.2%	14,227,892	33,470,634	235.2%	5.00%	0.7021
2022	18,011,905	47,885,983	265.9%	12,043,367	32,018,184	265.9%	5.00%	0.6686
2023	15,946,281	47,834,340	300.0%	10,154,497	30,460,622	300.0%	5.00%	0.6368
2024	14,060,107	47,540,340	338.1%	8,527,040	28,831,814	338.1%	5.00%	0.6065
2025	12,344,393	46,985,874	380.6%	7,130,010	27,138,616	380.6%	5.00%	0.5776
2026	10,790,017	46,156,221	427.8%	5,935,444	25,389,920	427.8%	5.00%	0.5501
2027	9,387,761	45,061,884	480.0%	4,918,173	23,607,562	480.0%	5.00%	0.5239
2028	8,128,359	43,697,890	537.6%	4,055,602	21,802,835	537.6%	5.00%	0.4989
2029	7,002,535	42,078,606	600.9%	3,327,503	19,995,144	600.9%	5.00%	0.4752
2030	6,001,054	40,245,869	670.6%	2,715,823	18,213,575	670.6%	5.00%	0.4526
2031	5,114,762	38,232,811	747.5%	2,204,500	16,478,619	747.5%	5.00%	0.4310
2032	4,334,641	36,036,874	831.4%	1,779,297	14,792,528	831.4%	5.00%	0.4105
2033	3,651,849	33,689,403	922.5%	1,427,640	13,170,410	922.5%	5.00%	0.3909
2034	3,057,773	31,242,201	1021.7%	1,138,471	11,632,105	1021.7%	5.00%	0.3723
2035	2,544,071	28,739,558	1129.7%	902,104	10,190,781	1129.7%	5.00%	0.3546
2036	2,102,719	26,215,111	1246.7%	710,100	8,852,986	1246.7%	5.00%	0.3377
2037	1,726,059	23,701,189	1373.1%	555,142	7,622,877	1373.1%	5.00%	0.3216
2038	1,406,843	21,233,183	1509.3%	430,929	6,503,911	1509.3%	5.00%	0.3063
2039	1,138,267	18,847,356	1655.8%	332,058	5,498,201	1655.8%	5.00%	0.2917
2040	913,994	16,569,796	1812.9%	253,936	4,603,605	1812.9%	5.00%	0.2778
2041	728,173	14,424,622	1980.9%	192,675	3,816,770	1980.9%	5.00%	0.2646
2042	575,450	12,430,399	2160.1%	145,014	3,132,473	2160.1%	5.00%	0.2520
2043	450,973	10,603,054	2351.2%	108,234	2,544,743	2351.2%	5.00%	0.2400
2044	350,386	8,949,453	2554.2%	80,089	2,045,598	2554.2%	5.00%	0.2286
2045	269,821	7,474,276	2770.1%	58,737	1,627,060	2770.1%	5.00%	0.2177
2046	205,876	6,176,711	3000.2%	42,683	1,280,567	3000.2%	5.00%	0.2073
2047	155,593	5,047,527	3244.0%	30,722	996,631	3244.0%	5.00%	0.1974
2048	116,430	4,076,647	3501.4%	21,894	766,601	3501.4%	5.00%	0.1880
2049	86,226	3,252,270	3771.8%	15,442	582,457	3771.8%	5.00%	0.1791
2050	63,170	2,561,447	4054.9%	10,775	436,891	4054.9%	5.00%	0.1706
2051	45,757	1,991,037	4351.4%	7,433	323,428	4351.4%	5.00%	0.1624
2052	32,752	1,526,223	4660.0%	5,067	236,117	4660.0%	5.00%	0.1547
2053	23,152	1,153,286	4981.3%	3,411	169,925	4981.3%	5.00%	0.1473
2054	16,153	858,779	5316.4%	2,267	120,507	5316.4%	5.00%	0.1403
2055	11,116	629,817	5665.7%	1,486	84,170	5665.7%	5.00%	0.1336
2056	7,540	454,536	6028.5%	960	57,852	6028.5%	5.00%	0.1273
2057	5,036	322,504	6403.7%	610	39,093	6403.7%	5.00%	0.1212
2058	3,309	224,634	6788.1%	382	25,933	6788.1%	5.00%	0.1154
2059	2,136	153,305	7176.9%	235	16,855	7176.9%	5.00%	0.1099
2060	1,352	102,297	7566.0%	142	10,712	7566.0%	5.00%	0.1047
2061	837	66,578	7952.7%	83	6,640	7952.7%	5.00%	0.0997
2062	506	42,197	8346.7%	48	4,008	8346.7%	5.00%	0.0950
2063	297	25,941	8745.7%	27	2,346	8745.7%	5.00%	0.0905
Total	362,686,111	1,113,977,838	307.1%	267,091,103	634,650,580	237.6%		

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

January 16, 2015

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129644834
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your telephone conversation with Cheryl Meyer and subsequent SERFF Note to Filer dated January 15, 2015 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your January 15, 2015 SERFF Note to Filer. I restate your request for additional information in italics for reference.

Per our discussion today, please complete the attached form which should explain in consumer friendly language what is driving the need for a rate increase at this time. If you have any questions, please feel free to contact me at 804-371-9390.

Enclosed with this response is the Rate Request Summary form for this filing. The company believes this form provides proper disclosure of the reasons for the rate increase and is easily understood by the consumer.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

Respectfully,

Anju Gupta-Lavey, FSA, MAAA
Actuary
RiverSource Life Insurance Company

Enclosed: Rate Request Summary Form

Reset Form

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

Company Name and NAIC Number:	RiverSource Life Insurance Company, #65005
SERFF Tracking Number:	AERS-129644834
Effective Date:	Upon approval

Revised Rates

Average Annual Premium Per Member:	1,998
Average Requested Percentage Rate Change Per Member:	17%
Minimum Requested Percentage Rate Change Per Member:	17%
Maximum Requested Percentage Rate Change Per Member:	17%
Number of Policy Holders Affected :	1,293

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

Form#	**"Product Name"(if applicable)**
30160A-VA	

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

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

Narrative: Explanation of Justification for Rate Increase

Rates are being raised on all policies issued under these policy forms to offset anticipated claims that are higher than previously 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 increased costs and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance and included the necessary actuarial data and other items requested by the Virginia Bureau of Insurance to support the increase.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

June 29, 2015

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129644834
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated April 28, 2015 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information in response to your April 28, 2015 letter. I restate your comments in italics for reference.

Enclosed with this letter are forms 112016 and 112018 which are the policyholder notification letters that have been modified to meet the Bureau's requirements as described in your April 28, 2015 letter.

The commission recently 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 commission's 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. 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;*

  We are submitting forms 112016 and 112018 at the time of the requested rate increase for policy form 30160A-VA. The company intends to use these forms with future rate increases that would be requested for the above-referenced policy form or any other long-term forms that were sold in Virginia.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

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

  The rate increase notification letters will be provided to the policyholder at least 75 days prior to the policy anniversary on which the rate increase is effective.

- *The notice is required to include at least the following information:*
  1. *All applicable information identified in 14VAC5-200-75 A;*

     The company believes that the modified rate increase notification letters meet all the requirements set forth in 14VAC5-200-75A.

  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;*

        The company believes that the modified rate increase notification letters meet this requirement set forth in 14VAC5-183.

     b. *A disclosure stating that all options available to the policyholder may not be of equal value;*

        The company believes that the modified rate increase notification letters meet this requirement.

     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; and*

        RiverSource Life did not sell any partnership policies in Virginia, therefore this requirement is not applicable.

     d. *Contact information that will allow the policyholder to contact the insurer for additional options available;*

        The company believes that the modified rate increase notification letters meet this requirement.

  3. *A clear identification of the driving factors of the premium rate increase; and*

     The company believes that the modified rate increase notification letters meet this requirement.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

4. *A statement substantially similar to the following:*
   The rate increase request was reviewed by the 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.

   The company believes that the modified rate increase notification letters meet this requirement.

Given the effective date of the regulation and the 75 day notice requirement, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised, for any policyholder notifications sent on or after September 1, 2015. Such policyholder notifications should be submitted in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a form number. Since such letters must be "filed", please attach the letters to the Form Schedule in SERFF.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Enclosed: Forms 112016 and 112018

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-70000001-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000001-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $206.88, beginning with the premium payment that is due March 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $111.45, your monthly premium would be $153.70. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a

designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-70000002-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000002-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $206.88, beginning with the premium payment that is due March 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $111.45, your monthly premium would be $153.70. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.
  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:

> your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
> Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

RiverSource

September 1, 2016

9100-70000003-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000003-2 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $206.88, beginning with the premium payment that is due March 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $111.45, your monthly premium would be $153.70. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:
> your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us.

If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-70000004-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000004-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
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Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

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Your new premium
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Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $111.45, your monthly premium would be $153.70. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.
  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:

> your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
> Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-70000005-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000005-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your annual premium payment will increase from $718.70 to $967.39, beginning with the premium payment that is due March 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $114.61 to $85.15, your annual premium would be $718.73. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:
> your financial advisor, John Smith CFP®, at **1 (999) 999-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

John Smith CFP®

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70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-70000005-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000005-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

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Your new premium
When this increase takes effect, your annual premium payment will increase from $718.70 to $967.39, beginning with the premium payment that is due March 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $114.61 to $85.15, your annual premium would be $718.73. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.
  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:

- your financial advisor, John Smith CFP®, at **1 (999) 999-9999**
- an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

John Smith CFP®

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

RiverSource

September 1, 2016

9100-70000007-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000007-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your semi-annual premium payment will increase from $708.74 to $953.87, beginning with the premium payment that is due March 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $144.00 to $107.00, your semi-annual premium would be $708.67. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.
  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:

> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-70000007-8 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000008-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your semi-annual premium payment will increase from $708.74 to $953.87, beginning with the premium payment that is due March 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $144.00 to $107.00, your semi-annual premium would be $708.67. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.
  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:

> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

January 1, 2017

9100-80000001-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-80000001-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $206.88, beginning with the premium payment that is due March 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the March 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $111.45, your monthly premium would be $153.70. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage

Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than February 15, 2017 to ensure your requested changes are processed before March 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before February 15, 2017, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

January 1, 2017

9100-80000002-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-80000002-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $206.88, beginning with the premium payment that is due March 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the March 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $111.45, your monthly premium would be $153.70. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than February 15, 2017 to ensure your requested changes are processed before March 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before February 15, 2017, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

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> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

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We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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112018 A(2/16)

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

January 1, 2017

9100-80000003-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-80000003-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

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Your new premium
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Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $111.45, your monthly premium would be $153.70. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage

Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than February 15, 2017 to ensure your requested changes are processed before March 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before February 15, 2017, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

January 1, 2017

9100-80000004-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-80000004-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $206.88, beginning with the premium payment that is due March 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the March 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $111.45, your monthly premium would be $153.70. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than February 15, 2017 to ensure your requested changes are processed before March 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before February 15, 2017, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

January 1, 2017

9100-80000005-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-80000005-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your annual premium payment will increase from $718.70 to $967.39, beginning with the premium payment that is due March 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the March 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $114.61 to $85.15, your annual premium would be $718.73. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than February 15, 2017 to ensure your

requested changes are processed before March 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before February 15, 2017, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, John Smith CFP®, at **1 (999) 999-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

John Smith CFP®

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

January 1, 2017

9100-80000006-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-80000006-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your annual premium payment will increase from $718.70 to $967.39, beginning with the premium payment that is due March 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the March 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $114.61 to $85.15, your annual premium would be $718.73. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than February 15, 2017 to ensure your requested changes are processed before March 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before February 15, 2017, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:
> your financial advisor, John Smith CFP®, at **1 (999) 999-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

John Smith CFP®

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132106 E(10/16)

112018 A(2/16)

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

January 1, 2017

9100-80000007-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-80000007-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your semi-annual premium payment will increase from $708.74 to $953.87, beginning with the premium payment that is due March 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the March 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $144.00 to $107.00, your semi-annual premium would be $708.67. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than February 15, 2017 to ensure your requested changes are processed before March 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before February 15, 2017, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

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We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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132106 E(10/16)

112018 A(2/16)

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

January 1, 2017

9100-80000008-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-80000008-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective March 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your semi-annual premium payment will increase from $708.74 to $953.87, beginning with the premium payment that is due March 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the March 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $144.00 to $107.00, your semi-annual premium would be $708.67. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than February 15, 2017 to ensure your requested changes are processed before March 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before February 15, 2017, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
Statement of Variability
Form 112459 Endorsement

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Field	Scope of Variation
Address	Will insert the company home address.
Phone number	Will insert the current toll free number.
Policy Number	Will insert policy number
Insured	Will insert name of insured
Coverage Change	This will reflect the choices each policyholder has made. The text in each category below reflects the respective approved policy language. The range of options is as follows:
Daily Benefit Amount	This will only appear if the Daily Benefit Amount is changed. If it is changed, the range of text that may appear is: Original Nursing Home Daily Benefit changed to $XX.XX Original Daily Benefit – Nursing Home changed to $XX.XX Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX Original Covered Care Daily Maximum changed to $XX.XX Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX $XX.XX will represent the insured policy specific data.
Benefit Period	This will only appear if the Benefit Period is changed. If it is changed, the range of text that may appear is: Nursing Home Benefit Limit changed to XX days Confinement Benefit Limit changed to XX days Home Care Rider Maximum Payment Period changed to XX days Covered Care Maximum Payment Period changed to XX days Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ) $XX.XX and XX will represent the insured policy specific data. The minimum benefit period is two years.
Elimination Period	This will only appear if the Elimination Period is changed. If it is changed, the range of text that may appear is: Nursing Home Deductible Period changed to XX days Confinement Benefit Deductible (Elimination Period) changed to XX days Covered Care Deductible (Elimination Period) changed to XX days Deductible Period to XX days XX will represent the insured policy specific data.
Benefit Increase Option	This will only appear if the Benefit Increase Option is changed. If it is changed, the range of text that may appear is:
	Benefit Increase Option – Thru Age 85 Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Home Care Benefit Rider Increase Option – Thru Age 85 Do you have this Option? Changed to XXX

	XXX will display either "Yes, Simple Increase" or "No"
	Home and Community Care Rider Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "No" or "Yes If Yes, these paragraphs will display: "SIMPLE 5% BENEFIT INCREASE: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increase will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts. Your lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where: (a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and (b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year."
Optional Home Care Rider	This will appear if the Optional Home Care Rider is eliminated: "Optional Home Care Rider is eliminated."
Optional Nonforfeiture Benefit Rider	This will appear if the Optional Nonforfeiture Benefit Rider is eliminated: "Optional Nonforfeiture Benefit Rider is eliminated."
Exercised Nonforfeiture Option	This will appear if the Nonforfeiture Benefit Rider is exercised: "Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00. Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply."
Exercised Contingent Benefit Upon Lapse	This will appear if the Contingent Benefit Upon Lapse is exercised: "Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00. Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods,

	continue to apply."
Administrative information	The version letter/print date will be changed if any future changes are made to bracketed items for Company address, phone number, or Secretary. The date range will also use 1-12 for the months and the last two numbers of a year.
Effective Date	Will insert effective date of the change
Signature	Will insert the signature and title of current company Corporate Secretary.

RiverSource Life Insurance Company
Statement of Variability
Forms 112016 and 112018

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Form 112016

Field	Scope of Variation
Address	Will insert the company home address.
Logo	If company logo changes, will insert new logo.
Date	Will insert date of letter.
Policy Number	Will insert policy number.
Name and Address	Will insert policyholder's name and address.
Effective Date	Will insert date the rate increase on the policy will go in to effect.
Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
Web Address	If Bureau of Virginia's website address changes, will insert new web address.
Request for regulatory approval for additional premium increases	This may be modified to reflect the number of years before another premium increase would be effective in accordance with the Virginia State Corporation Commission requirements.
Rate Increase History	Will insert the rate increase history for applicable policy form.
Premium Mode	Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly).
Current Premium	Will insert policyholder's current modal premium amount.
New Premium	Will insert policyholder's modal premium amount after the rate increase.
Daily Benefit Amount Reduction	Will insert policyholder's current nursing home daily benefit amount.
Alternate Daily Benefit Amount	Will insert the nursing home daily benefit amount that policyholder can reduce their cover to in order to keep the premium after the rate increase approximately the same as the current premium.
Alternate Premium Amount	Will insert the new modal premium after the rate increase if policyholder chooses to reduce the daily benefit to a level that will keep the premium after the rate increase approximately the same as the current premium. Statement only appears if the client has that respective benefit, option or rider.
Benefit Adjustments-Home Care coverage	If the client has Home Care coverage benefits, this language will appear in the letter.
Benefit Adjustments-Nonforfeiture Benefit Rider	If the client has the Nonforfeiture Benefit Rider, this language will appear in the letter.
Benefit Adjustments-Contingent Benefit Upon Lapse	If the client is eligible for contingent benefit upon lapse, this language will appear in the letter.
Advisor contact information	Advisor name and telephone number will only appear if the client has an advisor.
Client service representative - toll free telephone number	If this telephone number were to change we would update this as needed.
Letter Closing	Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
Administrative Information	The version letter/print date will be changed if any future changes are made to bracketed items for the Company address, phone number, Secretary, logo and technology coding. The range will be A-Z. The date range will also use 1-12 for the month and the last two numbers of a year.
Technology Coding	Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

Form 112018

Field	Scope of Variation
Address	Will insert the company home address.
Logo	If company logo changes, will insert new logo.
Date	Will insert date of letter.
Policy Number	Will insert policy number.
Name and Address	Will insert policyholder's name and address.
Effective Date	Will insert date the rate increase on the policy will go in to effect.
Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
Web Address	If Bureau of Virginia's website address changes, will insert new web address.
Request for regulatory approval for additional premium increases	This may be modified to reflect the number of years before another premium increase would be effective in accordance with the Virginia State Corporation Commission requirements.
Rate Increase History	Will insert the rate increase history for applicable policy form.
Premium Mode	Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly).
Current Premium	Will insert policyholder's current modal premium amount.
New Premium	Will insert policyholder's modal premium amount after the rate increase.
Daily Benefit Amount Reduction	Will insert policyholder's current nursing home daily benefit amount.
Alternate Daily Benefit Amount	Will insert the nursing home daily benefit amount that policyholder can reduce their cover to in order to keep the premium after the rate increase approximately the same as the current premium.
Alternate Premium Amount	Will insert the new modal premium after the rate increase if policyholder chooses to reduce the daily benefit to a level that will keep the premium after the rate increase approximately the same as the current premium. Statement only appears if the client has that respective benefit, option or rider.
Benefit Adjustments-Home Care coverage	If the client has Home Care coverage benefits, this language will appear in the letter.
Benefit Adjustments-Nonforfeiture Benefit Rider	If the client has the Nonforfeiture Benefit Rider, this language will appear in the letter.
Benefit Adjustments-Contingent Benefit Upon Lapse	If the client is eligible for contingent benefit upon lapse, this language will appear in the letter.
If you decide to modify your coverage -New Premium Effective Date	Will insert the date, which is one month prior to the increase effective date, that we ask the policyholder to get the change request form submitted by in order to ensure the request completed by the increase effective date.
Advisor contact information	Advisor name and telephone number will only appear if the client has an advisor.
Client service representative- toll-free telephone number	If this telephone number were to change we would update this as needed.
Letter Closing	Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
Administrative Information	T The version letter/print date will be changed if any future changes are made to bracketed items for the Company address, phone number, Secretary, logo and technology coding. The range will be A-Z. The date range will also use 1-12 for the month and the last two numbers of a year.
Technology Coding	Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

November 3, 2015

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129644834
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated July 13, 2015, SERFF Note to Filer dated September 18, 2015 and subsequent conversation with Cheryl Meyer of RiverSource Life on October 30, 2015 and SERFF Note to Filer dated October 30, 2015, regarding information needed for the above-referenced filing. The remainder of this letter provides additional information in response to your July 13, 2015 letter and September 18, 2015 and October 30, 2015 SERFF Notes to Filer. I restate your comments in italics for reference.

Thank you for providing updated policyholder letters as requested. Since this filing is still pending and would not be able to meet the 75 day notice as required in the revised regulations under 14VAC5-200-75, the letter must comply with all requirements noted in the revised regulation. As a result, the following concerns must be addressed:

1. *Please provide a Certification of Compliance for forms 112016 and 112018 in accordance with 14VAC5-100-40 3.*

   The Certification of Compliance for forms 112016 and 112018, as well as endorsement form 112459, has been provided with this response.

2. *For compliance with 14VAC5-200-75 D1, please include a disclosure the insured has a right to a revised premium rate or rate schedule upon request.*

   The premium before the increase (i.e. the current premium) and the premium after the increase are provided in the section entitled "Your new premium" policy forms 112016 and 112018. The company believes that we meeting the requirement set for in 14VAC-5-200-75 D1 by providing the revised premium in these forms.

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As described in my response dated September 29, 2014, after the policy is amended for any policyholder request, a copy of the Long-Term Care Coverage Change Request Form that was signed by the policyholder and submitted to the company will be provided to the policyholder at the same time the revised Schedule of Benefits will be sent to the policyholder. We will also provide endorsement 112459 describing any changes in coverage.

3. *For compliance with 14VAC5-200-75 D 2 b please include a disclosure that all options available to the policyholder may not be of equal value.*

   Forms 112016 and 112018 include the statement "*Please note that these options may not all be of equal value to you.*" in the section entitled "You Have Options". The company believes this statement meets the disclosure requirement set forth in 14VAC5-200-75.D.2.b.

4. *Please change the reference to the Virginia Bureau of Insurance to the Virginia State Corporation Commission.*

   Forms 112016 and 112018 have been modified to replace this paragraph:

   "As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI."

   with the following paragraph:

   "As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI."

5. *To avoid any confusion regarding previous rate increases, the company may wish to clarify a rate increase for this policy form was approved in 2007 for 33.1% implemented over three years and another increase was approved 2012 for 13%.*

   Forms 112016 and 112018 include the statement "*Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.*" at the end of the section entitled "Reasons for this increase".

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RiverSource Insurance

6. *As previously stated, 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. As of today such an endorsement form has not been forwarded for review. Please advise.*

   We are submitting endorsement form 112459 with this filing to meet these requirements.

7. *From September 18, 2015 SERFF Note to Filer: Please provide an updated Attachment 3 Status of Long Term Care Rate Filings when responding to our July 13, 2015 objection letter.*

   Attachment 1 to this letter provides a list of the 50 states (including the District of Columbia) where this policy form was offered, with the status of all currently requested rate increases as of November 3, 2015 and the history of all previous rate revisions which first began in 2007. As this attachment shows:
   - the cumulative 76% premium increase currently requested in Virginia has been approved in 25 states;
   - we have rate increase requests pending in 7 states (including Virginia) to bring premium increases to the cumulative 76% currently requested in Virginia, and we will soon be requesting increases in Kansas, Louisiana, Maine, Oregon, Texas and Washington to bring premium increases to the cumulative 76% currently requested in Virginia;
   - we have rate increase requests pending in California for policies issued prior to July 1, 2002, Massachusetts and Rhode Island to bring premiums in these states to the current Virginia premium level;
   - we have rate increase requests pending in Maryland and Vermont to move premiums towards the level currently requested in Virginia;
   - we will soon be requesting a rate increases in Florida to move premiums towards the level currently requested in Virginia;
   - we will request rate increases in Georgia, Idaho and Kentucky in 2016 and in Connecticut and Delaware in 2017 to bring premiums in these states to the cumulative 76% currently requested in Virginia; and
   - no rate increase is being requested in the District of Columbia at this time.

8. *From October 30, 2015 SERFF Note to Filer: In light of our discussion this morning about the policyholder letters, I wanted to let you know the Bureau of Insurance has provided more clarity as to how requirements as set forth in the revised 14VAC5-200-75 D may be satisfied in the policyholder notification letters.*

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

     Form 112018 has been modified to add the statement "*Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.* "and the statement "*Please note that you can modify your benefits at any time."* at the end of the section entitled "You Have Options".

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- *In regards to item 3 in our objection letter, this "disclosure" that all options available to the policyholder may not be of equal value should be emphasized in a manner that draws attention to it such as highlighting the statement, bolding the statement or using larger print.*

  Forms 112016 and 112018 have been modified such that the statement "*Please note that these options may not all be of equal value to you.*" in the section entitled "You Have Options" is presented in bold face type.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Attachment 1: Status of Long Term Care Filings by State as of November 3, 2015
Enclosures: Revised Forms 112016 and 112018
Statement of Variability for Revised Forms 112016 and 112018
Endorsement Form 112459
Statement of Variability for Form 112459
Certification of Compliance

Attachment 1
RiverSource Life Insurance Company
Status of Long Term Care Rate Filings as of November 3, 2015
Policy Form 30160A

	Initial Nationwide Request			Follow-Up Request			Follow-Up Request			Second Nationwide Request			Follow-Up Request			Third Nationwide Request					
State	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Submission	Date of Disposition	Rate Increase	Effective Date	Cumulative Rate Increase	Annualized Premium as of 12/31/2014
Alabama	7/31/2007	33.1%	11/1/2007							4/24/2012	15.0%	10/1/2012				7/21/2014	4/17/2015	15.0%	7/1/2015	76.0%	582,591
Alaska [1]	4/2/2007	33.1% [8]	12/1/2007							N/A	15.0%	4/1/2012				N/A	N/A	15.0%	1/1/2015	76.0%	15,802
Arizona	6/7/2007	7.5%	9/1/2007	9/1/2011	23.8%	1/1/2012				7/23/2013	15.0%	11/1/2013				7/31/2015	8/28/2015	15.0%	12/1/2015	76.0%	749,603
Arkansas	12/10/2007	15.0%	3/1/2008	9/3/2008	15.7%	3/1/2009				32.3% Increase - Submitted 9/22/2015						32.3% Increase - Submitted 9/22/2015				33.1%	454,815
California [2]	9/11/2007	10.0%	1/1/2008	9/16/2008	10.0%	1/1/2009	9/9/2011	10.0%	12/1/2011	15% Increase - Submitted 12/18/2012										33.1%	6,422,155
California [3]	85.2% Increase - Submitted 12/20/2012									85.2% Increase - Submitted 12/20/2012						85.2% Increase - Submitted 12/20/2012				0.0%	852,320
Colorado	5/10/2007	33.1%	9/1/2007							2/24/2012	15.0%	6/1/2012				9/29/2014	11/10/2014	15.0%	2/1/2015	76.0%	1,190,054
Connecticut	12/14/2007	5.0%	3/1/2008	3/5/2010	12.0%	7/1/2010	9/24/2013	13.2%	1/1/2014	9/24/2013	6.0%	1/1/2014	9/24/2015	8.5%	1/1/2016	7/10/2015	9/24/2015	10.5%	1/1/2016	69.2%	2,106,868
Delaware [4]	1/24/2008	10.0%	5/1/2008	5/10/2010	10.0%	8/1/2010	9/9/2012	10.0%	1/1/2013	12/2/2014	15.0%	4/1/2015				9/29/2014	12/2/2014	13.0%	4/1/2015	73.0%	312,641
District of Columbia	Not Filing									Not Filing										0.0%	99,523
Florida	10/18/2007	10.0%	1/1/2008	Not Yet Submitted																10.0%	1,489,131
Georgia	5/11/2007	10.0%	9/1/2007	9/5/2008	5.0%	12/1/2008	2/24/2010	10.0%	7/1/2010	1/18/2012	12.0%	4/1/2012	1/15/2013	7.6%	4/1/2013	1/8/2015	2/23/2015	12.0%	6/1/2015	71.5%	966,698
Hawaii	6/19/2008	10.0%	9/1/2008	5/19/2010	10.0%	8/1/2010				8/28/2012	19.0%	11/1/2013	22.2% Increase - Submitted 8/11/2015			22.2% Increase - Submitted 8/11/2015				44.0%	1,103,474
Idaho	12/4/2007	15.0%	3/1/2008	9/7/2011	15.7%	12/1/2011				3/16/2015	15.0%	6/15/2015								53.1%	110,713
Illinois	9/12/2007	33.1% [8]	12/1/2007							12/28/2012	15.0%	4/1/2012				15% Increase - Submitted 7/29/2014				53.1%	2,253,777
Indiana	12/3/2008	10.0%	3/1/2009	4/11/2010	10.0%	7/1/2010	4/10/2013	10.0%	7/1/2013	32.3% Increase - Submitted 10/13/2015						32.3% Increase - Submitted 10/13/2015				33.1%	917,273
Iowa	2/5/2008	33.1% [8]	5/1/2008							2/3/2012	15.0%	5/1/2012				8/21/2014	11/12/2014	15.0%	2/1/2015	76.0%	1,221,021
Kansas	11/26/2007	18.0%	3/1/2008	11/14/2008	12.8%	3/1/2009				1/15/2013	10.0%	12/1/2013								46.4%	567,584
Kentucky	8/3/2007	33.1% [8]	12/1/2007							2/9/2012	15.0%	6/1/2012				7/29/2014	10/20/2014	7.0%	1/1/2015	63.8%	567,493
Louisiana	9/7/2007	10.0%	5/1/2008	9/24/2008	10.0%	5/1/2009	2/1/2011	10.0%	5/1/2011	7/2/2013	10.0%	2/1/2014								46.4%	405,823
Maine	6/6/2007	33.1% [8]	12/1/2007							9/17/2013	10.0%	1/1/2014								46.4%	681,876
Maryland	9/25/2007	15.0%	1/1/2008	9/9/2008	15.0%	1/1/2009				1/18/2013	15.0%	9/1/2013	15% Increase - Submitted 6/25/2015			15% Increase - Submitted 6/25/2015				52.1%	791,233
Massachusetts	6/1/2012	10.0%	10/1/2012	39.2% Increase - Submitted 4/21/2014			39.2% Increase - Submitted 4/21/2014			39.2% Increase - Submitted 4/21/2014										10.0%	2,270,454
Michigan	4/9/2007	33.1% [8]	12/1/2007							12/13/2011	15.0%	4/1/2012				7/16/2014	7/21/2014	15.0%	1/1/2015	76.0%	3,688,994
Minnesota	8/14/2007	10.0%	11/1/2007	9/10/2008	10.0%	12/1/2008	4/7/2010	10.0%	7/1/2010	5/16/2013	15.0%	8/1/2013				15% Increase - Submitted 10/22/2015				53.1%	4,021,671
Mississippi	7/18/2007	33.1% [8]	12/1/2007							8/13/2012	15.0%	12/1/2012				8/11/2014	9/24/2014	15.0%	1/1/2015	76.0%	169,930
Missouri	5/2/2007	33.1% [8]	12/1/2007							9/19/2012	15.0%	1/1/2013				8/1/2014	8/6/2014	15.0%	1/1/2015	76.0%	904,304
Montana	11/2/2007	33.1% [8]	2/1/2008							8/2/2012	15.0%	11/1/2012				8/6/2014	9/15/2014	15.0%	1/1/2015	76.0%	233,864
Nebraska	10/30/2007	10.0%	2/1/2008	8/29/2008	10.0%	2/1/2009	1/29/2010	10.0%	7/1/2010	10/10/2012	15.0%	1/1/2013				8/1/2014	11/20/2014	15.0%	3/1/2015	76.0%	725,476
Nevada [5]	7/22/2010	10.0%	10/1/2010	12/19/2012	10.0%	3/1/2013	10/15/2014	10.0%	3/1/2015	10/15/2014	15.0%	3/1/2015				12/19/2013	10/15/2014	15.0%	3/1/2015	76.0%	306,409
New Hampshire [6]	5/25/2007	33.1% [8]	12/1/2007							7/31/2012	15.0%	11/1/2012				7/24/2014	3/24/2015	15.0%	7/1/2015	76.0%	503,549
New Jersey [7]	7/31/2007	33.1%	11/1/2007							5/7/2012	15.0%	10/1/2012				7/21/2014	4/17/2015	15.0%	7/1/2015	76.0%	962,812
New Mexico	7/23/2007	33.1% [8]	12/1/2007							32.3% Increase - Submitted 10/6/2015						32.3% Increase - Submitted 10/6/2015				33.1%	196,372
North Carolina	8/1/2007	15.0%	11/1/2007	8/11/2008	15.7%	11/1/2008				1/5/2012	15.0%	4/1/2012				12/18/2014	1/12/2015	15.0%	4/1/2015	76.0%	1,611,819
North Dakota	4/25/2007	18.0%	9/1/2007	6/19/2008	12.8%	9/1/2008				2/13/2012	10.0%	5/1/2012	3/12/2013	4.6%	6/1/2013	9/24/2014	10/20/2014	15.0%	2/1/2015	76.0%	190,189
Ohio	6/21/2007	33.1% [8]	12/1/2007							12/23/2011	15.0%	4/1/2012				8/15/2014	4/20/2015	15.0%	7/1/2015	76.0%	2,988,813
Oklahoma	7/3/2008	10.0%	10/1/2008	10/6/2010	10.0%	1/1/2011	9/13/2012	10.0%	12/1/2012	9/13/2012	9.1%	12/1/2012				8/22/2014	10/21/2014	21.2%	2/1/2015	76.0%	465,256
Oregon	4/23/2007	10.0%	9/1/2007	6/9/2008	10.0%	9/1/2008	3/24/2010	5.0%	7/1/2010	11/19/2013	15.0%	3/1/2014								46.2%	1,096,238
Pennsylvania	9/17/2007	10.0%	12/1/2007	9/8/2008	10.0%	12/1/2008	4/7/2010	10.0%	7/1/2010	3/6/2012	10.0%	6/1/2012	5/7/2013	4.6%	8/1/2013	2/2/2015	4/29/2015	15.0%	8/1/2015	76.0%	3,463,824
Rhode Island	2/28/2008	33.1% [9]	6/1/2008							15% Increase - Submitted 8/8/2012										33.1%	368,289
South Carolina	5/2/2007	33.1% [8]	12/1/2007							10/22/2012	15.0%	2/1/2013				8/1/2014	11/7/2014	15.0%	3/1/2015	76.0%	749,708
South Dakota	10/3/2007	10.0%	1/1/2008	7/2/2008	10.0%	1/1/2009	12/31/2009	10.0%	7/1/2010	1/12/2012	15.0%	4/1/2012				8/11/2014	9/4/2014	15.0%	1/1/2015	76.0%	201,390
Tennessee	4/30/2007	33.1% [8]	12/1/2007							2/3/2012	10.0%	5/1/2012	4/8/2013	4.6%	7/1/2013	2/2/2015	4/7/2015	15.0%	7/1/2015	76.0%	1,332,602
Texas	12/11/2007	21.0%	2/1/2008	3/24/2010	7.0%	7/1/2010				2/15/2012	9.0%	5/1/2012								41.2%	2,753,245
Utah	12/12/2007	33.1%	3/1/2008							10/23/2012	15.0%	2/1/2013				8/15/2014	10/27/2014	15.0%	2/1/2015	76.0%	274,397
Vermont	40% Increase - Submitted 10/30/2015									40% Increase - Submitted 10/30/2015										0.0%	96,110
Virginia	6/21/2007	33.1% [8]	12/1/2007							8/27/2012	13.0%	12/1/2012	17% Increase - Submitted 9/11/2014			17% Increase - Submitted 9/11/2014				50.4%	2,519,794
Washington	6/6/2007	10.0%	9/1/2007	10/20/2008	10.0%	1/1/2009	4/21/2011	10.0%	8/1/2011	6/19/2013	15.0%	2/1/2014								53.1%	1,751,292
West Virginia	6/4/2007	15.0%	9/1/2007	7/16/2008	15.7%	10/1/2008				1/26/2012	15.0%	5/1/2012				8/15/2014	9/19/2014	15.0%	1/1/2015	76.0%	315,597
Wisconsin	12/20/2007	20.0%	3/1/2008	2/4/2010	10.9% [9]	7/1/2010				1/5/2012	15% [9]	7/1/2012				8/1/2014	9/22/2014	15% [9]	1/1/2015	76.0% [9]	1,437,724
Wyoming	3/13/2007	33.1% [8]	12/1/2007							10/9/2012	15.0%	1/1/2013				8/13/2014	8/18/2014	15.0%	1/1/2015	76.0%	126,919

[1] Alaska does not require long term care rates to be filed before use.

[2] Pre-Rate Stability policies only, issued prior to July 1, 2002.

[3] Rate Stability policies only, issued on or after July 1, 2002.

[4] Delaware approved a 30% increase on 12/2/2014, to be implemented as two consecutive 14% increases over two years.

[5] Nevada approved 45.4% increase on 10/15/2014, to be implemented as three consecutive 13.3% increases over three years.

[6] Pursuant to New Hampshire regulations, increases for certain older age policies are capped at a lower rate.

[7] Group policies, submitted and filed in Alabama where trustee is located.

[8] Implemented as three consecutive 10% increases over three years.

[9] Pursuant to Wisconsin regulations, increases for certain older age policies are capped at 10%.

RiverSource Life Insurance Company
9550 Ameriprise Financial Center
Minneapolis, MN 55474

CERTIFICATION OF READABILITY

RiverSource Life Insurance Company certifies the Flesch reading ease score for each form listed below. The type size of the text is at least ten point type and two point leaded.

Title	Form Number	Words	Sentences	Syllables	Flesch Score
Endorsement	112459	61	2	309	46.4
LTC Waiver Policyholder Notification Letter	112016	621	24	3281	40.7
LTC Non-Waiver Policyholder Notification Letter	112018	1075	48	5479	40.6

RiverSource Life Insurance Company also certifies to the best of its knowledge and belief that the listed forms are in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature:_____

Cheryl Meyer
Assistant Secretary

Date: 03-01-2017

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-10000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Exercised Nonforfeiture Option
Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective June 15, 2016. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $12,325.00, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after June 15, 2016 reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after June 15, 2016 will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective June 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-20000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Exercised Contingent Benefit Upon Lapse

Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-up coverage. This coverage is effective July 15, 2016. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $10,767.07, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after July 15, 2016 reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after July 15, 2016 will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-30000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Nursing Home Daily Benefit changed to $217.39

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-40000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Covered Care Daily Maximum changed to $156.00

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-50000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Daily Benefit – Nursing Home changed to $217.39

Original Daily Benefit – Alternate Long-Term Care Facility changed to $130.43

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-17000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Elimination Period

Nursing Home Deductible Period changed to 100 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-18000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Elimination Period

Confinement Benefit Deductible (Elimination Period) changed to 100 days

Covered Care Deductible (Elimination Period) changed to 100 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-19000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Elimination Period

Deductible Period to 90 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-20000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Benefit Increase Option

Benefit Increase Option – Thru Age 85

Do you have this Option? Changed to No

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

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70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-21000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Benefit Increase Option

Benefit Increase Option

Do you have this Option? Changed to Yes (Simple Increase)

Home and Community Care Rider Benefit Increase Option

Do you have this Option? Changed to Yes (Simple Increase)

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-22000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Benefit Increase Option

Benefit Increase Option

Do you have this Option? Changed to Yes
(SIMPLE 5% BENEFIT INCREASES: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts.
Your Lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where:
(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year)

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-23000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Optional Home Care Rider
Optional Home Care Rider is eliminated

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-24000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Optional Nonforfeiture Benefit Rider
Optional Nonforfeiture Benefit Rider is eliminated

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-25000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Daily Benefit – Nursing Home changed to $217.39

Original Daily Benefit – Alternate Long-Term Care Facility changed to $130.43

Original Covered Care Daily Maximum changed to $156.00

Benefit Period

Confinement Benefit Limit changed to 1,460 days

Elimination Period

Covered Care Deductible (Elimination Period) changed to 100 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-26000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Covered Care Daily Maximum changed to $217.39

Original Facility Care Daily Maximum Benefit Amount changed to $163.04

Benefit Period

Lifetime Maximum Benefit Amount changed to $317,389

Elimination Period

Deductible Period to 90 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

A B C D

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-60000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Daily Benefit – Nursing Home changed to $217.39

Original Daily Benefit – Alternate Long-Term Care Facility changed to $130.43

Original Covered Care Daily Maximum changed to $156.00

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-70000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Facility Care Daily Maximum Benefit Amount changed to $217.39

Original Home and Community Care Daily Maximum Benefit Amount changed to $217.39

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-80000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Facility Care Daily Maximum Benefit Amount changed to $217.39

Original Home and Community Care Daily Maximum Benefit Amount changed to $163.04

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-90000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Facility Care Daily Maximum Benefit Amount changed to $217.39

Original Home and Community Care Daily Maximum Benefit Amount changed to $217.39

Benefit Period

Lifetime Maximum Benefit Amount changed to $476,084

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-11000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Facility Care Daily Maximum Benefit Amount changed to $217.39

Original Home and Community Care Daily Maximum Benefit Amount changed to $163.04

Benefit Period

Lifetime Maximum Benefit Amount changed to $476,084

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-12000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Home and Community Care Daily Maximum Benefit Amount changed to $187.50

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-13000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Benefit Period

Nursing Home Benefit Limit changed to 1,460 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-14000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Benefit Period

Home Care Rider Maximum Payment Period changed to 1,095 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-15000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Benefit Period

Confinement Benefit Limit changed to 1,460 days

Covered Care Maximum Payment Period changed to 1,095 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-16000000-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Benefit Period

Lifetime Maximum Benefit Amount changed to $365,000

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective July 15, 2016.

RiverSource Life Insurance Company

Secretary

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

April 12, 2016

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129718202
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated November 9, 2015, my subsequent conversation with you on November 19, 2015 and your letter dated February 22, 2016, regarding information needed for the above-referenced filing. The remainder of this letter provides additional information in response to your November, 9, 2015 and February 22, 2016 letters. I restate your comments in italics for reference.

Revised versions of policy form 112016 (i.e. rate increase notification letter for policyholders on waiver of premium at time of the rate increase), policy form 112018 (i.e. rate increase notification letters for policyholders not on waiver at the time of the rate increase) and endorsement form 112459 have been enclosed with this response, to address the concerns from your November 9, 2015 letter as described in the remainder of this response.

November 9, 2015 Letter:
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:

1. *Two letters have been submitted: a waiver and a non-waiver policyholder notification. The waiver letter does not contain the options available for reducing the rate increase as set forth in 14VAC5-200-75 D2. We realize until the person is no longer on waiver, the rate increase would not be effective; however, the letter should still contain the options for compliance with the regulations. The company may wish to combine the two letters into one and simply have the section entitled "Your premium payments currently waived" as variable information that would only be inserted if the policyholder was on waiver.*

   Policy form 112016 has been revised to include the options that would be available to the policyholder to lessen or eliminate the additional financial outlay that would result from the rate increase. Since the policyholders receiving this letter are on waiver and not paying any premium

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Minneapolis, MN 55474

at the time of the rate increase, we have also included the statement "*You do not need to take any action until you begin paying premiums again.*" in bold letters in the section titled "You have options".

2. *The company declined to include a statement that the insured has a right to a revised premium or rate schedule; however, this does not satisfy the requirement as set for in 14VAC5-200-75 D1. As a suggestion, it would seem logical to add this statement to the section entitled "Your new premium."*

   Policy forms 112016 and 112018 have been revised to add the sentence "*Please note that you have a right to a revised premium or rate schedule upon request.*" at the end of the section titled 'Your new premium".

3. *According to your November 4, 2014 correspondence, the company indicated it would not seek a rate increase for three years. This information should be included in the letter as information the policyholder should have.*

   Policy forms 112016 and 112018 have been revised to replace this current sentence:

   > "*Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.*"

   with the following sentence:

   > "*Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.*"

4. *Please confirm the FAQ is an enclosure and not part of the actual notification.*

   The frequently asked questions ("FAQ") is a generic document that is enclosed with all rate increase notification letters.

5. *Please confirm the Long-Term Care Coverage Change Request Form will not be attached to the policy itself.*

   After the policy is amended for any policyholder request, a revised Schedule of Benefits and endorsement form 112549 will be sent to the policyholder. We will also provide a copy of the Long-Term Care Coverage Change Request Form that was signed by the policyholder and submitted to the company to the policyholder for reference, but it is not considered to be part of the policy.

6. *Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3 for the two policyholder letters and endorsement form.*

   The Certification of Compliance for policy forms 112016 and 112018, as well as endorsement form 112459, was inadvertently not provided with my prior November 3, 2015 response. The

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Certification of Compliance has been provided with this response. I apologize for the omission in my prior response.

7. *According to the Rate/Rule Schedule, two forms are affected: 30160A-VA and 30165A. The rate attachment appears to only refer to Form 30160A-VA. Based on the prior SERFF filing Form AERS-127792983, form number 30165A is an optional nonforfeiture benefit rider and the rate is calculated as a percentage of the premium for the base policy form number 30160- VA. Please indicate on the rate schedule the percentage that is charged for this benefit rider and confirm the amount of such percentage is not changing.*

   Attachment 1 to this letter provides the percentages of premium by issue age that are applied to the premium rates for policy form 30160A-VA to determine the premium for the nonforfeiture benefit rider form 30165A. The Rate/Rule Schedule tab of SERFF has been updated to include the percentages and to indicate that the percentages are not changing with this filing. I apologize for not providing this information at the time of the original submission.

8. *The final version of the form should include all of the potential options as noted in the policyholder notification letter. The Statement of Variability (SOV) includes the Daily Benefit Amount, Benefit Period, Elimination Period, Benefit Increase Option, and Optional Home Care Rider elimination. Please be sure the SOV and bracketed information in the form correspond with each other.*

   The SOVs for each of policy forms 112016 and 112018 as well endorsement form 112459 have been updated to include all variables fields.

9. *Please provide John Doe versions of how the Endorsement will appear based on the changes made.*

   Given that there are multiple options available to the policyholder to lessen or eliminate the additional financial outlay that would result from the rate increase, there are over eight hundred of combinations of changes to the policy benefits that could be made. Enclosed with this response are twenty-five John Doe versions of endorsement form 112459 that represent a sample of the various changes and combinations of changes that could be made to the policy benefits.

10. *How is the policy updated if the policyholder exercises the nonforfeiture benefit rider or the contingent benefit upon lapse option?*

    Endorsement form 112459 has been updated to include the language that would appear if an eligible policyholder exercised either the nonforfeiture benefit rider or the contingent benefit upon lapse option.

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11. *Please expand the Statement of Variability (SOV) to include all bracketed information in Form 112018. For example, there are brackets on page 2 of the letter for which there are no explanations.*

    As described in Item #8 above, the SOVs have been updated.

12. *The SOV indicates Virginia State Corporation Commission is bracketed in the letter; however, there are no brackets. We are unsure where the "Alternate Premium Amount" as noted in the SOV appears in the letter.*

    As described in Item #8 above, the SOVs have been updated.

February 22, 2016 Letter:
Although we have not received a reply to our November 9, 2015 objection letter, we do have an additional question. The proposed policyholder letter references Benefit Adjustments as an option to reduce the impact of the rate increase. It does not specifically mention an inflation rider, if applicable. If the insured requested a change in the inflation rider, please explain how the Company would adjust the benefit. For example, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

The policyholder has the option to reduce the benefit increase option ("BIO") from either:

- 5% Compound to 5% Simple
- 5% Compound to Level
- 5% Simple to Level

The following examples demonstrate the impact on the DBA and annual premium if a policyholder makes a change to the inflation option on the policy. Each of the examples is for issue age 55, with a 6-year benefit period, 90-day elimination period, 100% home care coverage and an original DBA at time of issue of $50 and assumes that the policy is at its 15th policy anniversary.

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RiverSource Insurance

Example 1: Policyholder chooses to reduce 5% Compound BIO to 5% Simple BIO:

Policy as originally issued with 5% Compound BIO at end of policy year 15:
Current premium rate for Compound BIO per $10 DBA = $183.48
Proposed premium rate for Compound BIO per $10 DBA = $214.76
Original DBA = $50.00
Current DBA at time t = Original DBA x $(1.05)^{t-1}$
Current DBA at time 15 = Original DBA x $(1.05)^{14}$ = $99.00
Current Annual Premium = Original DBA / $10 x Current Premium Rate
= $50.00 / $10 x $183.48 = $917.40
Proposed Annual Premium = Original DBA / $10 x Proposed Premium Rate
= $50.00 / $10 x $214.76 = $1,073.80
Change in Annual Premium = $1,073.80 - $917.40 = $156.40
Policy as revised with 5% Simple BIO at end of policy year 19:
Current DBA at time t = Original DBA x $(1.05)^{t-1}$
Current DBA at time 15 = $99.00 {from above}
Recalculated Original DBA = $99.00 / (1 + 0.05 x 14) = $58.24

After 15 years, the policyholder accrued an additional $49.00 of DBA under the 5% Compound BIO for a total DBA of $99.00. This current DBA of $99.00 at the end of policy year 15 is maintained when the policyholder chooses to reduce the BIO to 5% Simple.

The annual premium, after the requested rate increase, is then calculated using the Recalculated Original DBA, as follows:

Proposed premium rate for Simple BIO per $10 DBA = $151.36
Recalculated Original DBA = $58.24 {from above}
Proposed Annual Premium = Recalculated Original DBA / $10 x Proposed Premium Rate
= $58.24 / $10 x $151.36 = $881.50
Change in Annual Premium = $881.50 - $917.40 = ($35.90)

The DBA for each subsequent year will then increase based on the recalculated original DBA. For example, at the end of policy year 20:
Recalculated Original DBA = $58.24 {from above}
Current DBA at time 20 = $58.49 x (1 + 0.05x19) = $113.57

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Example 2: Policyholder chooses to reduce 5% Compound BIO to No BIO:

Policy as originally issued with 5% Compound BIO at end of policy year 15:
Current premium rate for Compound BIO per $10 DBA = $183.48
Proposed premium rate for Compound BIO per $10 DBA = $214.76

Original DBA	= $50.00
Current DBA at time t	= Original DBA x $(1.05)^{t-1}$
Current DBA at time 15	= Original DBA x $(1.05)^{14}$ = $99.00
Current Annual Premium	= Original DBA / $10 x Current Premium Rate
	= $50.00 / $10 x $183.48 = $917.40
Proposed Annual Premium	= Original DBA / $10 x Proposed Premium Rate
	= $50.00 / $10 x $214.76 = $1,073.80
Change in Annual Premium	= $1,073.80 - $917.40 = $156.40

Policy as revised with No BIO at end of policy year 15:

Current DBA at time t	= Original DBA x $(1.05)^{t-1}$
Current DBA at time 15	= $99.00 {from above}
Recalculated Original DBA	= $99.00

After 15 years, the policyholder accrued an additional $49.00 of DBA under the 5% Compound BIO for a total DBA of $99.00. This current DBA of $99.00 at the end of policy year 15 is maintained when the policyholder chooses to eliminate the Compound BIO.
The annual premium, after the requested rate increase, is then calculated using the Recalculated Original DBA, as follows:

Proposed premium rate for No BIO per $10 DBA = $98.58

Recalculated Original DBA	= $99.00 {from above}
Proposed Annual Premium	= Recalculated Original DBA / $10 x Proposed Premium Rate
	= $99.00 / $10 x $98.58 = $975.90
Change in Annual Premium	= $975.90 – $917.40 = $58.50

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Example 3: Policyholder chooses to reduce 5% Simple BIO to No BIO:

Policy as originally issued with $50 DBA and 5% Simple BIO at end of policy year 15:

Current premium rate per $10 DBA = $129.34
Proposed premium rate per $10 DBA = $151.36

Original DBA	= $50.00
Current DBA at time t	= Original DBA + Original DBA x 0.05 x (t-1)
Current DBA at time 15	= Original DBA x (1 + 0.05x14) = $85.00
Current Annual Premium	= Original DBA / $10 x Current Premium Rate = $50.00 / $10 x $129.34 = $646.70
Proposed Annual Premium	= Original DBA / $10 x Proposed Premium Rate = $50.00 / $10 x $151.36 = $756.80
Change in Annual Premium	= $756.80 - $646.70 = $110.10

Policy as revised with No BIO at end of policy year 15:

Current DBA at time t	= Original DBA + Original DBA x 0.05 x (t-1)
Current DBA at time 15	= $85.00 {from above}
Recalculated Original DBA	= $85.00

After 15 years, the policyholder accrued an additional $35.00 of DBA under the 5% Simple BIO for a total DBA of $85.00. This current DBA of $85.00 at the end of policy year 15 is maintained when the policyholder chooses to eliminate the Simple BIO.

The annual premium, after the requested rate increase, is then calculated using the Recalculated Original DBA, as follows:

Proposed premium rate for No BIO per $10 DBA = $98.58

Recalculated Original DBA	= $85.00 {from above}
Proposed Annual Premium	= Recalculated Original DBA / $10 x Proposed Premium Rate = $85.00 / $10 x $98.58 = $837.90
Change in Annual Premium	= $837.90 - $646.70 = $191.20

As these examples show, it is not necessarily beneficial for policyholders to reduce or eliminate the BIO, since the policies issued in Virginia under this policy form are in policy durations 15 and later.

Please note that the premium rate differential between the benefit increase options also varies by issue age, benefit period and elimination period. Therefore the impact on the premium will vary significantly by policy depending not only on the time a change to the BIO is made but also on these other factors.

These three benefit increase options, which were those offered at the time this policy form was originally issued, are the only benefit increase options currently available to the policyholder. The company does not offer any landing zones, i.e. a reduction in the benefit increase option percentage that would result in no increase in premium.

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Minneapolis, MN 55474

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Attachment 1: Percentage of Premium Schedule for Rider Form 30165A
Enclosures: Revised Forms 112016 and 112018
Statement of Variability for Revised Forms 112016 and 112018
Endorsement Form 112459
Statement of Variability for Form 112459
Certification of Compliance

Attachment 1

RiverSource Life Insurance Company
Long-Term Care Insurance
Nonforfeiture Benefit Rider

Rider Form 30165A
(For Policy Form 30160A-VA)

Issue Age	Percentage of Premium
40	30%
41	30%
42	30%
43	30%
44	30%
45	30%
46	30%
47	30%
48	30%
49	30%
50	30%
51	30%
52	30%
53	30%
54	30%
55	30%
56	30%
57	30%
58	30%
59	30%
60	30%
61	30%
62	30%
63	30%
64	30%
65	30%
66	29%
67	28%
68	27%
69	26%
70	25%
71	24%
72	23%
73	22%
74	21%
75	20%
76	19%
77	18%
78	17%
79	16%
80	15%
81	15%
82	15%
83	15%
84	15%

RiverSource Life Insurance Company
Statement of Variability
Form 112459 Endorsement

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Field	Scope of Variation
Address	Will insert the company home address.
Phone number	Will insert the current toll free number.
Policy Number	Will insert policy number
Insured	Will insert name of insured
Coverage Change	This will reflect the choices each policyholder has made. The text in each category below reflects the respective approved policy language. The range of options is as follows:
Daily Benefit Amount	This will only appear if the Daily Benefit Amount is changed. If it is changed, the range of text that may appear is: Original Nursing Home Daily Benefit changed to $XX.XX Original Daily Benefit – Nursing Home changed to $XX.XX Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX Original Covered Care Daily Maximum changed to $XX.XX Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX $XX.XX will represent the insured policy specific data.
Benefit Period	This will only appear if the Benefit Period is changed. If it is changed, the range of text that may appear is: Nursing Home Benefit Limit changed to XX days Confinement Benefit Limit changed to XX days Home Care Rider Maximum Payment Period changed to XX days Covered Care Maximum Payment Period changed to XX days Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ) $XX.XX and XX will represent the insured policy specific data. The minimum benefit period is two years.
Elimination Period	This will only appear if the Elimination Period is changed. If it is changed, the range of text that may appear is: Nursing Home Deductible Period changed to XX days Confinement Benefit Deductible (Elimination Period) changed to XX days Covered Care Deductible (Elimination Period) changed to XX days Deductible Period to XX days XX will represent the insured policy specific data.
Benefit Increase Option	This will only appear if the Benefit Increase Option is changed. If it is changed, the range of text that may appear is:
	Benefit Increase Option – Thru Age 85 Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Home Care Benefit Rider Increase Option – Thru Age 85 Do you have this Option? Changed to XXX

	XXX will display either "Yes, Simple Increase" or "No"
	Home and Community Care Rider Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "No" or "Yes If Yes, these paragraphs will display: "SIMPLE 5% BENEFIT INCREASE: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increase will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts. Your lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where: (a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and (b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year."
Optional Home Care Rider	This will appear if the Optional Home Care Rider is eliminated: "Optional Home Care Rider is eliminated."
Optional Nonforfeiture Benefit Rider	This will appear if the Optional Nonforfeiture Benefit Rider is eliminated: "Optional Nonforfeiture Benefit Rider is eliminated."
Exercised Nonforfeiture Option	This will appear if the Nonforfeiture Benefit Rider is exercised: "Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00. Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply."
Exercised Contingent Benefit Upon Lapse	This will appear if the Contingent Benefit Upon Lapse is exercised: "Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00. Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods,

	continue to apply."
Administrative information	The version letter/print date will be changed if any future changes are made to bracketed items for Company address, phone number, or Secretary. The date range will also use 1-12 for the months and the last two numbers of a year.
Effective Date	Will insert effective date of the change
Signature	Will insert the signature and title of current company Corporate Secretary.

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-70000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2017, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due January 15, 2017. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may help to reduce or eliminate the premium increase. **You do not need to take any action until you begin paying premiums again. Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:

- your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
- an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

September 1, 2016

9100-60000001-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000001-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2017, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due January 15, 2017. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the January 15, 2017 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help to reduce or eliminate the premium increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than December 15, 2016 to ensure your requested changes are processed before January 15, 2017, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before December 15, 2016, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:
- your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
- an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us.

If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

November 3, 2016

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129718202
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated May 4, 2016, my subsequent conversation with you on May 4, 2016 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information in response to your May 4, 2016 letter. I restate your comments in italics for reference.

Per the company's request via SERFF Note sent on October 11, 2016, we are revising this filing at this time to request a 34.6% rate increase on this policy form. A revised Actuarial Memorandum that reflects updated experience to support the requested 34.6% rate increase has been provided with this response, and SERFF has also been updated to reflect the revised rate increase.

Revised versions of policy form 112016 (i.e. rate increase notification letter for policyholders on waiver of premium at time of the rate increase), policy form 112018 (i.e. rate increase notification letters for policyholders not on waiver at the time of the rate increase), endorsement form 112459 and the "Frequently Asked Questions" ("FAQ") have been enclosed with this response, to address the concerns from your May 4, 2016 letter as described in the remainder of this response.

1. *Endorsement Form 112459, Statement of Variability: Please provide us with the minimum benefit for the Benefit Period variable field for the LTC Endorsement Form112459.*

   The SOV for endorsement form 112459 have been updated to include the minimum benefit for the "Benefit Period" variable field.

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Minneapolis, MN 55474

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2. *Endorsement Form 112459: Both the Exercised Nonforfeiture Option and the Exercised Contingent Benefit Upon Lapse sections of the form include the following language:*

   "Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply."

   If the policy is paid-up with a shortened benefit period, please explain how this benefit, would be applicable. Would a premium continue to be charged for such a benefit after the policy is paid-up?

   As described in the Actuarial Memorandum, there are three Benefit Increase Options ("BIO") currently available to the policyholder:
   - Level - the Daily Benefit Amount ("DBA") does not increase, i.e. the current DBA is equal to the original DBA;
   - Simple 5% - the current DBA increases each year by an amount equal to 5% of the original DBA; and
   - Compound 5% - the current DBA in policy year t increases by 5% of the current DBA in policy year t-1

   The Reduced Lifetime Benefit Limit ("RLBL") is calculated at the time the Nonforfeiture Option ("NFO") or Contingent Benefit Upon Lapse ("CBUL") option is exercised and is calculated as described in the endorsement form 112459. The RLBL is fixed at the time of exercise and will not increase in the future, regardless of whether the policy has a Simple 5% or Compound 5% BIO at the time of exercise. However, if the policy has a Simple 5% or Compound 5% at the time the NFO or CBUL is exercised, the current DBA at the time of the exercise will continue to increase at each policy anniversary. The policy is considered fully paid-up so no premium is charged for the fact that the current DBA will increase in the future.

   For example, assume that a policy is currently active and paying premiums (i.e. has not yet exercised either the NFO or CBUL option) with an original DBA at time of issue of $50, a 5% Compound BIO and is currently at its 15^{th} policy anniversary. For illustrative purposes only, assume that the policyholder has paid cumulative premiums equal to $10,850 through end of the fifteenth policy anniversary and that there have been no benefit payments on the policy.

   Current DBA at time 15 = Original DBA x $(1.05)^{14}$ = $50.00 x $(1.05)^{14}$ = $99.00

   On the first day of the sixteenth policy year, the policyholder chooses to exercise the CBUL. The RLBL is calculated as the cumulative premiums paid to date and is set equal to $10,850 and will not increase in the future, regardless of any BIO. The policy is now considered fully paid-up and no premiums will be due in the future.

   The current DBA will continue to increase by 5% on each policy anniversary, in accordance with the 5% Compound BIO, for the life of the policy. The following table demonstrates how the current DBA will increase in the future but the RLBL remains the same (assuming no benefits are paid):

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Minneapolis, MN 55474

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Policy Anniversary	Current DBA	RLBL[1]
15	$99.00	n/a
16	$103.95	$10,850.00
17	$109.14	$10,850.00
18	$114.60	$10,850.00
19	$120.33	$10,850.00
20	$126.35	$10,850.00
25	$161.25	$10,850.00
30	$205.81	$10,850.00

[1] Assuming no benefits paid on the policy

2. *Policyholder Notification Letters Forms 112016 and 112018: For conformity with 14 VAC 5-200-185 D and for consistency with other RiverSource documents, the reference to contingent nonforfeiture benefit upon lapse should be contingent benefit upon lapse.*

   The language in policy forms 112016 and 112018 has been updated to conform with 14 VAC 5-200-185D.

3. *Sample Policyholder Letters: In further review of the Frequently Asked Questions document (FAQ), the following concerns should be addressed:*

   1) *Please expand or modify the response to question 2 to incorporate all or part of the language used in the company's policyholder notification letter for the increase which is as follows:*

      "Rates are being raised on all policies like yours to offset 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 increased 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."

      Item #2 of the FAQ has been updated to reflect this change.

   2) *Question 8 is in regards to the options to "offset" the premium increase. It may be more accurate to state the available options to "reduce or eliminate" the premium increase.*

      Item #8 of the FAQ has been updated to add “to help reduce or eliminate the premium increase” in the third sentence. The language in the section title “You have options” of policy forms 112016 and 112018 has also been updated to be consistent with item #8 the FAQ.

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Minneapolis, MN 55474

RiverSource Insurance

3) *Question 10 may be somewhat misleading and the answer should be expanded to indicate that although there may be no premium refund, it may be possible to maintain reduced paid up coverage, if eligible, under a nonforfeiture or contingent benefit option.*

Item #10 of the FAQ has been revised as follows:

Q10: Will I get a refund if I cancel my policy or let my policy lapse?
A: No. Much like other types of insurance (i.e. automobile, homeowners, etc.), your policy does not accumulate any cash value so canceling your policy or letting it lapse will not result in any refund to you. If you cancel your policy, the only refund you will receive is a return of any unearned premium that you may have already paid for the period of time between the time you cancel your policy and your next premium due date. You will not be able to receive any refund of premium that has already been earned by the company.

If you either have a nonforfeiture benefit rider on your policy or you are eligible for a contingent benefit upon lapse, you may be able to stop paying premiums but keep your policy in-force for a reduced benefit amount. Please see the "You have options" section of the notice of premium rate increase letter.

4) *Question 14 speaks of taxes which is not something normally seen. For our purposes, would you provide more of an explanation as to the reason for this statement being included in the FAQ. We are not asking that it be removed.*

Item #14 is a company-standard item included in similar communications to clients for other non-LTC products.

4. *Policyholder Notification Letters Forms 112016: It does not appear the waiver letter has been amended as noted in your VA Response letter dated 4-12-16 under objection 3 :*

I apologize for the error. Policy form 112016 has been revised to replace this current sentence:

"*Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.*"

with the following sentence:

"*Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.*"

The SOV for policy form 112016 has been updated to reflect this change.

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Minneapolis, MN 55474

5. *Policyholder Notification Letters Forms 112016 and 112198: Please indicate under "Lapsing your policy", that in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.*

   Policy forms 112016 and 112018 have been revised to add the following sentence:

   "*In no event will the reduced lifetime benefit limit be greater than the maximum lifetime benefit that would have been payable if you continue to pay premiums.*"

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Enclosures:
Revised Actuarial Memorandum
Revised Rate Pages
Revised Forms 112016 and 112018
Statement of Variability for Revised Forms 112016 and 112018
Revised Endorsement Form 112459
Statement of Variability for Revised Endorsement Form 112459
Revised Policyholder Frequently Asked Questions

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-1234567-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Nursing Home Daily Benefit changed to $XX.XX

Original Daily Benefit – Nursing Home changed to $XX.XX

Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX

Original Covered Care Daily Maximum changed to $XX.XX

Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX

Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX

Benefit Period

Nursing Home Benefit Limit changed to XX days

Confinement Benefit Limit changed to XX days

Home Care Rider Maximum Payment Period changed to XX days

Covered Care Maximum Payment Period changed to XX days

Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ)

Elimination Period

Nursing Home Deductible Period changed to XX days

Confinement Benefit Deductible (Elimination Period) changed to XX days

Covered Care Deductible (Elimination Period) changed to XX days

Deductible Period to XX days

Benefit Increase Option

Benefit Increase Option – Thru Age 85

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Home Care Benefit Rider Increase Option – Thru Age 85

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Home and Community Care Rider Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No), if Yes, Simple BIO paragraphs will follow (SIMPLE 5% BENEFIT INCREASES: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts.
Your Lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where:
(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year)

Optional Home Care Rider
Optional Home Care Rider is eliminated

Optional Nonforfeiture Benefit Rider
Optional Nonforfeiture Benefit Rider is eliminated

Exercised Nonforfeiture Option
Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

corrected typo

Exercised Contingent Benefit Upon Lapse

Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective xx/xx/xxxx.

RiverSource Life Insurance Company

A B C D

Secretary

RiverSource Life Insurance Company
Statement of Variability
Forms 112016 and 112018

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Form 112016

Field	Scope of Variation
Address	Will insert the company home address.
Logo	If company logo changes, will insert new logo.
Date	Will insert date of letter.
Policy Number	Will insert policy number.
Name and Address	Will insert policyholder's name and address.
Effective Date	Will insert date the rate increase on the policy will go in to effect.
Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
Web Address	If Bureau of Virginia's website address changes, will insert new web address.
Request for regulatory approval for additional premium increases	This may be modified to reflect the number of years before another premium increase would be effective in accordance with the Virginia State Corporation Commission requirements.
Rate Increase History	Will insert the rate increase history for applicable policy form.
Premium Mode	Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly).
Current Premium	Will insert policyholder's current modal premium amount.
New Premium	Will insert policyholder's modal premium amount after the rate increase.
Daily Benefit Amount Reduction	Will insert policyholder's current nursing home daily benefit amount.
Alternate Daily Benefit Amount	Will insert the nursing home daily benefit amount that policyholder can reduce their cover to in order to keep the premium after the rate increase approximately the same as the current premium.
Alternate Premium Amount	Will insert the new modal premium after the rate increase if policyholder chooses to reduce the daily benefit to a level that will keep the premium after the rate increase approximately the same as the current premium. Statement only appears if the client has that respective benefit, option or rider.
Benefit Adjustments-Home Care coverage	If the client has Home Care coverage benefits, this language will appear in the letter.
Benefit Adjustments-Nonforfeiture Benefit Rider	If the client has the Nonforfeiture Benefit Rider, this language will appear in the letter.
Benefit Adjustments-Contingent Benefit Upon Lapse	If the client is eligible for contingent benefit upon lapse, this language will appear in the letter.
Advisor contact information	Advisor name and telephone number will only appear if the client has an advisor.
Client service representative - toll free telephone number	If this telephone number were to change we would update this as needed.
Letter Closing	Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
Administrative Information	The version letter/print date will be changed if any future changes are made to bracketed items for the Company address, phone number, Secretary, logo and technology coding. The range will be A-Z. The date range will also use 1-12 for the month and the last two numbers of a year.
Technology Coding	Technology System Coding: Technology system coding may be changed to facilitate electronic

	distribution and identification of form.

Form 112018

Field	Scope of Variation
Address	Will insert the company home address.
Logo	If company logo changes, will insert new logo.
Date	Will insert date of letter.
Policy Number	Will insert policy number.
Name and Address	Will insert policyholder's name and address.
Effective Date	Will insert date the rate increase on the policy will go in to effect.
Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
Web Address	If Bureau of Virginia's website address changes, will insert new web address.
Request for regulatory approval for additional premium increases	This may be modified to reflect the number of years before another premium increase would be effective in accordance with the Virginia State Corporation Commission requirements.
Rate Increase History	Will insert the rate increase history for applicable policy form.
Premium Mode	Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly).
Current Premium	Will insert policyholder's current modal premium amount.
New Premium	Will insert policyholder's modal premium amount after the rate increase.
Daily Benefit Amount Reduction	Will insert policyholder's current nursing home daily benefit amount.
Alternate Daily Benefit Amount	Will insert the nursing home daily benefit amount that policyholder can reduce their cover to in order to keep the premium after the rate increase approximately the same as the current premium.
Alternate Premium Amount	Will insert the new modal premium after the rate increase if policyholder chooses to reduce the daily benefit to a level that will keep the premium after the rate increase approximately the same as the current premium. Statement only appears if the client has that respective benefit, option or rider.
Benefit Adjustments-Home Care coverage	If the client has Home Care coverage benefits, this language will appear in the letter.
Benefit Adjustments-Nonforfeiture Benefit Rider	If the client has the Nonforfeiture Benefit Rider, this language will appear in the letter.
Benefit Adjustments-Contingent Benefit Upon Lapse	If the client is eligible for contingent benefit upon lapse, this language will appear in the letter.
If you decide to modify your coverage -New Premium Effective Date	Will insert the date, which is one month prior to the increase effective date, that we ask the policyholder to get the change request form submitted by in order to ensure the request completed by the increase effective date.
Advisor contact information	Advisor name and telephone number will only appear if the client has an advisor.
Client service representative- toll-free telephone number	If this telephone number were to change we would update this as needed.
Letter Closing	Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
Administrative Information	T The version letter/print date will be changed if any future changes are made to bracketed items for the Company address, phone number, Secretary, logo and technology coding. The range will be A-Z. The date range will also use 1-12 for the month and the last two numbers of a year.
Technology Coding	Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

March 1, 2017

Ms. Janet Houser
Virginia Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129718202
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your objection letter and SERFF Note to Filer dated November 28, 2016 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information in response to your letter and SERFF Note to Filer. I restate your comments in italics for reference.

SERFF Note to Filer
Through an oversight on my part, the Readability Certification does not include the required language as set forth in 14VAC5-110-60. I apologize for not bringing this to your attention previously and including it as an objection our letter dated today.

The Readability Certification has been updated and provided with this response.

Objection Letter
As a result of the rate request revision, before additional consideration may be given, this new information presents the following concerns and /or questions:

1. *Please explain the difference between Exhibit VIII on pages 34 and 35. Also, please provide the projection corresponding to Exhibit VIII but including the proposed increase.*

   The version of Exhibit VIII with No Increase shown on page 34 was incorrectly included in the revised Actuarial Memorandum dated November 11, 2016. A revised Actuarial Memorandum with the correct Exhibit VIII showing Nationwide Experience with No Increase on page 34 and Nationwide Experience with a 34.6% Increase on page 35 has been provided with this response. Please accept my apologies for this error.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

2. *14VAC5-200-150.B. requires the use of the greater of 60% or the originally expected loss ratio, which the Company has reported in Table 1 as 62.8%. Please modify the projection in Exhibit XV to use 62.8%.*

   Exhibit XV of the revised Actuarial Memorandum has been updated to use the original priced-for loss ratio of 62.8%. The revised Exhibit XV provides the demonstration that this rate increase meets the dual-loss ratio standard for individual long-term care policy forms set forth in the NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases ("the Bulletin"). Please note that, in accordance with standards set forth in 14 VAC 5-130-50(B), accumulated values and present values shown in Exhibit XV are calculated using an interest rate consistent with that assumed in the determination of premiums at the time of original pricing, rather than the maximum valuation interest rate for contract reserves recommended in the Bulletin.

3. *Please provide a projection of future experience utilizing the actual policies in force at the projection date, but utilizing original assumptions for mortality, lapse, morbidity and interest from the projection date forward and utilizing the original premium scale with no increases.*

   Attachment 1 to this response provides the nationwide actual historical and projected future earned premiums and incurred claims based on actual policies inforce as of June 30, 2016 where actual and projected premiums have been restated to the original Virginia premium level (i.e. before any rate increases) and future experience is projected all original pricing assumptions for morbidity, mortality, lapse and interest.

4. *Please provide an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the in force annualized premium for each state.*

   Attachment 2 to this letter provides a list of the 50 states (including the District of Columbia) where this policy form was offered, with the status of all currently requested rate increases as of March 1, 2017 and the history of all previous rate revisions which first began in 2007. As this attachment shows:
   - the cumulative 102.4% premium rate increase currently requested in Virginia has been approved in fifteen states;
   - we have rate increase requests pending in Alabama, Georgia, Idaho, Kentucky, Nebraska, New Jersey, North Carolina and Pennsylvania to bring premium increases to the cumulative 102.4% currently requested in Virginia;
   - we will be requesting rate increases in the following states to bring premium increases to the cumulative 102.4% currently requested in Virginia as follows:
     - In 2017: Arizona, Arkansas, Connecticut, Delaware, Illinois, Indiana, Minnesota, Montana, Nevada, New Hampshire and Texas;
     - In 2018: California, Colorado, Louisiana, Maine, New Mexico, Oklahoma, Oregon and Washington; and
     - In 2019: Rhode Island;
   - we have a rate increase request pending in Hawaii to bring premiums to the current Virginia premium level;

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- we have a rate increase request pending in Florida to move premiums towards the level currently requested in Virginia;
- we will soon be requesting a 15% rate increase in Maryland and a 40% rate increase in Vermont to move premiums towards the level currently requested in Virginia;
- we will be requesting a rate increase in 2019 in Massachusetts to move premium towards the level currently requested in Virginia; and
- no rate increase is being requested in the District of Columbia at this time.

5. *Please provide a projection including the proposed rate increase but without shock lapses and anti-selective morbidity adjustments.*

   Attachment 3 to this letter provides the nationwide actual historical and projected future experience both before and after the requested 34.6% rate increase where actual and projected premiums reflect the accumulated rate increases as approved in Virginia and implemented from 2007 through 2013 on a nationwide basis and the projected future experience after the requested rate increase does not include any impact of shock lapses or adverse selection.

6. *Please indicate the average maximum valuation interest rate for the policies inforce.*

   The average maximum statutory valuation interest rate used for contract reserves for this policy form determined by weighting the active life reserve balance as of June 30, 2016 by issue year is 4.5%.

7. *Does the Company intend to implement this increase as a series or not? If so, changes would be needed in the policyholder letter, the Actuarial Memorandum, and rate schedules.*

   If the requested 34.6% premium rate increase is approved, the Company would prefer to implement this as a single rate increase. However, if the Bureau would prefer, the Company would be willing to spread the increase over a two year period of time with an implementation schedule of two consecutive annual rate increases of 16.0% each, and we would provide a revised Actuarial Memorandum and rate schedules reflecting two annual increases and would also develop rate increase notification letters consistent with a multi-year premium rate increase.

8. *The response to objections regarding the endorsement form remain under review by the Forms Examiner. We will provide any concerns regarding the form as soon as such is available.*

9. *Please provide an updated Long Term Care Rate Request Summary reflecting the revised rate increase of 34.6%.*

   An updated Long Term Care Request Summary reflecting a 34.6% requested rate increase has been provided with this response.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

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Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Attachment 1: Nationwide Experience with Original Virginia Premium Level and Projected with All Original Pricing Assumptions
Attachment 2: Status of Long Term Care Rate Increase Filings by State as of March 1, 2017
Attachment 3: Nationwide Experience Before and After Requested Increase with No Shock Lapse and Adverse Selection
Enclosures: Readability Certification
Revised Actuarial Memorandum
Long Term Care Request Summary with 34.6% Rate Increase

Attachment 1
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Experience Restated to Original Virginia Rate Level
Historical Actual Experience and Projected Future Experience based on Actual Inforce as of 6/30/2016
Using All Original Pricing Assumptionsfor Morbidity, Mortality, Lapse and Interest
Policy Form: 30160A

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	48,954	0	0.0%	123,703	0	0.0%	5.00%	2.5270
	1998	8,485,413	227,638	2.7%	20,421,158	547,837	2.7%	5.00%	2.4066
	1999	36,839,540	2,132,424	5.8%	84,436,902	4,887,554	5.8%	5.00%	2.2920
	2000	64,451,630	5,039,141	7.8%	140,689,825	10,999,813	7.8%	5.00%	2.1829
	2001	67,439,792	7,077,818	10.5%	140,202,485	14,714,275	10.5%	5.00%	2.0789
	2002	66,535,160	11,221,828	16.9%	131,735,065	22,218,452	16.9%	5.00%	1.9799
	2003	64,639,775	12,687,447	19.6%	121,887,936	23,924,073	19.6%	5.00%	1.8856
	2004	62,391,639	15,912,781	25.5%	112,046,419	28,577,068	25.5%	5.00%	1.7959
	2005	60,591,747	15,235,860	25.1%	103,632,450	26,058,492	25.1%	5.00%	1.7103
Historical	2006	59,037,005	28,390,669	48.1%	96,165,061	46,245,409	48.1%	5.00%	1.6289
Experience	2007	57,514,309	28,103,865	48.9%	89,223,571	43,598,318	48.9%	5.00%	1.5513
	2008	53,791,376	29,203,311	54.3%	79,474,362	43,146,591	54.3%	5.00%	1.4775
	2009	51,307,632	42,116,513	82.1%	72,194,991	59,262,163	82.1%	5.00%	1.4071
	2010	49,298,212	51,519,888	104.5%	66,064,319	69,041,577	104.5%	5.00%	1.3401
	2011	47,392,845	47,586,395	100.4%	60,486,615	60,733,638	100.4%	5.00%	1.2763
	2012	45,825,126	63,242,308	138.0%	55,700,728	76,871,421	138.0%	5.00%	1.2155
	2013	43,946,713	60,584,700	137.9%	50,873,813	70,134,363	137.9%	5.00%	1.1576
	2014	42,125,220	66,441,369	157.7%	46,443,055	73,251,609	157.7%	5.00%	1.1025
	2015	40,275,301	70,937,714	176.1%	42,289,067	74,484,600	176.1%	5.00%	1.0500
	1/1/2016-6/30/2016	19,382,899	48,210,249	248.7%	19,620,770	48,801,896	248.7%	5.00%	1.0123
	7/1/2016-12/31/2016	18,919,918	24,468,246	129.3%	18,690,543	24,171,606	129.3%	5.00%	0.9879
	2017	35,099,127	49,854,096	142.0%	33,427,740	47,480,091	142.0%	5.00%	0.9524
	2018	31,653,857	50,928,410	160.9%	28,710,981	46,193,569	160.9%	5.00%	0.9070
	2019	28,451,098	51,789,065	182.0%	24,577,128	44,737,342	182.0%	5.00%	0.8638
	2020	25,483,335	52,493,240	206.0%	20,965,203	43,186,319	206.0%	5.00%	0.8227
	2021	22,742,463	53,037,325	233.2%	17,819,315	41,556,132	233.2%	5.00%	0.7835
Projected	2022	20,219,850	53,278,155	263.5%	15,088,363	39,756,980	263.5%	5.00%	0.7462
Future	2023	17,906,412	53,225,413	297.2%	12,725,753	37,826,307	297.2%	5.00%	0.7107
Experience	2024	15,792,704	52,903,531	335.0%	10,689,124	35,807,192	335.0%	5.00%	0.6768
	2025	13,868,997	52,289,609	377.0%	8,940,079	33,706,348	377.0%	5.00%	0.6446
	2026	12,125,360	51,367,616	423.6%	7,443,919	31,535,261	423.6%	5.00%	0.6139
	2027	10,551,709	50,150,928	475.3%	6,169,366	29,322,209	475.3%	5.00%	0.5847
	2028	9,137,860	48,633,799	532.2%	5,088,303	27,081,119	532.2%	5.00%	0.5568
	2029	7,873,579	46,829,883	594.8%	4,175,527	24,834,887	594.8%	5.00%	0.5303
	2030	6,748,631	44,787,543	663.7%	3,408,517	22,620,753	663.7%	5.00%	0.5051
	2031	5,752,844	42,546,750	739.6%	2,767,216	20,465,714	739.6%	5.00%	0.4810
	2032	4,876,161	40,101,032	822.4%	2,233,826	18,370,745	822.4%	5.00%	0.4581
	2033	4,108,708	37,486,444	912.4%	1,792,616	16,355,211	912.4%	5.00%	0.4363
	2034	3,440,845	34,761,123	1010.2%	1,429,742	14,443,965	1010.2%	5.00%	0.4155
	2035	2,863,228	31,973,563	1116.7%	1,133,076	12,653,025	1116.7%	5.00%	0.3957
	2036	2,366,864	29,161,677	1232.1%	892,046	10,990,729	1232.1%	5.00%	0.3769
	2037	1,943,169	26,361,248	1356.6%	697,486	9,462,169	1356.6%	5.00%	0.3589
	2038	1,584,016	23,611,924	1490.6%	541,496	8,071,733	1490.6%	5.00%	0.3418
	2039	1,281,774	20,954,443	1634.8%	417,309	6,822,166	1634.8%	5.00%	0.3256
	2040	1,029,335	18,417,376	1789.3%	319,164	5,710,637	1789.3%	5.00%	0.3101
	2041	820,136	16,028,208	1954.3%	242,188	4,733,174	1954.3%	5.00%	0.2953
	2042	648,169	13,807,545	2130.2%	182,292	3,883,244	2130.2%	5.00%	0.2812
	2043	507,985	11,773,155	2317.6%	136,063	3,153,420	2317.6%	5.00%	0.2678
	2044	394,692	9,932,682	2516.6%	100,683	2,533,764	2516.6%	5.00%	0.2551
	2045	303,940	8,291,262	2727.9%	73,841	2,014,331	2727.9%	5.00%	0.2429
	2046	231,905	6,848,215	2953.0%	53,658	1,584,523	2953.0%	5.00%	0.2314
	2047	175,259	5,593,212	3191.4%	38,620	1,232,517	3191.4%	5.00%	0.2204
	2048	131,138	4,514,809	3442.8%	27,521	947,506	3442.8%	5.00%	0.2099
	2049	97,112	3,599,802	3706.9%	19,410	719,502	3706.9%	5.00%	0.1999
	2050	71,138	2,833,593	3983.2%	13,542	539,388	3983.2%	5.00%	0.1904
	2051	51,524	2,201,372	4272.6%	9,341	399,087	4272.6%	5.00%	0.1813
	2052	36,875	1,686,522	4573.6%	6,367	291,191	4573.6%	5.00%	0.1727
	2053	26,064	1,273,693	4886.9%	4,286	209,440	4886.9%	5.00%	0.1644
	2054	18,182	947,875	5213.3%	2,847	148,442	5213.3%	5.00%	0.1566
	2055	12,510	694,744	5553.4%	1,866	103,620	5553.4%	5.00%	0.1491
	2056	8,484	501,091	5906.4%	1,205	71,178	5906.4%	5.00%	0.1420
	2057	5,666	355,345	6271.6%	766	48,072	6271.6%	5.00%	0.1353
	2058	3,723	247,399	6646.0%	480	31,875	6646.0%	5.00%	0.1288
	2059	2,403	168,785	7024.8%	295	20,711	7024.8%	5.00%	0.1227
	2060	1,521	112,604	7404.1%	178	13,159	7404.1%	5.00%	0.1169
	2061	942	73,280	7780.5%	105	8,156	7780.5%	5.00%	0.1113
	2062	569	46,454	8164.5%	60	4,924	8164.5%	5.00%	0.1060
	2063	334	28,573	8553.5%	34	2,884	8553.5%	5.00%	0.1009
	2064	190	16,987	8952.8%	18	1,633	8952.8%	5.00%	0.0961
	2065	104	9,712	9366.2%	9	889	9366.2%	5.00%	0.0916
	Past	941,320,290	605,871,917	64.4%	1,533,712,294	797,499,150	52.0%		
	Future	309,372,406	1,132,999,359	366.2%	231,059,512	675,858,837	292.5%		
	Lifetime	1,250,692,696	1,738,871,275	139.0%	1,764,771,806	1,473,357,987	83.5%		

Attachment 2
RiverSource Life Insurance Company
Status of Long Term Care Rate Filings as of March 1, 2017
Policy Form: 30160A

	First Nationwide Request			Follow-Up Request			Follow-Up Request			Second Nationwide Request			Follow-Up Request			Third Nationwide Request			Fourth Nationwide Request					
State	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Submission	Date of Disposition	Rate Increase	Effective Date	Cumulative Rate Increase	Annualized Premium as of 6/30/2016
Alabama	7/31/2007	33.1%	11/1/2007							4/24/2012	15.0%	10/1/2012				4/17/2015	15.0%	7/1/2015	15% Increase - Submitted 11/1/2016				76.0%	617,932
Alaska [1]	4/2/2007	33.1%[5]	12/1/2007							N/A	15.0%	4/1/2012				N/A	15.0%	1/1/2015	N/A	N/A	15.0%	4/1/2017	102.4%	18,170
Arizona	6/7/2007	7.5%	9/1/2007	9/1/2011	23.8%	1/1/2012				7/23/2013	15.0%	11/1/2013				8/28/2015	15.0%	12/1/2015					76.0%	776,940
Arkansas	12/10/2007	15.0%	3/1/2008	9/3/2008	15.7%	3/1/2009				12/8/2015	15.0%	3/1/2016				12/8/2015	8.7%	3/1/2016					66.3%	470,970
California [2]	9/11/2007	10.0%	1/1/2008	9/16/2008	10.0%	1/1/2009	9/9/2011	10.0%	12/1/2011	7/6/2016	15.0%	10/1/2016											53.1%	6,133,115
California [3]	12/20/2012	20.0%	12/1/2016																				20.0%	829,476
Colorado	5/10/2007	33.1%	9/1/2007							2/24/2012	15.0%	6/1/2012				11/10/2014	15.0%	2/1/2015					76.0%	1,262,503
Connecticut	12/14/2007	5.0%	3/1/2008	3/5/2010	12.0%	7/1/2010	9/24/2013	13.2%	1/1/2014	9/24/2013	6.0%	1/1/2014	9/24/2015	8.5%	1/1/2016	9/24/2015	10.5%	1/1/2016					69.2%	2,177,675
Delaware	1/24/2008	10.0%	5/1/2008	5/10/2010	10.0%	8/1/2010	9/9/2012	10.0%	1/1/2013	12/2/2014	30.0%[9]	4/1/2015											73.0%	336,227
District of Columbia	Not Filing									Not Filing						Not Filing				Not Filing			0.0%	93,153
Florida	10/18/2007	10.0%	1/1/2008	42.9% Increase - Submitted 9/2/2016			42.9% Increase - Submitted 9/2/2016			42.9% Increase - Submitted 9/2/2016													10.0%	1,392,348
Georgia	5/11/2007	10.0%	9/1/2007	9/5/2008	5.0%	12/1/2008	2/24/2010	10.0%	7/1/2010	1/18/2012	12.0%	4/1/2012	1/15/2013	7.6%	4/1/2013	2/23/2015	12.0%	6/1/2015	18% Increase - Submitted 1/5/2017				71.5%	1,026,887
Hawaii	6/19/2008	10.0%	9/1/2008	5/19/2010	10.0%	8/1/2010				8/28/2012	19.0%	11/1/2013	22.2% Increase - Submitted 8/11/2015										44.0%	1,041,899
Idaho	12/4/2007	15.0%	3/1/2008	9/7/2011	15.7%	12/1/2011				3/16/2015	15.0%	6/15/2015							15% Increase - Submitted 1/27/2017				53.1%	116,073
Illinois	9/12/2007	33.1%[5]	12/1/2007							12/28/2011	15.0%	4/1/2012				1/21/2016	15.0%	5/1/2016					76.0%	2,149,036
Indiana	12/3/2008	10.0%	3/1/2009	4/11/2010	10.0%	7/1/2010	4/10/2013	10.0%	7/1/2013	12/7/2015	10.0%	3/1/2016											46.4%	891,627
Iowa	2/5/2008	33.1%[5]	5/1/2008							2/3/2012	15.0%	5/1/2012				11/12/2014	15.0%	2/1/2015	11/17/2016	12/12/2016	15.0%	4/1/2017	102.4%	1,258,607
Kansas	11/26/2007	18.0%	3/1/2008	11/14/2008	12.8%	3/1/2009				1/15/2013	10.0%	12/1/2013	2/19/2016	4.5%	9/1/2016	2/19/2016	32.3%	9/1/2016					102.4%	526,379
Kentucky	8/3/2007	33.1%[5]	12/1/2007							2/9/2012	15.0%	6/1/2012				10/20/2014	7.0%	1/1/2015	23.6% Increase - Submitted 12/14/2016				63.8%	575,414
Louisiana	9/7/2007	10.0%	5/1/2008	9/24/2008	10.0%	5/1/2009	2/1/2011	10.0%	5/1/2011	7/2/2013	10.0%	2/1/2014				6/29/2016	15.0%	10/1/2016					68.4%	388,702
Maine	6/6/2007	33.1%[5]	12/1/2007							9/17/2013	10.0%	1/1/2014				7/7/2016	13.0%	4/1/2017					65.4%	618,275
Maryland	9/25/2007	15.0%	1/1/2008	9/9/2008	15.0%	1/1/2009				1/18/2013	15.0%	9/1/2013				11/16/2015	15.0%	2/1/2016					74.9%	826,581
Massachusetts	6/1/2012	10.0%	10/1/2012	1/20/2017	20%[6]	TBD																	32.0%	2,139,159
Michigan	4/9/2007	33.1%[5]	12/1/2007							12/13/2011	15.0%	4/1/2012				7/21/2014	15.0%	1/1/2015	10/10/2016	11/3/2016	15.0%	4/1/2017	102.4%	3,793,506
Minnesota	8/14/2007	10.0%	11/1/2007	9/10/2008	10.0%	12/1/2008	4/7/2010	10.0%	7/1/2010	5/16/2013	15.0%	8/1/2013				2/5/2016	10.0%	5/1/2016					68.4%	3,829,477
Mississippi	7/18/2007	33.1%[5]	12/1/2007							8/13/2012	15.0%	12/1/2012				9/24/2014	15.0%	1/1/2015	10/18/2016	1/18/2017	15.0%	TBD	102.4%	178,909
Missouri	5/2/2007	33.1%[5]	12/1/2007							9/19/2012	15.0%	1/1/2013				8/6/2014	15.0%	1/1/2015	10/18/2016	11/1/2016	15.0%	4/1/2017	102.4%	921,354
Montana	11/2/2007	33.1%[5]	2/1/2008							8/2/2012	15.0%	11/1/2012				9/15/2014	15.0%	1/1/2015					76.0%	231,219
Nebraska	10/30/2007	10.0%	2/1/2008	8/29/2008	10.0%	2/1/2009	1/29/2010	10.0%	7/1/2010	10/10/2012	15.0%	1/1/2013				11/20/2014	15.0%	3/1/2015	15% Increase - Submitted 11/22/2016				76.0%	749,577
Nevada	7/22/2010	10.0%	10/1/2010	12/19/2012	10.0%	3/1/2013	10/15/2014	45.4%[8]	3/1/2015														76.0%[8]	331,257
New Hampshire	5/25/2007	33.1%[5]	12/1/2007							7/31/2012	15.0%	11/1/2012				3/24/2015	15.0%[10]	7/1/2015					76.0%[10]	527,127
New Jersey [4]	7/31/2007	33.1%	11/1/2007							5/7/2012	15.0%	10/1/2012				4/17/2015	15.0%	7/1/2015	15% Increase - Submitted 11/2/2016				76.0%	993,954
New Mexico	7/23/2007	33.1%[5]	12/1/2007							10/6/2015	12.0%	9/1/2016											49.1%	180,855
North Carolina	8/1/2007	15.0%	11/1/2007	8/11/2008	15.7%	11/1/2008				1/5/2012	15.0%	4/1/2012				1/12/2015	15.0%	4/1/2015	15% Increase - Submitted 1/18/2017				76.0%	1,718,899
North Dakota	4/25/2007	18.0%	9/1/2007	6/19/2008	12.8%	9/1/2008				2/13/2012	10.0%	5/1/2012	3/12/2013	4.6%	6/1/2013	10/20/2014	15.0%	2/1/2015	12/6/2016	1/3/2017	15.0%	4/1/2017	102.4%	191,743
Ohio	6/21/2007	33.1%[5]	12/1/2007							12/23/2011	15.0%	4/1/2012				4/20/2015	15.0%	7/1/2015	1/20/2017	2/12/2017	15.0%	5/1/2017	102.4%	3,116,080
Oklahoma	7/3/2008	10.0%	10/1/2008	10/6/2010	10.0%	1/1/2011	9/13/2012	10.0%	12/1/2012	9/13/2012	9.1%	12/1/2012				10/21/2014	21.2%	2/1/2015	11/28/2016	1/5/2017	10.0%	4/1/2017	93.6%	531,297
Oregon	4/23/2007	10.0%	9/1/2007	6/9/2008	10.0%	9/1/2008	3/24/2010	5.0%	7/1/2010	11/19/2013	15.0%	3/1/2014				4/5/2016	20.5%	7/1/2016					76.0%	1,015,359
Pennsylvania	9/17/2007	10.0%	12/1/2007	9/8/2008	10.0%	12/1/2008	4/7/2010	10.0%	7/1/2010	3/6/2012	10.0%	6/1/2012	5/7/2013	4.6%	8/1/2013	4/29/2015	15.0%	8/1/2015	15% Increase - Submitted 12/6/2016				76.0%	3,639,869
Rhode Island	2/28/2008	33.1%[5]	6/1/2008							10/20/2016	15.0%	TBD											53.1%	357,924
South Carolina	5/2/2007	33.1%[5]	12/1/2007							10/22/2012	15.0%	2/1/2013				11/7/2014	15.0%	3/1/2015	10/24/2016	12/8/2016	15.0%	4/1/2017	102.4%	772,192
South Dakota	10/3/2007	10.0%	1/1/2008	7/2/2008	10.0%	1/1/2009	12/31/2009	10.0%	7/1/2010	1/12/2012	15.0%	4/1/2012				9/4/2014	15.0%	1/1/2015	11/28/2016	12/5/2016	15.0%	4/1/2017	102.4%	209,086
Tennessee	4/30/2007	33.1%[5]	12/1/2007							2/3/2012	10.0%	5/1/2012	4/8/2013	4.6%	7/1/2013	4/7/2015	15.0%	7/1/2015	11/17/2017	1/9/2017	15.0%	7/1/2017	102.4%	1,413,061
Texas	12/11/2007	21.0%	2/1/2008	3/24/2010	7.0%	7/1/2010				2/15/2012	9.0%	5/1/2012	2/10/2016	8.5%	5/1/2016	2/10/2016	15.0%	5/1/2016					76.0%	2,729,198
Utah	12/12/2007	33.1%	3/1/2008							10/23/2012	15.0%	2/1/2013				10/27/2014	15.0%	2/1/2015	11/16/2017	1/18/2017	15.0%	5/1/2017	102.4%	279,975
Vermont																							0.0%	89,655
Virginia	6/21/2007	33.1%[5]	12/1/2007							8/27/2012	13.0%	12/1/2012	34.6% Increase - Submitted 9/11/2014			34.6% Increase - Submitted 9/11/2014			34.6% Increase - Submitted 9/11/2014				50.4%	2,388,759
Washington	6/6/2007	10.0%	9/1/2007	10/20/2008	10.0%	1/1/2009	4/21/2011	10.0%	8/1/2011	6/19/2013	15.0%	2/1/2014				8/10/2016	15.0%	11/1/2016					76.0%	1,606,624
West Virginia	6/4/2007	15.0%	9/1/2007	7/16/2008	15.7%	10/1/2008				1/26/2012	15.0%	5/1/2012				9/19/2014	15.0%	1/1/2015	11/22/2017	1/18/2017	15.0%	5/1/2017	102.4%	335,932
Wisconsin	12/20/2007	20.0%	3/1/2008	2/4/2010	10.9%[7]	7/1/2010				1/5/2012	15.0%[7]	7/1/2012				9/22/2014	15.0%[7]	1/1/2015	11/16/2017	2/14/2017	15.0%[7]	TBD	102.4%[7]	1,441,848
Wyoming	3/13/2007	33.1%[5]	12/1/2007							10/9/2012	15.0%	1/1/2013				8/18/2014	15.0%	1/1/2015	10/24/2016	10/25/2016	15.0%	4/1/2017	102.4%	137,743

[1] Alaska does not require long term care rates to be filed before use.

[2] Pre-Rate Stability policies only, issued prior to July 1, 2002.

[3] Rate Stability policies only, issued on or after July 1, 2002.

[4] Group policies, submitted and filed in Alabama where trustee is located.

[5] Implemented as three consecutive 10% increases over three years.

[6] Implemented over two years as a 10% increase in year 1 and a 9.1% increase in year 2.

[7] Pursuant to Wisconsin regulations, increases for certain older age policies are capped at 10%.

[8] Implemented as three consecutive 13.3% increases over three years.

[9] Implemented as two consecutive 14% increases over two years.

[10] Pursuant to New Hampshire regulations, increases for certain older age policies are capped at a lower rate.

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	48,954	0	0.0%	123,703	0	0.0%	5.00%	2.5270
	1998	8,485,413	227,638	2.7%	20,421,158	547,837	2.7%	5.00%	2.4066
	1999	36,839,540	2,132,424	5.8%	84,436,902	4,887,554	5.8%	5.00%	2.2920
	2000	64,451,630	5,039,141	7.8%	140,689,825	10,999,813	7.8%	5.00%	2.1829
	2001	67,439,792	7,077,818	10.5%	140,202,485	14,714,275	10.5%	5.00%	2.0789
	2002	66,535,160	11,221,828	16.9%	131,735,065	22,218,452	16.9%	5.00%	1.9799
	2003	64,639,775	12,687,447	19.6%	121,887,936	23,924,073	19.6%	5.00%	1.8856
	2004	62,391,639	15,912,781	25.5%	112,046,419	28,577,068	25.5%	5.00%	1.7959
	2005	60,591,747	15,235,860	25.1%	103,632,450	26,058,492	25.1%	5.00%	1.7103
Historical	2006	59,037,005	28,390,669	48.1%	96,165,061	46,245,409	48.1%	5.00%	1.6289
Experience	2007	57,514,309	28,103,865	48.9%	89,223,571	43,598,318	48.9%	5.00%	1.5513
	2008	56,969,168	29,300,057	51.4%	84,169,408	43,289,529	51.4%	5.00%	1.4775
	2009	59,759,971	42,481,289	71.1%	84,088,280	59,775,440	71.1%	5.00%	1.4071
	2010	63,133,477	52,244,649	82.8%	84,604,898	70,012,827	82.8%	5.00%	1.3401
	2011	63,045,992	48,348,545	76.7%	80,464,437	61,706,356	76.7%	5.00%	1.2763
	2012	60,988,261	64,231,788	105.3%	74,131,613	78,074,139	105.3%	5.00%	1.2155
	2013	62,942,745	61,757,949	98.1%	72,864,095	71,492,545	98.1%	5.00%	1.1576
	2014	63,310,066	67,839,098	107.2%	69,799,348	74,792,605	107.2%	5.00%	1.1025
	2015	60,529,192	72,272,179	119.4%	63,555,651	75,885,788	119.4%	5.00%	1.0500
	1/1/2016-6/30/2016	29,130,028	48,480,959	166.4%	29,487,518	49,075,929	166.4%	5.00%	1.0123
	7/1/2016-12/31/2016	28,743,945	36,764,102	127.9%	28,395,469	36,318,394	127.9%	5.00%	0.9879
	2017	55,238,002	76,324,607	138.2%	52,607,621	72,690,102	138.2%	5.00%	0.9524
	2018	52,231,580	79,785,261	152.8%	47,375,582	72,367,584	152.8%	5.00%	0.9070
	2019	49,209,968	82,905,979	168.5%	42,509,420	71,617,301	168.5%	5.00%	0.8638
	2020	46,163,057	85,606,408	185.4%	37,978,461	70,428,603	185.4%	5.00%	0.8227
	2021	43,128,278	88,034,735	204.1%	33,792,134	68,977,518	204.1%	5.00%	0.7835
Projected	2022	40,145,420	90,479,977	225.4%	29,957,130	67,517,552	225.4%	5.00%	0.7462
Future	2023	37,208,886	92,907,436	249.7%	26,443,661	66,027,580	249.7%	5.00%	0.7107
Experience	2024	34,324,613	95,005,248	276.8%	23,232,249	64,303,292	276.8%	5.00%	0.6768
	2025	31,517,158	96,722,083	306.9%	20,316,241	62,347,917	306.9%	5.00%	0.6446
	2026	28,787,977	97,881,685	340.0%	17,673,321	60,090,864	340.0%	5.00%	0.6139
	2027	26,136,169	98,168,125	375.6%	15,281,277	57,396,869	375.6%	5.00%	0.5847
	2028	23,578,181	97,484,054	413.5%	13,129,213	54,282,769	413.5%	5.00%	0.5568
	2029	21,136,277	96,069,822	454.5%	11,209,019	50,947,878	454.5%	5.00%	0.5303
	2030	18,822,871	94,016,377	499.5%	9,506,829	47,484,659	499.5%	5.00%	0.5051
	2031	16,648,410	91,408,974	549.1%	8,008,170	43,969,279	549.1%	5.00%	0.4810
	2032	14,630,534	88,312,972	603.6%	6,702,416	40,457,190	603.6%	5.00%	0.4581
	2033	12,770,422	84,731,524	663.5%	5,571,693	36,968,083	663.5%	5.00%	0.4363
	2034	11,060,670	80,684,253	729.5%	4,595,937	33,525,974	729.5%	5.00%	0.4155
	2035	9,508,755	76,296,243	802.4%	3,762,937	30,193,014	802.4%	5.00%	0.3957
	2036	8,118,380	71,674,436	882.9%	3,059,732	27,013,341	882.9%	5.00%	0.3769
	2037	6,882,678	66,878,783	971.7%	2,470,485	24,005,628	971.7%	5.00%	0.3589
	2038	5,793,524	61,917,797	1068.7%	1,980,515	21,166,591	1068.7%	5.00%	0.3418
	2039	4,841,170	56,678,536	1170.8%	1,576,146	18,452,905	1170.8%	5.00%	0.3256
	2040	4,014,965	51,214,484	1275.6%	1,244,912	15,879,968	1275.6%	5.00%	0.3101
	2041	3,303,976	45,829,309	1387.1%	975,673	13,533,522	1387.1%	5.00%	0.2953
	2042	2,697,214	40,614,223	1505.8%	758,567	11,422,374	1505.8%	5.00%	0.2812
	2043	2,183,814	35,644,071	1632.2%	584,931	9,547,204	1632.2%	5.00%	0.2678
	2044	1,753,211	30,980,176	1767.1%	447,233	7,902,846	1767.1%	5.00%	0.2551
	2045	1,395,292	26,665,096	1911.1%	338,981	6,478,187	1911.1%	5.00%	0.2429
	2046	1,100,506	22,728,891	2065.3%	254,632	5,258,953	2065.3%	5.00%	0.2314
	2047	859,974	19,172,935	2229.5%	189,503	4,224,938	2229.5%	5.00%	0.2204
	2048	665,569	15,996,894	2403.5%	139,681	3,357,207	2403.5%	5.00%	0.2099
	2049	509,974	13,193,597	2587.1%	101,930	2,637,038	2587.1%	5.00%	0.1999
	2050	386,685	10,750,002	2780.0%	73,607	2,046,315	2780.0%	5.00%	0.1904
	2051	290,008	8,650,500	2982.9%	52,576	1,568,252	2982.9%	5.00%	0.1813
	2052	215,017	6,868,449	3194.4%	37,124	1,185,889	3194.4%	5.00%	0.1727
	2053	157,507	5,378,554	3414.8%	25,900	884,426	3414.8%	5.00%	0.1644
	2054	113,925	4,152,253	3644.7%	17,841	650,265	3644.7%	5.00%	0.1566
	2055	81,310	3,158,425	3884.4%	12,127	471,073	3884.4%	5.00%	0.1491
	2056	57,222	2,365,049	4133.1%	8,128	335,945	4133.1%	5.00%	0.1420
	2057	39,673	1,741,886	4390.6%	5,367	235,645	4390.6%	5.00%	0.1353
	2058	27,071	1,260,060	4654.7%	3,488	162,346	4654.7%	5.00%	0.1288
	2059	18,154	893,593	4922.3%	2,228	109,648	4922.3%	5.00%	0.1227
	2060	11,944	619,875	5189.9%	1,396	72,439	5189.9%	5.00%	0.1169
	2061	7,691	419,561	5455.1%	856	46,696	5455.1%	5.00%	0.1113
	2062	4,833	276,743	5725.6%	512	29,334	5725.6%	5.00%	0.1060
	2063	2,953	177,180	5999.1%	298	17,886	5999.1%	5.00%	0.1009
	2064	1,747	109,698	6280.0%	168	10,547	6280.0%	5.00%	0.0961
	2065	995	65,352	6571.2%	91	5,984	6571.2%	5.00%	0.0916
	Past	1,067,783,864	612,985,983	57.4%	1,683,729,822	805,876,450	47.9%		
	Future	646,528,153	2,335,666,273	361.3%	452,413,409	1,286,625,813	284.4%		
	Lifetime	1,714,312,018	2,948,652,257	172.0%	2,136,143,231	2,092,502,263	98.0%		

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience Projections with 34.6% Increase with No Shock Lapse or Adverse Selection
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	48,954	0	0.0%	123,703	0	0.0%	5.00%	2.5270
	1998	8,485,413	227,638	2.7%	20,421,158	547,837	2.7%	5.00%	2.4066
	1999	36,839,540	2,132,424	5.8%	84,436,902	4,887,554	5.8%	5.00%	2.2920
	2000	64,451,630	5,039,141	7.8%	140,689,825	10,999,813	7.8%	5.00%	2.1829
	2001	67,439,792	7,077,818	10.5%	140,202,485	14,714,275	10.5%	5.00%	2.0789
	2002	66,535,160	11,221,828	16.9%	131,735,065	22,218,452	16.9%	5.00%	1.9799
	2003	64,639,775	12,687,447	19.6%	121,887,936	23,924,073	19.6%	5.00%	1.8856
	2004	62,391,639	15,912,781	25.5%	112,046,419	28,577,068	25.5%	5.00%	1.7959
	2005	60,591,747	15,235,860	25.1%	103,632,450	26,058,492	25.1%	5.00%	1.7103
Historical	2006	59,037,005	28,390,669	48.1%	96,165,061	46,245,409	48.1%	5.00%	1.6289
Experience	2007	57,514,309	28,103,865	48.9%	89,223,571	43,598,318	48.9%	5.00%	1.5513
	2008	56,969,168	29,300,057	51.4%	84,169,408	43,289,529	51.4%	5.00%	1.4775
	2009	59,759,971	42,481,289	71.1%	84,088,280	59,775,440	71.1%	5.00%	1.4071
	2010	63,133,477	52,244,649	82.8%	84,604,898	70,012,827	82.8%	5.00%	1.3401
	2011	63,045,992	48,348,545	76.7%	80,464,437	61,706,356	76.7%	5.00%	1.2763
	2012	60,988,261	64,231,788	105.3%	74,131,613	78,074,139	105.3%	5.00%	1.2155
	2013	62,942,745	61,757,949	98.1%	72,864,095	71,492,545	98.1%	5.00%	1.1576
	2014	63,310,066	67,839,098	107.2%	69,799,348	74,792,605	107.2%	5.00%	1.1025
	2015	60,529,192	72,272,179	119.4%	63,555,651	75,885,788	119.4%	5.00%	1.0500
	1/1/2016-6/30/2016	29,130,028	48,480,959	166.4%	29,487,518	49,075,929	166.4%	5.00%	1.0123
	7/1/2016-12/31/2016	28,743,945	36,764,102	127.9%	28,395,469	36,318,394	127.9%	5.00%	0.9879
	2017	59,904,808	76,623,283	127.9%	57,052,198	72,974,555	127.9%	5.00%	0.9524
	2018	65,890,899	80,659,457	122.4%	59,764,988	73,160,506	122.4%	5.00%	0.9070
	2019	66,236,617	83,995,684	126.8%	57,217,680	72,558,630	126.8%	5.00%	0.8638
	2020	62,135,475	86,628,642	139.4%	51,119,009	71,269,599	139.4%	5.00%	0.8227
	2021	58,050,662	88,989,767	153.3%	45,484,213	69,725,811	153.3%	5.00%	0.7835
Projected	2022	54,035,735	91,368,957	169.1%	40,322,297	68,180,923	169.1%	5.00%	0.7462
Future	2023	50,083,161	93,731,390	187.2%	35,593,168	66,613,149	187.2%	5.00%	0.7107
Experience	2024	46,200,929	95,765,332	207.3%	31,270,607	64,817,747	207.3%	5.00%	0.6768
	2025	42,422,094	97,419,998	229.6%	27,345,660	62,797,800	229.6%	5.00%	0.6446
	2026	38,748,617	98,519,166	254.3%	23,788,290	60,482,222	254.3%	5.00%	0.6139
	2027	35,179,283	98,746,884	280.7%	20,568,598	57,735,258	280.7%	5.00%	0.5847
	2028	31,736,232	98,006,170	308.8%	17,671,921	54,573,502	308.8%	5.00%	0.5568
	2029	28,449,429	96,537,863	339.3%	15,087,340	51,196,090	339.3%	5.00%	0.5303
	2030	25,335,584	94,433,191	372.7%	12,796,192	47,695,179	372.7%	5.00%	0.5051
	2031	22,408,760	91,777,636	409.6%	10,778,997	44,146,612	409.6%	5.00%	0.4810
	2032	19,692,698	88,636,950	450.1%	9,021,452	40,605,608	450.1%	5.00%	0.4581
	2033	17,188,988	85,014,312	494.6%	7,499,499	37,091,463	494.6%	5.00%	0.4363
	2034	14,887,661	80,929,180	543.6%	6,186,131	33,627,746	543.6%	5.00%	0.4155
	2035	12,798,784	76,506,805	597.8%	5,064,914	30,276,341	597.8%	5.00%	0.3957
	2036	10,927,339	71,854,210	657.6%	4,118,399	27,081,096	657.6%	5.00%	0.3769
	2037	9,264,085	67,031,193	723.6%	3,325,273	24,060,335	723.6%	5.00%	0.3589
	2038	7,798,083	62,046,088	795.7%	2,665,774	21,210,447	795.7%	5.00%	0.3418
	2039	6,516,214	56,785,739	871.5%	2,121,492	18,487,807	871.5%	5.00%	0.3256
	2040	5,404,142	51,303,391	949.3%	1,675,651	15,907,535	949.3%	5.00%	0.3101
	2041	4,447,152	45,902,473	1032.2%	1,313,256	13,555,127	1032.2%	5.00%	0.2953
	2042	3,630,451	40,673,950	1120.4%	1,021,031	11,439,172	1120.4%	5.00%	0.2812
	2043	2,939,414	35,692,429	1214.3%	787,317	9,560,157	1214.3%	5.00%	0.2678
	2044	2,359,822	31,018,999	1314.5%	601,976	7,912,749	1314.5%	5.00%	0.2551
	2045	1,878,063	26,695,994	1421.5%	456,268	6,485,693	1421.5%	5.00%	0.2429
	2046	1,481,281	22,753,260	1536.1%	342,735	5,264,591	1536.1%	5.00%	0.2314
	2047	1,157,525	19,191,979	1658.0%	255,072	4,229,134	1658.0%	5.00%	0.2204
	2048	895,857	16,011,632	1787.3%	188,010	3,360,300	1787.3%	5.00%	0.2099
	2049	686,424	13,204,890	1923.7%	137,197	2,639,295	1923.7%	5.00%	0.1999
	2050	520,478	10,758,565	2067.1%	99,075	2,047,944	2067.1%	5.00%	0.1904
	2051	390,350	8,656,922	2217.7%	70,767	1,569,416	2217.7%	5.00%	0.1813
	2052	289,413	6,873,211	2374.9%	49,969	1,186,711	2374.9%	5.00%	0.1727
	2053	212,004	5,382,042	2538.7%	34,861	884,999	2538.7%	5.00%	0.1644
	2054	153,342	4,154,776	2709.5%	24,014	650,660	2709.5%	5.00%	0.1566
	2055	109,443	3,160,225	2887.6%	16,323	471,341	2887.6%	5.00%	0.1491
	2056	77,020	2,366,316	3072.3%	10,940	336,125	3072.3%	5.00%	0.1420
	2057	53,400	1,742,765	3263.6%	7,224	235,764	3263.6%	5.00%	0.1353
	2058	36,438	1,260,660	3459.8%	4,695	162,423	3459.8%	5.00%	0.1288
	2059	24,435	893,995	3658.6%	2,998	109,697	3658.6%	5.00%	0.1227
	2060	16,076	620,140	3857.5%	1,879	72,470	3857.5%	5.00%	0.1169
	2061	10,352	419,732	4054.4%	1,152	46,715	4054.4%	5.00%	0.1113
	2062	6,506	276,850	4255.4%	690	29,345	4255.4%	5.00%	0.1060
	2063	3,975	177,245	4458.6%	401	17,893	4458.6%	5.00%	0.1009
	2064	2,351	109,736	4667.3%	226	10,550	4667.3%	5.00%	0.0961
	2065	1,339	65,374	4883.7%	123	5,986	4883.7%	5.00%	0.0916
	Past	1,067,783,864	612,985,983	57.4%	1,683,729,822	805,876,450	47.9%		
	Future	841,423,140	2,348,139,553	279.1%	581,363,410	1,294,878,613	222.7%		
	Lifetime	1,909,207,004	2,961,125,536	155.1%	2,265,093,233	2,100,755,063	92.7%		

Reset Form

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

Company Name and NAIC Number:	RiverSource Life Insurance Company, #65005
SERFF Tracking Number:	AERS-129644834
Effective Date:	Upon approval

Revised Rates

Average Annual Premium Per Member:	1,982
Average Requested Percentage Rate Change Per Member:	34.6%
Minimum Requested Percentage Rate Change Per Member:	34.6%
Maximum Requested Percentage Rate Change Per Member:	34.6%
Number of Policy Holders Affected :	1,205

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

Form#	**"Product Name"(if applicable)**
30160A-VA	

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

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

Narrative: Explanation of Justification for Rate Increase

Rates are being raised on all policies issued under these policy forms to offset anticipated claims that are higher than previously 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 increased costs and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance and included the necessary actuarial data and other items requested by the Virginia Bureau of Insurance to support the increase.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

March 21, 2017

Ms. Janet Houser
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129718202
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your SERFF Note to Filer dated March 21, 2017 regarding the above-referenced filing. The remainder of this letter provides additional information in response to your SERFF Note to Filer. I restate your questions in italics for reference.

1. *In its April 12, 2016 response, the Company changed the policyholder letter to state: "Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years." Since this is a variable statement in the letter and the proposed rate increase has been updated, is the Company still agreeing to this?*

   If the Virginia approves the currently requested 34.6% rate increase, the company is willing to agree not to seek any increase effective within three years of the implementation date of the currently requested increase. However, we do believe it is likely that we will request additional rate increases after three years.

2. *If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?*

   While the company currently has no formal plan to seek additional premium rate increases on this policy form, we believe that two additional 15% premium rate increases (or possibly more) would likely be requested in the future beyond the level currently being requested, even if current best estimates for key assumptions are realized in future years. If experience deteriorates from the current best estimates, we might pursue additional increases beyond that level.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

April 5, 2017

Ms. Janet Houser
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129718202
Policy Form: Long Term Care Policy Form 30160A-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your SERFF Note to Filer dated April 5, 2017 regarding the above-referenced filing. The remainder of this letter provides additional information in response to your SERFF Note to Filer. I restate your questions in italics for reference.

According to the Rate/Rule Schedule, the minimum and maximum range of the rate increase is level at 34.6%. This, however, does not correspond with Exhibit XVI in the Actuarial Memorandum which states the proposed rate increase is 1.346 times the current rates, subject to a maximum rate of $999.98. The exhibit would indicate the range is actually between 0% and 34.6%.

So that the filing may be approved, please send in a post submission update to change the minimum percentage change to 0% unless there are no actual policies in force in Virginia which will receive an increase of less than 34.6%. The minimum percentage and the average annual premium in the Rate Request Summary submitted in March should also be amended to match the Rate/Rule Schedule for consistency.

There are three Virginia policyholders inforce as of June 30, 2016 who have a proposed premium rate with an increase less than the requested 34.6%, and the proposed premium rate for only one of these policies is equal to the current premium rate, i.e. a rate increase of 0%. The Rate/Rule Schedule of SERFF has been updated to indicate a minimum percentage of 0.0% and a revised Rate Request Summary that is consistent with SERFF has been provided with this response.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Enclosures: Revised Long Term Care Request Summary

Reset Form

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

Company Name and NAIC Number:	RiverSource Life Insurance Company, #65005
SERFF Tracking Number:	AERS-129718202
Effective Date:	Upon approval

Revised Rates

Average Annual Premium Per Member:	2,668
Average Requested Percentage Rate Change Per Member:	34.6%
Minimum Requested Percentage Rate Change Per Member:	0.00%
Maximum Requested Percentage Rate Change Per Member:	34.6%
Number of Policy Holders Affected :	1,205

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

Form#	**"Product Name"(if applicable)**
30160A-VA	

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

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

Narrative: Explanation of Justification for Rate Increase

Rates are being raised on all policies issued under these policy forms to offset anticipated claims that are higher than previously 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 increased costs and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance and included the necessary actuarial data and other items requested by the Virginia Bureau of Insurance to support the increase.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

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)
11/02/2016	Withdrawn 03/02/2017	Supporting Document	L&H Actuarial Memorandum	03/01/2017	VA Revised_ActMem_30160A_20161102.pdf (Superceded)
04/13/2016	Withdrawn 11/28/2016	Supporting Document	Statement of Variability	11/03/2016	SOV VA LTC Endorsement 112459 .20160301 final.pdf (Superceded) SOV for Virginia LTC Policyholder Letters 112016 112018 - 2-18-16.pdf (Superceded)
04/13/2016	Withdrawn 03/02/2017	Supporting Document	Readability Certification	03/01/2017	VA Readability Certification - 4-13-16 prt.pdf (Superceded)
04/13/2016	Withdrawn 11/28/2016	Form	LTC Waiver Policyholder Notification Letter	11/03/2016	112016 LTC Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf (Superceded)
04/13/2016	Withdrawn 11/28/2016	Form	LTC Non-waiver Policyholder Notification Letter	11/03/2016	112018 LTC Non-Waiver Policyholder Notification Letter.20160304 brktd - 3-04-16pdf.pdf (Superceded)
04/13/2016	Withdrawn 11/28/2016	Form	Endorsement	11/03/2016	112459 VA LTC Endorsement.20160413 final doc brcktd prt.pdf (Superceded)
11/10/2015	Withdrawn 11/28/2016	Rate	VA ExhXIV Premiums 30160A	11/03/2016	VA ExhXIV_Premiums_30160A_20140909.pdf (Superceded) VA Response_30160A_20160412-Attachment 1.pdf (Superceded)
11/10/2015	Withdrawn 05/04/2016	Rate	VA ExhXIV Premiums 30160A	04/06/2017	
11/02/2015	Withdrawn 11/28/2016	Form	LTC Waiver Policyholder Notification Letter	04/13/2016	112016 LTC Waiver Policyholder Notification Letter.20151103 brkt prt.pdf (Superceded)
11/02/2015	Withdrawn 11/28/2016	Form	LTC Non-waiver Policyholder Notification Letter	04/13/2016	112018 LTC Non-Waiver Policyholder Notification Letter.20151103 brkt prt.pdf (Superceded)

SERFF Tracking #: AERS-129718202 **State Tracking #:** AERS-129718202 **Company Tracking #:** 30160A 2014

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2014/30160A 2014

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/28/2015	Withdrawn 11/28/2016	Supporting Document	Statement of Variability	04/13/2016	SOV VA LTC Endorsement 112459.pdf (Superceded) SOV for Virginia LTC Policyholder Letters 112016 112018.pdf (Superceded)
10/28/2015	Withdrawn 11/28/2016	Form	Endorsement	04/13/2016	VA LTC Endorsement 112459 brkt prt.pdf (Superceded)
06/29/2015	Withdrawn 11/28/2016	Supporting Document	Statement of Variability	10/28/2015	SOV for Virginia LTC Policyholder Letters 6-29-15.pdf (Superceded)
06/29/2015	Withdrawn 11/28/2016	Form	LTC Waiver Policyholder Notification Letter	11/02/2015	112016 LTC Waiver Policyholder Notification Letter.20150629 brkt prt.pdf (Superceded)
06/29/2015	Withdrawn 11/28/2016	Form	LTC Non-waiver Policyholder Notification Letter	11/02/2015	112018 LTC Non-Waiver Policyholder Notification Letter.20150629 brkt prt.pdf (Superceded)
06/29/2015	Withdrawn 11/28/2016	Supporting Document	Additional Examples of Policy Holder Letters	11/03/2016	112016 A-John Doe.pdf (Superceded) 112018 D-John Doe.pdf (Superceded) 112018 E-John Doe.pdf (Superceded) 112018 F-John Doe.pdf (Superceded) 112018 G-John Doe.pdf (Superceded) 112018 J-John Doe.pdf (Superceded) 112018 K-John Doe.pdf (Superceded) 112018 L-John Doe.pdf (Superceded)
09/10/2014	Withdrawn 05/04/2016	Rate	CO ExhXIV_Premiums_30160A	11/10/2015	VA ExhXIV_Premiums_30160A_20140909.pdf
09/10/2014	Withdrawn 11/28/2016	Supporting Document	Certification of Compliance	04/13/2016	VA Rate_Revision_Checklist_30160A_20140909.pdf (Superceded)
09/10/2014	Withdrawn 11/28/2016	Supporting Document	L&H Actuarial Memorandum	11/02/2016	VA ActMem_30160A_20140909.pdf (Superceded)

SERFF Tracking #:	*AERS-129718202*	***State Tracking #:***	*AERS-129718202*	***Company Tracking #:***	*30160A 2014*

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30160A 2014/30160A 2014*		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/10/2014	Withdrawn 11/28/2016	Supporting Document	Sample Policy Holder Letters	11/03/2016	Sample LTC Policyholder Notification Letter - On Waiver.VIRGINIA.pdf (Superceded) Sample LTC Policyholder Notification Letter - Not On Waiver.VIRGINIA.pdf (Superceded) LTC Rate Increase Policyholder Q&A.pdf (Superceded)

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

November 2016

Policy form 30160A-VA is an individual policy form providing benefits to individuals for confinement in a nursing home with home care services. This form was issued in Virginia from March 15, 1998 to December 15, 2000. It was updated with endorsement form 32100 for applications received starting May 19, 2000; this memorandum does not apply to policies with the endorsement.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

2. Description of Benefits

This is a federally tax qualified, individually underwritten policy form that provides comprehensive long term care coverage. Benefits are payable for nursing home and assisted living facility ("ALF") care, home and community care, adult day care, respite care, caregiver training, and case management services. Equipment purchase benefits are also included with a lifetime maximum of 50 times the home and community care daily maximum benefit amount. Benefits may be payable for other supplies and services if they are specified in an alternate plan of care agreed to by the insured, the insured's physician and RiverSource Life Insurance Company ("RiverSource Life").

This policy reimburses expenses incurred by the insured subject to the amount of coverage purchased. The facility care daily maximum benefit ("FCDMB") is elected by the proposed insured at the time of application. This facility care daily maximum benefit amount is applied to nursing home, ALF, bed reservation, respite care, and alternative plan of care benefits. The home and community care daily maximum benefit amount is also elected by the proposed insured at the time of application and is a percentage (50%, 75%, or 100%) of the facility care daily maximum benefit amount. The home and community care daily maximum benefit amount is applied to home care and adult day care.

A lifetime maximum benefit amount is also elected at the time of application. This establishes the maximum amount that will be paid under the policy for the combined total of all benefit payments. The choices are 730 x FCDMB, 1,460 x FCDMB, 2,190 x FCDMB, and unlimited.

INFLATION PROTECTION
At the time of application the proposed insured can elect no benefit increase, the simple benefit increase option, or the compound benefit increase option. The simple benefit increase option will increase the daily maximum benefit amounts (both facility and home and community care amounts) by 5% of the original daily maximum benefit amount each year starting with the second policy year and continuing for the life of the policy, while the compound benefit increase option will increase the previous year's daily maximum benefit amounts (both the facility and home and community care amounts) by 5% each year starting with the second policy year and continuing for the life of the policy. The increasing benefits apply even when the policy is in claim status. Also, the remaining

lifetime maximum benefit amount, before the increase, will increase each policy year by the same percentage that the facility care daily maximum benefit amount increases. When the total amount paid under a policy is equal to the current lifetime maximum benefit amount, the policy is terminated.

DEDUCTIBLE PERIOD
Benefit payments commence after a deductible period of 20 or 90 days of service, depending on the plan initially chosen. Satisfaction of the deductible period begins with the first day on which benefit eligibility is established and expenses are incurred for which payment would be made if there were no deductible period. Only days in which services are used are credited toward satisfaction of the deductible period. These days do not need to be consecutive, but they must occur within a continuous period of three times the number of days in the deductible period. Only one deductible period needs to be satisfied during the lifetime of the policy.

The deductible period applies to all policy benefits except caregiver training, case management, equipment purchase, and respite care. Days for which the only expenses incurred are expenses that are not subject to the deductible period will not be used to satisfy the deductible period.

BENEFIT ELIGIBILITY AND CONDITIONS
A licensed health care practitioner must certify the following eligibility conditions at least annually. Benefit eligibility is based on the following: (a) the insured being unable to perform at least 2 or more of the following 5 activities of daily living ("ADLs"): (1) eating, (2) toileting, (3) transferring, (4) dressing, and (5) continence, without substantial assistance for a period of at least 90 days due to a loss of functional capacity, or (b) severe cognitive impairment requiring substantial supervision, or (c) the insured having a level of disability similar to that described in (a) above, based on standards established by the Secretary of the Treasury.

A Medicare non-duplication provision excludes benefits that otherwise would be paid but for the application of a Medicare deductible or coinsurance amount.

FACILITY CARE BENEFITS
Facility care benefits are payable for nursing home confinement, whether skilled, intermediate, or custodial levels of care are received. Hospital confinement is not a prerequisite for benefit entitlement. Once benefit eligibility is established and the deductible period is satisfied, expenses incurred as a resident inpatient in a nursing home will be reimbursed up to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Facility care benefits are also payable for stays in a qualified ALF. A qualified ALF is one that has a minimum of 8 inpatients and has a 24-hour awake, trained, and ready to respond staff. Once benefit eligibility is established and the deductible period is satisfied, expenses incurred as a resident inpatient in an ALF will be reimbursed up to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Premium payments will be waived during extended nursing home and ALF stays. This waiver begins after 90 days of confinement (including during the deductible period) in a nursing home or ALF. These days do not need to be consecutive, but they must occur within a continuous period of 180 days. The waiver stops once nursing home and ALF benefits cease. Home or community care benefit days do not have premiums waived and are not counted towards satisfying the waiver of premium deductible period.

If a temporary hospitalization is required during a period of confinement in a nursing home or ALF, and there is a charge to reserve a bed in the facility, this policy will pay the facility care daily maximum benefit amount for up to 21 days per policy year. These days also count towards satisfying the deductible period.

HOME CARE BENEFITS
Home care benefits covered at 100% of the home and community care daily maximum benefit amount are services provided by a nurse, a licensed physical, occupational or speech therapist, a home health aide, a personal care attendant, and adult day care. Home care benefits covered at 80% of the home and community care daily maximum benefit amount are homemaker and chore services. These expenses will be reimbursed subject to the percent of the home and community care daily maximum benefit amount listed above on the day expenses are incurred.

ADDITIONAL BENEFITS
Benefits in this section do not count against either the facility or home and community care daily maximum benefit amounts. They are, however, deducted from the lifetime maximum benefit amount, except for certain case management services described below. These expenses are not subject to the deductible period and they may not be used to satisfy the deductible period.

Expenses incurred for the first 14 days of respite care received during a policy year will be reimbursed subject to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Pre-approved equipment purchase expenses will be reimbursed up to a lifetime maximum of 50 times the home and community care daily maximum benefit amount. This equipment must be expected to help the insured remain in their home for at least 90 days.

Caregiver training expenses will be reimbursed up to a lifetime maximum of 5 times the home and community care daily maximum benefit amount.

The initial assessment fee for case management services is reimbursable, but, to the extent it exceeds 5 times the facility care daily maximum benefit amount, it will be deducted from the lifetime maximum benefit amount. Other fees charged for case management services are reimbursable, but, to the extent they exceed 2 times the facility care daily maximum benefit amount per use, they are deducted from the lifetime maximum benefit amount.

NONFORFEITURE BENEFIT RIDER
At issue, the insured has the option to select a nonforfeiture benefit rider. The nonforfeiture benefit rider provides a reduced lifetime maximum benefit amount upon lapse. The facility and home and community care daily maximum benefit amounts will continue at the same level as of the date of lapse, regardless of whether a benefit increase option was selected by the insured at issue.

The nonforfeiture benefit will begin if the policy terminates due to nonpayment of premium after the policy and rider have been inforce for at least 3 years. The reduced lifetime maximum benefit amount is determined as the sum of all premiums paid at the time of lapse, including the premiums for the nonforfeiture benefit rider. The reduced lifetime maximum benefit amount will not be less than 30 times the facility care daily maximum benefit amount at the time of lapse. However, in no case will the sum of the benefits paid during the premium paying period and the reduced lifetime maximum benefit amount exceed the lifetime maximum benefit amount at time of lapse.

The provisions for the benefit are at least as favorable as those prescribed by the 1996 NAIC Model Regulation.

3. Renewability

This policy form is guaranteed renewable for life.

4. Applicability

This filing is applicable to inforce policies only, except for those issued with endorsement form 32100 (applications received on or after May 19, 2000), as this policy form is no longer being sold in the market.

5. Actuarial Assumptions

Exhibit I provides a comparison of the original pricing assumptions and the current assumptions used in this filing for morbidity, mortality, lapses and interest.

Exhibits II, III, IV and V provide experience analysis summaries for morbidity, mortality and lapse in support of the current rate increase assumptions.

The following discussion describes the actuarial assumptions used in the current rate increase analysis and summarizes our experience analysis in support of these current rate increase assumptions as well as the company's management of this block of business. We believe the current assumptions are justified by the underlying experience and that the changed assumptions from original pricing (and the prior rate increase filings) are reasonable.

<u>Morbidity</u>
Expected claim costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor.

Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for nursing home benefits. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on nursing home claims incidence. It was understood that the underwriting process would include an assessment of functional and cognitive abilities if considered appropriate.

Starting in 1990, RiverSource Life also marketed home health care benefit riders. At the time of original pricing, only limited insured experience was available for home and community care benefits. Therefore the expected claim costs for these benefits were derived from general population data with the assistance of RiverSource Life's reinsurer. Both the incidence rates and the length of home care usage for the first two years were determined through analysis of the "1982-1984 National Long Term Care Surveys", which polled elderly people who manifested impairments in ADLs. The home care incidence rates were modified by loading for cognitive impairment as a benefit trigger.

The data from the "1985 National Nursing Home Survey" was used to extrapolate the length of home care usage after the first two years. Additionally, experience data from continuing care retirement communities was used to verify the claim cost assumptions and to provide guidance in translating general population experience to anticipated insured population experience. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on home care claims incidence.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits. The nonforfeiture benefit claim costs were determined by assumptions consistent with those used in establishing premium rates.

It should be recognized that considerable judgment was made with respect to expected claim costs, especially for non-institutional benefits. After using all available data, total expected claim costs were developed that represented reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

Actual-to-expected adjustment factors have been developed from actual emerging experience through anniversaries ending December 2015 and are shown in the following tables:

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

November 2016

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue						
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78+**
1	0.110	0.370	0.880	1.520	2.070	2.650	2.360
2	0.110	0.370	0.880	1.520	2.070	2.650	2.360
3	0.110	0.370	0.880	1.520	2.070	2.650	2.360
4	0.132	0.452	0.928	1.538	2.082	2.562	2.364
5	0.154	0.534	0.976	1.556	2.094	2.474	2.368
6	0.176	0.616	1.024	1.574	2.106	2.386	2.372
7	0.198	0.698	1.072	1.592	2.118	2.298	2.376
8	0.220	0.780	1.120	1.610	2.130	2.210	2.380
9	0.242	0.800	1.180	1.668	2.132	2.224	2.380
10	0.264	0.820	1.240	1.726	2.134	2.238	2.380
11	0.286	0.840	1.300	1.784	2.136	2.252	2.380
12	0.308	0.860	1.360	1.842	2.138	2.266	2.380
13	0.330	0.880	1.420	1.900	2.140	2.280	2.380
14	0.368	0.894	1.424	1.902	2.134	2.292	2.374
15	0.406	0.908	1.428	1.904	2.128	2.304	2.368
16	0.444	0.922	1.432	1.906	2.122	2.316	2.362
17	0.482	0.936	1.436	1.908	2.116	2.328	2.356
18	0.520	0.950	1.440	1.910	2.110	2.340	2.350
19	0.524	0.954	1.432	1.906	2.110	2.348	2.356
20	0.528	0.958	1.424	1.902	2.110	2.356	2.362
21	0.532	0.962	1.416	1.898	2.110	2.364	2.368
22	0.536	0.966	1.408	1.894	2.110	2.372	2.374
23	0.540	0.970	1.400	1.890	2.110	2.380	2.380
24	0.604	0.982	1.400	1.890	2.098	2.380	2.380
25	0.668	0.994	1.400	1.890	2.086	2.380	2.380
26	0.732	1.006	1.400	1.890	2.074	2.380	2.380
27	0.796	1.018	1.400	1.890	2.062	2.380	2.380
28	0.860	1.030	1.400	1.890	2.050	2.380	2.380
29	0.881	1.036	1.402	1.891	2.048	2.376	2.376
30	0.902	1.042	1.403	1.892	2.047	2.372	2.372
31	0.923	1.048	1.405	1.893	2.045	2.368	2.368
32	0.943	1.053	1.407	1.893	2.043	2.363	2.363
33	0.964	1.059	1.408	1.894	2.042	2.359	2.359
34	0.985	1.065	1.410	1.895	2.040	2.355	2.355
35	1.006	1.071	1.412	1.896	2.038	2.351	2.351
36	1.027	1.077	1.413	1.897	2.037	2.347	2.347
37	1.048	1.083	1.415	1.898	2.035	2.343	2.343
38	1.068	1.088	1.417	1.898	2.033	2.338	2.338
39	1.089	1.094	1.418	1.899	2.032	2.334	2.334
40+	1.110	1.100	1.420	1.900	2.030	2.330	2.330

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

November 2016

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue							
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78-82**	**83+**
1	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
2	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
3	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
4	0.186	0.192	0.262	0.644	1.126	1.642	2.470	2.618
5	0.222	0.224	0.314	0.768	1.272	1.724	2.460	2.616
6	0.258	0.256	0.366	0.892	1.418	1.806	2.450	2.614
7	0.294	0.288	0.418	1.016	1.564	1.888	2.440	2.612
8	0.330	0.320	0.470	1.140	1.710	1.970	2.430	2.610
9	0.328	0.394	0.630	1.268	1.816	2.074	2.430	2.626
10	0.326	0.468	0.790	1.396	1.922	2.178	2.430	2.642
11	0.324	0.542	0.950	1.524	2.028	2.282	2.430	2.658
12	0.322	0.616	1.110	1.652	2.134	2.386	2.430	2.674
13	0.320	0.690	1.270	1.780	2.240	2.490	2.430	2.690
14	0.342	0.732	1.272	1.786	2.234	2.516	2.432	2.696
15	0.364	0.774	1.274	1.792	2.228	2.542	2.434	2.702
16	0.386	0.816	1.276	1.798	2.222	2.568	2.436	2.708
17	0.408	0.858	1.278	1.804	2.216	2.594	2.438	2.714
18	0.430	0.900	1.280	1.810	2.210	2.620	2.440	2.720
19	0.470	0.908	1.274	1.804	2.208	2.618	2.444	2.720
20	0.510	0.916	1.268	1.798	2.206	2.616	2.448	2.720
21	0.550	0.924	1.262	1.792	2.204	2.614	2.452	2.720
22	0.590	0.932	1.256	1.786	2.202	2.612	2.456	2.720
23	0.630	0.940	1.250	1.780	2.200	2.610	2.460	2.720
24	0.672	0.950	1.262	1.800	2.200	2.610	2.460	2.720
25	0.714	0.960	1.274	1.820	2.200	2.610	2.460	2.720
26	0.756	0.970	1.286	1.840	2.200	2.610	2.460	2.720
27	0.798	0.980	1.298	1.860	2.200	2.610	2.460	2.720
28	0.840	0.990	1.310	1.880	2.200	2.610	2.460	2.720
29	0.860	0.996	1.311	1.881	2.199	2.609	2.458	2.716
30	0.880	1.002	1.312	1.882	2.198	2.608	2.455	2.712
31	0.900	1.008	1.313	1.883	2.198	2.608	2.453	2.708
32	0.920	1.013	1.313	1.883	2.197	2.607	2.450	2.703
33	0.940	1.019	1.314	1.884	2.196	2.606	2.448	2.699
34	0.960	1.025	1.315	1.885	2.195	2.605	2.445	2.695
35	0.980	1.031	1.316	1.886	2.194	2.604	2.443	2.691
36	1.000	1.037	1.317	1.887	2.193	2.603	2.440	2.687
37	1.020	1.043	1.318	1.888	2.193	2.603	2.438	2.683
38	1.040	1.048	1.318	1.888	2.192	2.602	2.435	2.678
39	1.060	1.054	1.319	1.889	2.191	2.601	2.433	2.674
40+	1.080	1.060	1.320	1.890	2.190	2.600	2.430	2.670

Beginning in 2003, we have taken steps to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible. To reflect these improvements, we have reduced our expected claim costs by 5% for 2004 and later.

We conduct a morbidity study every year to analyze the current actual-to-expected adjustment factors ("A/E factors"). Our analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available.

The morbidity study is performed by comparing actual incurred claims to expected incurred claims, where expected claims reflect the original pricing claim costs adjusted with the company's most recent set of A/E factors. If the resulting cumulative actual-to-expected ratio is near 100% while minimizing the squared error, no changes are made to the A/E factors. However, if the actual-to-expected ratio has shifted away from 100% or the squared error is too high, we develop a new set of A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

Exhibit II displays "expected" experience using our current adjustment factors compared to actual incurred claims. The expected basis shown in this exhibit reflects the currently assumed claim costs. As shown in Exhibit II, the total actual-to-expected ratio using the A/E factors described above is 101.6%. This experience is based on 6,498 actual claims (2,268 lifetime and 4,230 non-lifetime). Actual claim counts split by issue age band are also displayed in Exhibit II.

Professional judgment was applied to create factors for periods beyond that for which there is experience. It has been credibly observed on older forms, including 30160A, that experience has been favorable at younger attained ages but much worse than priced for at older attained ages. Thus, we believe A/E factors that increase by duration are appropriate.

Mortality

Durational mortality selection factors were developed from actual experience on all long-term care ("LTC") forms combined and are applied to the 1983 Individual Annuity Mortality ("IAM") Basic table.

Exhibit III is based on deaths on all LTC policies incurred from policy anniversaries in 2000 through policy anniversaries in 2015. The expected basis shown in this exhibit reflects 1983 IAM Basic mortality with the currently assumed selection factors. The selection factors fit the observed data very well with the resulting A/E at or near 100%.

The data was used in the development of the current selection factors, subject to the constraint that the factors must be non-decreasing by duration.

Selection factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

At the older issue ages, mortality increases to approximately 100% of the table. In general, that has not been the case through duration 23 for younger issue ages, but we

expect that it would as insureds reach a very advanced age. For this reason the effect of selection is extended up to duration 35 for younger issue ages. This experience includes 48,645 deaths.

Lapse Rates

Ultimate lapse rates range from 1.1% to 6.0% based on issue age band and benefit category (lifetime and non-lifetime). In the year of rate increase notification to policyholders, an additional 2.8% of inforce policyholders is assumed to lapse, and a 3.0% reduction in benefits due to election of reduced benefit options is also assumed. Exhibit IV provides the additional lapses and risk amount reductions experienced by the company at different levels of rate increase.

Exhibit V provides the lapse experience across all LTC forms combined from policy anniversaries in 2000 through policy anniversaries in 2015. The expected basis shown in this exhibit reflects the currently assumed lapse rates.

Lapse experience varies by issue age and benefit type (lifetime benefit versus non-lifetime benefit). We applied judgment to the data contained in this exhibit to derive the best estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We also made an effort to reflect that lapse rates seem to increase some at older attained ages. This experience includes 37,181 lapses, including 12,646 in durations 8 and later. The exposure and actual lapses close to the implementation of rate increases are excluded from this analysis. For non-lifetime benefits, lapses include policies that have maximized their benefits.

We have experienced much stronger customer loyalty than anticipated at the time the LTC policy forms were initially priced. The resulting high policy persistency has unfortunately had an adverse impact on loss ratios.

Adverse Selection

5.8% in the year of rate increase notification to policyholders grading down to 0% in the 7th year after rate increase notification.

Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2008, 2012 and 2016 so that total commissions paid before and after past sought nationwide increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

The above assumptions are based on actual inforce experience of RiverSource Life and are deemed reasonable for this particular policy form, and they do not include any provision for profit or contingencies. These are current best estimate assumptions and do not contain any provision for adverse deviation. These assumptions for morbidity, mortality and lapse are the same as those used in the 2016 asset adequacy analysis.

Exhibits VI and VII provide the assumptions used in the prior 2007 and 2011 rate increase filings, respectively.

6. Marketing Method

This policy form was marketed by agents of RiverSource Life.

7. Underwriting Description

This policy form was 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.

8. Premiums

Premiums are unisex and payable for life. The premiums vary by issue age, the initial amount of the facility and home and community care daily maximum benefit amounts, the maximum lifetime benefit amount, the deductible period, and the Benefit Increase Option.

9. Issue Age Range

The issue ages are from 40 to 79 except for the benefit structures with 90-day deductible period, 2- or 4-year maximum policy benefit, and home and community care daily maximum 50% or 75% of facility care daily maximum, which are issued to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of 6/30/2016) are applied to the annual premium ("AP"):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.0000*AP + 0.0	44.7%
Semi-Annual	0.5020*AP+ 0.4	7.1%
Quarterly	0.2580*AP+ 0.5	7.1%
Monthly	0.0868*AP+ 0.6	41.1%

12. Active Life Reserves

Active life reserves, although they have significant impact, have not been used in this rate increase analysis, except as shown in Exhibits XII, XIII and XIV.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for policy form 30160A is shown in Exhibit VIII, and Virginia experience for policy form 30160A-VA is shown in Exhibit IX. These exhibits include any previously implemented rate increases as described below in section 15.

Note that RiverSource Life does not consider Virginia-specific experience to be fully credible but is providing it as required. The proposed rates have been developed using nationwide experience.

Historical experience is shown by claim incurral year with the loss ratio for each calendar year. The following formula provides an illustration of the historical incurred loss ratio calculation for each calendar year:

$$ILR_j = \frac{\sum_k \sum_t {}_j Pmt_t^k * v^{t-k} + \sum_k ({}_j CR_{ValDate}^k + {}_j IBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

ILR_j = incurred loss ratio for year *j*

${}_j Pmt_t^k$ = claim payments at time *t* for claims incurred at time *k* in year *j*

${}_j CR_{ValDate}^k$ = open claim reserve held on June 30, 2016 for claims incurred at time *k* in year *j*

${}_j IBNR_{ValDate}^k$ = incurred but not reported reserve as of June 30, 2016 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = June 30, 2016

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.045 = 0.956938

A historical annual paid loss ratio is calculated in Exhibits VIII and IX, with and without interest, as historical paid claims divided by historical earned premiums, where paid claims are calculated as the actual claims paid in that year. A historical annual incurred loss ratio is calculated in Exhibits VIII and IX, with and without interest, as historical incurred claims divided by historical earned premiums, where actual historical incurred claims are determined by discounting claim payments and open claim reserves to the actual original loss date for each claim and by discounting IBNR to the time it is assumed to occur. Actual historical earned premiums used in Exhibits VIII and IX are calculated based on the issue and, if appropriate, termination date for each policy. These items are then summed to produce a total for each calendar year. For purposes of accumulating historical experience for a historical or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual paid loss ratio is calculated, with and without interest, as anticipated paid claims divided by anticipated earned premiums in Exhibits VIII and IX. A future annual incurred loss ratio is calculated in Exhibits VIII and IX, with and without interest, as anticipated incurred claims divided by anticipated earned premiums. The anticipated earned premiums, paid claims and incurred claims are projected on a seriatim basis and then summed to produce a total for each calendar year. For purposes of accumulating experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

Lifetime loss ratios in Exhibits VIII and IX are as of June 30, 2016 and are calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of the total for each calendar year occur at 5.0%, an interest rate consistent with that assumed in the determination of premiums at the time of original pricing, and assume mid-year values.

The primary reason for this rate increase is due to actual voluntary lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A rate increase is considered an effective way to reduce projected losses.

Table 1 shows the isolated impact on the projected lifetime loss ratio of future deviations in each key driver from original assumptions and the corresponding rate increase needed to produce a lifetime loss ratio of 73.2%, which represents the lifetime loss ratio using historical experience combined with projections based on our original pricing assumptions. The lifetime ratios in the table below reflect actual historical experience (i.e. only the projection period assumptions vary). Please note that Table 1 has been developed using nationwide historical experience through June 30, 2016, where actual and projected premiums reflect the accumulated rate increases as filed / approved in Virginia and implemented from 2008 through 2013 on a nationwide basis, and the loss ratio with all current assumptions corresponds to Exhibit VIII without the requested rate increase.

Table 1
RiverSource Life Insurance Company
Nationwide Experience
Impact on the Lifetime Loss Ratio of Changing
From Original Pricing to Current Assumptions
Policy Form: 30160A

Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Increase Needed to Produce a Lifetime Loss Ratio of 73.2%
Originally Priced Loss Ratio	62.8%	N/A	N/A
Original Pricing Loss Ratio based on Actual Sales	54.5%	N/A	N/A
Historical Experience through 9/30/2015 & Projections with Original Pricing Assumptions	73.2%	N/A	N/A
Historical Experience through 6/30/2016 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	81.8%	8.6%	68.4%
Mortality	74.6%	1.4%	11.1%
Lapse	85.4%	12.2%	81.1%
Historical Experience through 6/30/2016 & Projections with All Current Assumptions	98.0%	24.8%	159.6%

Note that in the above Table 1, the lifetime loss ratio for each changed assumption does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the lifetime loss ratio (i.e. 24.8%) is greater than the sum of each changed assumption's impact on the lifetime loss ratio (i.e. 22.2% = 8.6% + 1.4% + 12.2%).

As can be seen by the results in Table 1, a rate increase that far exceeds the requested 34.6% increase is justified; however, we have chosen to limit the current rate increase request to 34.6% to minimize the impact on policyholders to the extent we can.

Exhibits X and XI provide nationwide and Virginia-specific actual experience, respectively, including earned premiums, incurred claims, change in active life reserves and incurred loss ratios (included change in active life reserves) by calendar year. The historical annual incurred loss ratio in these exhibits is defined as the sum of incurred claims and increase in active life reserves divided by earned premiums, where incurred claims and earned premiums for each year are consistent with Exhibits VIII and IX. The values in Exhibits X and XI are shown without interest accumulation.

Exhibits XII and XIII provide nationwide and Virginia-specific experience, respectively, assuming the proposed Virginia rate level (i.e. with cumulative 102.4% increase) from inception. The loss ratios are calculated in a manner consistent with Exhibits VIII and IX.

Exhibit XIV provides anticipated loss ratios calculated with the numerator equal to anticipated incurred claims less policy reserves and the denominator equal to anticipated earned premiums, for both nationwide and Virginia-specific experience.

15. History of Previous Rate Revisions

Two prior increases have been approved and implemented on this form. A 33.1% increase was approved in June 2007 and implemented as three consecutive annual increases of 10% on each contract's next policy anniversary beginning in December 2007. A 13% increase was approved in August 2012 and implemented on each contract's next policy anniversary beginning in December 2012.

The actual and projected premiums in Exhibits VIII and X reflect the accumulated rate increases as approved in Virginia and implemented from 2007 through 2013 on a nationwide basis.

16. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting an increase of 34.6%.

Projected experience assuming this increase is implemented is shown in Exhibits VIII and IX.

Exhibit XV provides the demonstration that this rate increase meets the dual-loss ratio standard for individual long-term care policy forms set forth in the NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases ("the Bulletin"), as adopted by the NAIC on December 18, 2013. Please note that, in accordance with standards set forth in 14 VAC 5-130-50(B), the loss ratios in Exhibits VIII and IX are calculated using an interest rate consistent with that assumed in the determination of premiums at the time of original pricing, rather than the maximum valuation interest rate for contract reserves recommended in the Bulletin.

Exhibit XVI provides a side-by-side comparison of the current rates, proposed rates and the percentage increase in the rate. The proposed rates are equal to 1.17 times the current rates, subject to the maximum rate of $999.98. Exhibit XVII provides the proposed rate tables.

17. Virginia Average Annual Premium (Annual Premium Based on June 30, 2016 Inforce)

Before increases:	$1,982
After increase:	$2,668

These values assume all previously approved premium increases have been implemented.

18. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following a 60-day policyholder notification period.

19. Nationwide Distribution of Business as of 6/30/2016 (based on inforce count)

By Issue Age:

Issue Ages	Percent Distribution
<55	31.0%
55-59	27.0%
60-64	23.7%
65-69	12.3%
70-74	4.7%
75-79	1.2%
>79	0.1%

By Deductible Period:

Deductible Period	Percent Distribution
20-day	18.7%
90-day	81.3%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	3.8%
4-Year	30.8%
6-Year	25.4%
Unlimited	40.0%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	8.5%
Simple	39.7%
Compound	51.8%

20. Number of Policyholders

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

November 2016

As of June 30, 2016, the number of policies and annual premium inforce, assuming all premium increases previously approved in Virginia have been implemented in both the state and nationwide, is:

	Number of Insured	Annual Premium
Virginia	1,205	$2,388,758
Nationwide	28,225	$58,007,892

21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, based on the loss ratio standard set forth in 14 VAC 5-200-150(B).

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company
Date: November 2, 2016

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions

Original Pricing Assumptions:

Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for nursing home benefits. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on nursing home claims incidence. It was understood that the underwriting process would include an assessment of functional and cognitive abilities if considered appropriate.

Starting in 1990, RiverSource Life also marketed home health care benefit riders. At the time of original pricing, only limited insured experience was available for home and community care benefits. Therefore the expected claim costs for these benefits were derived from general population data with the assistance of RiverSource Life's reinsurer. Both the incidence rates and the length of home care usage for the first two years were determined through analysis of the "1982-1984 National Long Term Care Surveys", which polled elderly people who manifested impairments in ADLs. The home care incidence rates were modified by loading for cognitive impairment as a benefit trigger.

The data from the "1985 National Nursing Home Survey" was used to extrapolate the length of home care usage after the first two years. Additionally, experience data from continuing care retirement communities was used to verify the claim cost assumptions and to provide guidance in translating general population experience to anticipated insured population experience. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on home care claims incidence.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits. The nonforfeiture benefit claim costs were determined by assumptions consistent with those used in establishing premium rates.

It should be recognized that considerable judgment was made with respect to expected claim costs, especially for non-institutional benefits. After using all available data, total expected claim costs were developed that represented reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

The following selection factors were used:

Duration	Factor
1	40%
2	50%
3	60%
4	70%
5	80%
6	90%
7+	100%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions

Current Assumptions:

Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2015. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.110	0.370	0.880	1.520	2.070	2.650	2.360
2	0.110	0.370	0.880	1.520	2.070	2.650	2.360
3	0.110	0.370	0.880	1.520	2.070	2.650	2.360
4	0.132	0.452	0.928	1.538	2.082	2.562	2.364
5	0.154	0.534	0.976	1.556	2.094	2.474	2.368
6	0.176	0.616	1.024	1.574	2.106	2.386	2.372
7	0.198	0.698	1.072	1.592	2.118	2.298	2.376
8	0.220	0.780	1.120	1.610	2.130	2.210	2.380
9	0.242	0.800	1.180	1.668	2.132	2.224	2.380
10	0.264	0.820	1.240	1.726	2.134	2.238	2.380
11	0.286	0.840	1.300	1.784	2.136	2.252	2.380
12	0.308	0.860	1.360	1.842	2.138	2.266	2.380
13	0.330	0.880	1.420	1.900	2.140	2.280	2.380
14	0.368	0.894	1.424	1.902	2.134	2.292	2.374
15	0.406	0.908	1.428	1.904	2.128	2.304	2.368
16	0.444	0.922	1.432	1.906	2.122	2.316	2.362
17	0.482	0.936	1.436	1.908	2.116	2.328	2.356
18	0.520	0.950	1.440	1.910	2.110	2.340	2.350
19	0.524	0.954	1.432	1.906	2.110	2.348	2.356
20	0.528	0.958	1.424	1.902	2.110	2.356	2.362
21	0.532	0.962	1.416	1.898	2.110	2.364	2.368
22	0.536	0.966	1.408	1.894	2.110	2.372	2.374
23	0.540	0.970	1.400	1.890	2.110	2.380	2.380
24	0.604	0.982	1.400	1.890	2.098	2.380	2.380
25	0.668	0.994	1.400	1.890	2.086	2.380	2.380
26	0.732	1.006	1.400	1.890	2.074	2.380	2.380
27	0.796	1.018	1.400	1.890	2.062	2.380	2.380
28	0.860	1.030	1.400	1.890	2.050	2.380	2.380
29	0.881	1.036	1.402	1.891	2.048	2.376	2.376
30	0.902	1.042	1.403	1.892	2.047	2.372	2.372
31	0.923	1.048	1.405	1.893	2.045	2.368	2.368
32	0.943	1.053	1.407	1.893	2.043	2.363	2.363
33	0.964	1.059	1.408	1.894	2.042	2.359	2.359
34	0.985	1.065	1.410	1.895	2.040	2.355	2.355
35	1.006	1.071	1.412	1.896	2.038	2.351	2.351
36	1.027	1.077	1.413	1.897	2.037	2.347	2.347
37	1.048	1.083	1.415	1.898	2.035	2.343	2.343
38	1.068	1.088	1.417	1.898	2.033	2.338	2.338
39	1.089	1.094	1.418	1.899	2.032	2.334	2.334
40+	1.110	1.100	1.420	1.900	2.030	2.330	2.330

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions

Current Assumptions (continued):

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<53	53–57	58–62	63–67	68–72	73–77	78-82	83+
1	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
2	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
3	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
4	0.186	0.192	0.262	0.644	1.126	1.642	2.470	2.618
5	0.222	0.224	0.314	0.768	1.272	1.724	2.460	2.616
6	0.258	0.256	0.366	0.892	1.418	1.806	2.450	2.614
7	0.294	0.288	0.418	1.016	1.564	1.888	2.440	2.612
8	0.330	0.320	0.470	1.140	1.710	1.970	2.430	2.610
9	0.328	0.394	0.630	1.268	1.816	2.074	2.430	2.626
10	0.326	0.468	0.790	1.396	1.922	2.178	2.430	2.642
11	0.324	0.542	0.950	1.524	2.028	2.282	2.430	2.658
12	0.322	0.616	1.110	1.652	2.134	2.386	2.430	2.674
13	0.320	0.690	1.270	1.780	2.240	2.490	2.430	2.690
14	0.342	0.732	1.272	1.786	2.234	2.516	2.432	2.696
15	0.364	0.774	1.274	1.792	2.228	2.542	2.434	2.702
16	0.386	0.816	1.276	1.798	2.222	2.568	2.436	2.708
17	0.408	0.858	1.278	1.804	2.216	2.594	2.438	2.714
18	0.430	0.900	1.280	1.810	2.210	2.620	2.440	2.720
19	0.470	0.908	1.274	1.804	2.208	2.618	2.444	2.720
20	0.510	0.916	1.268	1.798	2.206	2.616	2.448	2.720
21	0.550	0.924	1.262	1.792	2.204	2.614	2.452	2.720
22	0.590	0.932	1.256	1.786	2.202	2.612	2.456	2.720
23	0.630	0.940	1.250	1.780	2.200	2.610	2.460	2.720
24	0.672	0.950	1.262	1.800	2.200	2.610	2.460	2.720
25	0.714	0.960	1.274	1.820	2.200	2.610	2.460	2.720
26	0.756	0.970	1.286	1.840	2.200	2.610	2.460	2.720
27	0.798	0.980	1.298	1.860	2.200	2.610	2.460	2.720
28	0.840	0.990	1.310	1.880	2.200	2.610	2.460	2.720
29	0.860	0.996	1.311	1.881	2.199	2.609	2.458	2.716
30	0.880	1.002	1.312	1.882	2.198	2.608	2.455	2.712
31	0.900	1.008	1.313	1.883	2.198	2.608	2.453	2.708
32	0.920	1.013	1.313	1.883	2.197	2.607	2.450	2.703
33	0.940	1.019	1.314	1.884	2.196	2.606	2.448	2.699
34	0.960	1.025	1.315	1.885	2.195	2.605	2.445	2.695
35	0.980	1.031	1.316	1.886	2.194	2.604	2.443	2.691
36	1.000	1.037	1.317	1.887	2.193	2.603	2.440	2.687
37	1.020	1.043	1.318	1.888	2.193	2.603	2.438	2.683
38	1.040	1.048	1.318	1.888	2.192	2.602	2.435	2.678
39	1.060	1.054	1.319	1.889	2.191	2.601	2.433	2.674
40+	1.080	1.060	1.320	1.890	2.190	2.600	2.430	2.670

The following adverse selection factors are used:

Year of Policyholder Notification	With Requested Increase
1	5.80%
2	4.80%
3	3.80%
4	2.80%
5	1.80%
6	0.80%
7	0.00%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Mortality Assumptions

Original Pricing Assumptions:
1983 Individual Annuity Mortality Table

Current Assumptions:
1983 Individual Annuity Mortality Basic Table with selection consistent with experience

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	66%	71%	78%	74%	88%
12	57%	66%	71%	78%	88%	89%
13	57%	66%	73%	83%	88%	94%
14	57%	67%	73%	88%	89%	94%
15	57%	67%	74%	88%	95%	94%
16	57%	67%	81%	88%	95%	100%
17	59%	69%	81%	91%	101%	101%
18	59%	69%	84%	95%	101%	101%
19	68%	73%	84%	96%	101%	101%
20	68%	75%	85%	96%	101%	105%
21	72%	78%	85%	100%	105%	105%
22	75%	80%	90%	105%	105%	110%
23	78%	85%	90%	105%	110%	110%
24	83%	87%	90%	105%	110%	110%
25	83%	90%	100%	105%	110%	110%
26	85%	90%	100%	105%	110%	110%
27	87%	90%	100%	105%	110%	110%
28	87%	95%	100%	105%	110%	110%
29	90%	95%	100%	105%	110%	110%
30	90%	100%	100%	105%	110%	110%
31	90%	100%	100%	105%	110%	110%
32	95%	100%	100%	105%	110%	110%
33	95%	100%	100%	105%	110%	110%
34	95%	100%	100%	105%	110%	110%
35+	100%	100%	100%	105%	110%	110%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Lapse Assumptions

Original Pricing Assumptions:

Duration	Rate
1	8%
2	7%
3	6%
4+	5%

Current Assumptions:

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.90%	6.80%	7.00%
2	6.50%	4.50%	3.50%
3	4.80%	3.50%	3.50%
4	3.60%	2.60%	1.90%
5	2.60%	1.90%	1.30%
6	1.90%	1.60%	1.30%
7	1.50%	1.10%	1.30%
8	1.10%	1.10%	1.30%
9	1.06%	1.08%	1.30%
10	0.85%	1.15%	1.30%
11	0.80%	1.00%	1.30%
12	0.65%	0.85%	1.40%
13	0.65%	0.87%	1.40%
14	0.65%	0.87%	1.50%
15	0.60%	0.95%	1.50%
16	0.60%	1.05%	1.70%
17	0.60%	1.05%	1.70%
18	0.60%	1.20%	1.80%
19	0.60%	1.20%	1.80%
20	0.65%	1.20%	1.90%
21	0.70%	1.20%	1.90%
22	0.75%	1.20%	2.00%
23	0.80%	1.20%	2.00%
24	0.90%	1.25%	2.00%
25	0.95%	1.25%	2.00%
26	0.95%	1.25%	2.00%
27	1.00%	1.25%	2.00%
28	1.00%	1.25%	2.00%
29	1.00%	1.25%	2.00%
30	1.00%	1.30%	2.00%
31	1.10%	1.30%	2.00%
32	1.10%	1.30%	2.00%
33	1.10%	1.30%	2.00%
34	1.10%	1.30%	2.00%
35	1.10%	1.35%	2.00%
36	1.10%	1.35%	2.00%
37	1.10%	1.35%	2.00%
38	1.10%	1.35%	2.00%
39	1.10%	1.35%	2.00%
40+	1.10%	1.40%	2.00%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.4%
9	1.1%	1.3%	2.5%
10	1.0%	1.3%	3.3%
11	1.0%	1.4%	3.6%
12	0.9%	1.4%	3.8%
13	0.8%	1.4%	3.8%
14	0.8%	1.4%	4.8%
15	0.8%	1.7%	4.8%
16	0.8%	1.7%	5.2%
17	1.0%	1.9%	5.2%
18	1.1%	2.0%	6.0%
19	1.1%	2.3%	6.0%
20	1.1%	2.8%	6.0%
21	1.1%	3.0%	6.0%
22	1.1%	3.3%	6.0%
23	1.1%	3.4%	6.0%
24	1.2%	3.5%	6.0%
25	1.4%	3.6%	6.0%
26	1.5%	3.8%	6.0%
27	1.6%	4.0%	6.0%
28	2.1%	4.2%	6.0%
29	2.4%	4.4%	6.0%
30	2.6%	4.5%	6.0%
31	2.9%	4.5%	6.0%
32	3.1%	4.5%	6.0%
33	3.2%	4.5%	6.0%
34	3.3%	4.5%	6.0%
35	3.4%	4.5%	6.0%
36	3.5%	4.5%	6.0%
37	3.5%	4.5%	6.0%
38	3.5%	4.5%	6.0%
39	3.5%	4.5%	6.0%
40+	3.5%	4.5%	6.0%

In the year of rate increase notification to policyholders, an additional 2.8% of inforce policyholders is assumed to lapse, and a 3.0% reduction in benefits due to election of reduced benefit options is also assumed.

Interest Rate Assumptions

Original Pricing Assumption: 5.00%

Current Assumption: 5.00%

EXHIBIT II
RiverSource Life Insurance Company
Nationwide Long Term Care Claim Experience
For Policy Anniversaries through 2015
Policy Form: 30160A
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION									
	Lifetime Benefit Period			Non-Lifetime Benefit Period			All		
Duration	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
1	2,358,364	2,554,730	92.3%	751,395	2,178,762	34.5%	3,109,760	4,733,491	65.7%
2	1,976,169	3,305,411	59.8%	2,895,869	2,780,545	104.1%	4,872,038	6,085,956	80.1%
3	6,200,883	4,320,347	143.5%	4,399,977	3,665,443	120.0%	10,600,860	7,985,789	132.7%
4	4,419,578	5,596,613	79.0%	3,635,097	5,097,966	71.3%	8,054,675	10,694,578	75.3%
5	7,611,770	7,114,010	107.0%	7,595,307	6,878,287	110.4%	15,207,078	13,992,297	108.7%
6	5,581,667	8,797,021	63.4%	7,605,248	8,975,267	84.7%	13,186,915	17,772,288	74.2%
7	10,947,111	10,870,318	100.7%	10,636,099	11,657,665	91.2%	21,583,210	22,527,983	95.8%
8	10,341,441	12,199,667	84.8%	13,434,806	13,660,578	98.3%	23,776,247	25,860,246	91.9%
9	15,401,128	13,805,917	111.6%	15,107,584	16,267,521	92.9%	30,508,712	30,073,438	101.4%
10	16,240,609	15,473,453	105.0%	19,647,403	19,144,638	102.6%	35,888,012	34,618,091	103.7%
11	17,218,376	17,382,586	99.1%	22,146,368	22,239,528	99.6%	39,364,744	39,622,113	99.4%
12	22,835,369	19,408,210	117.7%	22,709,683	25,606,470	88.7%	45,545,052	45,014,681	101.2%
13	23,815,625	21,549,783	110.5%	31,307,987	29,444,063	106.3%	55,123,613	50,993,846	108.1%
14	23,963,383	23,326,444	102.7%	37,637,577	31,398,086	119.9%	61,600,960	54,724,530	112.6%
15	24,139,455	24,991,564	96.6%	34,256,168	32,853,383	104.3%	58,395,624	57,844,947	101.0%
16	22,210,988	21,446,997	103.6%	29,700,330	27,228,295	109.1%	51,911,317	48,675,292	106.6%
17	10,543,083	9,708,085	108.6%	10,627,491	11,070,218	96.0%	21,170,574	20,778,303	101.9%
18	600,149	315,763	190.1%	149,040	306,214	48.7%	749,189	621,977	120.5%
Total	**226,405,148**	**222,166,919**	**101.9%**	**274,243,431**	**270,452,927**	**101.4%**	**500,648,579**	**492,619,846**	**101.6%**

SPLIT BY ISSUE AGE				
Issue Age	Actual	Expected	A/E	Claim Count
<43	1,249	192,747	0.6%	2
43-47	2,309,018	1,281,446	180.2%	16
48-52	6,356,587	6,118,486	103.9%	79
53-57	30,591,652	30,492,020	100.3%	327
58-62	78,725,533	76,712,812	102.6%	876
63-67	132,387,581	131,850,597	100.4%	1,553
68-72	121,152,294	119,965,836	101.0%	1,587
73-77	91,597,994	88,731,308	103.2%	1,385
78-82	33,602,415	33,545,069	100.2%	587
83+	3,924,256	3,765,800	104.2%	86
Total	**500,648,579**	**492,656,122**	**101.6%**	**6,498**

EXHIBIT III
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2015
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	Actual Deaths	Expected Deaths	A/E	Difference
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	800	101%	11
6	1,130	1,114	101%	16
7	1,470	1,434	103%	36
8	1,731	1,726	100%	5
9	2,152	2,173	99%	(21)
10	2,638	2,657	99%	(19)
11	3,205	3,200	100%	5
12	3,474	3,507	99%	(33)
13	3,652	3,681	99%	(29)
14	3,631	3,686	99%	(55)
15	3,549	3,637	98%	(88)
16	3,436	3,455	99%	(19)
17	3,149	3,157	100%	(8)
18	2,895	2,876	101%	19
19	2,619	2,637	99%	(18)
20	2,129	2,142	99%	(13)
21	1,773	1,784	99%	(11)
22	1,478	1,486	99%	(8)
23	1,139	1,130	101%	9
24	771	803	96%	(32)
25	471	466	101%	5
26	77	71	109%	6
Total	**48,645**	**48,881**	**100%**	**(236)**

SUMMARY BY ISSUE AGE				
Issue Age	Actual Deaths	Expected Deaths	A/E	Difference
<43	27	31	88%	(4)
43-47	174	185	94%	(11)
48-52	1,212	1,258	96%	(46)
53-57	3,740	3,724	100%	16
58-62	8,573	8,612	100%	(39)
63-67	12,554	12,580	100%	(26)
68-72	11,825	11,875	100%	(50)
73-77	7,381	7,413	100%	(32)
78-82	2,793	2,826	99%	(33)
83+	366	377	97%	(11)
Total	**48,645**	**48,881**	**100%**	**(236)**

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	Expected Deaths	A/E	Difference
48,645	**48,881**	**100%**	**(236)**

EXHIBIT IV
RiverSource Life Insurance Company
Lapses and Benefit Reductions[1]
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Additional Lapses Due to Rate Increase													
Increase	Average	Year of Increase											Weighted
Percent	Increase	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Average
< 10%	6.6%			0.9%	1.5%	1.4%	0.7%	1.2%	1.0%	0.7%	1.1%	0.5%	1.1%
10% - 19.9%	14.1%	0.7%	2.1%	1.4%	1.7%	1.9%	1.4%	1.3%	1.2%	1.1%	1.0%	1.1%	1.4%
20% - 29.9%	22.4%	1.8%	1.7%	1.2%	1.6%	2.5%		4.4%	2.6%	1.8%	2.0%	0.7%	1.8%
30%+	33.2%	2.9%	2.7%	2.4%	2.8%	2.3%	1.4%	1.6%				1.7%	2.6%
Total	17.4%	2.6%	2.5%	1.3%	1.8%	1.9%	1.4%	1.3%	1.2%	1.2%	1.2%	1.1%	1.7%

Overall Reduction in Benefits in Relation to Rate Increase Percentage													
Increase	Average	Year of Increase											Weighted
Percent	Increase	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Average
< 10%	6.6%			0.3%	0.2%	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%		0.2%
10% - 19.9%	14.1%	0.9%	0.8%	0.6%	0.6%	0.7%	0.5%	0.7%	0.7%	0.8%	0.6%	0.4%	0.6%
20% - 29.9%	22.4%	1.6%	1.7%	1.7%	1.3%	2.4%		1.7%	1.0%	1.0%	1.0%	0.3%	1.2%
30%+	33.2%	3.0%	2.7%	2.6%	2.4%	2.3%	1.8%	1.4%				0.6%	2.2%
Total	17.4%	1.5%	1.4%	0.8%	0.8%	0.8%	0.7%	0.9%	0.9%	0.9%	0.8%	0.5%	0.8%

[1] The total percent reduction in benefit is typically no more than the percentage increase in premium.

EXHIBIT V
RiverSource Life Insurance Company
Long-Term Care Lapse Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2015
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

LIFETIME BENEFIT PERIOD

	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
		Actual		Expected		Actual		Expected		Actual		Expected		Actual		Expected
Duration	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses
1	1,352	19,701	6.9%	6.9%	261	3,859	6.8%	6.8%	37	529	7.0%	7.0%	1,650	24,088	6.8%	6.9%
2	1,669	25,851	6.5%	6.5%	265	5,869	4.5%	4.5%	30	856	3.5%	3.5%	1,964	32,576	6.0%	6.1%
3	1,552	32,493	4.8%	4.8%	287	8,144	3.5%	3.5%	42	1,213	3.5%	3.5%	1,881	41,850	4.5%	4.5%
4	1,416	39,280	3.6%	3.6%	265	10,078	2.6%	2.6%	29	1,494	1.9%	1.9%	1,710	50,852	3.4%	3.4%
5	1,270	48,520	2.6%	2.6%	254	13,213	1.9%	1.9%	27	2,028	1.3%	1.3%	1,551	63,762	2.4%	2.4%
6	967	52,208	1.9%	1.9%	255	15,516	1.6%	1.6%	31	2,497	1.2%	1.3%	1,253	70,220	1.8%	1.8%
7	773	52,358	1.5%	1.5%	195	16,645	1.2%	1.1%	48	2,770	1.7%	1.3%	1,016	71,773	1.4%	1.4%
8	550	50,915	1.1%	1.1%	195	17,353	1.1%	1.1%	38	2,869	1.3%	1.3%	783	71,137	1.1%	1.1%
9	498	47,453	1.0%	1.1%	187	17,441	1.1%	1.1%	31	2,893	1.1%	1.3%	716	67,788	1.1%	1.1%
10	371	42,435	0.9%	0.9%	212	17,566	1.2%	1.2%	32	2,936	1.1%	1.3%	615	62,938	1.0%	1.0%
11	355	41,269	0.9%	0.8%	200	19,265	1.0%	1.0%	34	3,307	1.0%	1.3%	589	63,841	0.9%	0.9%
12	243	36,912	0.7%	0.7%	155	18,214	0.9%	0.9%	43	3,020	1.4%	1.4%	441	58,145	0.8%	0.8%
13	231	34,262	0.7%	0.7%	147	16,539	0.9%	0.9%	32	2,558	1.3%	1.4%	410	53,359	0.8%	0.8%
14	188	30,016	0.6%	0.7%	117	13,924	0.8%	0.9%	31	1,988	1.6%	1.5%	336	45,928	0.7%	0.8%
15	149	25,866	0.6%	0.6%	107	11,248	1.0%	1.0%	20	1,468	1.4%	1.5%	276	38,581	0.7%	0.7%
16	137	22,261	0.6%	0.6%	94	9,180	1.0%	1.1%	25	1,082	2.3%	1.7%	256	32,523	0.8%	0.8%
17	126	20,705	0.6%	0.6%	85	8,451	1.0%	1.1%	19	886	2.1%	1.7%	230	30,042	0.8%	0.8%
18	99	16,753	0.6%	0.6%	77	6,837	1.1%	1.2%	19	621	3.1%	1.8%	195	24,210	0.8%	0.8%
19	65	13,501	0.5%	0.6%	65	5,044	1.3%	1.2%	5	399	1.3%	1.8%	135	18,944	0.7%	0.8%
20	50	9,028	0.6%	0.7%	47	3,830	1.2%	1.2%	5	247	2.0%	1.9%	102	13,104	0.8%	0.8%
21	51	7,368	0.7%	0.7%	49	3,889	1.3%	1.2%	8	229	3.5%	1.9%	108	11,485	0.9%	0.9%
22	51	5,677	0.9%	0.8%	35	3,656	1.0%	1.2%	6	225	2.7%	2.0%	92	9,558	1.0%	1.0%
23	26	3,489	0.7%	0.8%	31	2,438	1.3%	1.2%	3	122	2.5%	2.0%	60	6,049	1.0%	1.0%
24	14	1,985	0.7%	0.9%	27	1,347	2.0%	1.3%	3	54	5.6%	2.0%	44	3,386	1.3%	1.1%
25	10	829	1.2%	1.0%	10	513	2.0%	1.3%	1	18	5.5%	2.0%	21	1,360	1.5%	1.1%
26	2	163	1.2%	1.0%	1	127	0.8%	1.3%	0	8	0.0%	2.0%	3	298	1.0%	1.1%
All Durations	**12,215**	**681,297**	**1.8%**	**1.8%**	**3,623**	**250,185**	**1.4%**	**1.4%**	**599**	**36,317**	**1.6%**	**1.6%**	**16,437**	**967,799**	**1.7%**	**1.7%**
Durations 8 and later	**3,216**	**410,886**	**0.8%**	**0.8%**	**1,841**	**176,862**	**1.0%**	**1.0%**	**355**	**24,930**	**1.4%**	**1.4%**	**5,412**	**612,678**	**0.9%**	**0.9%**

NON-LIFETIME BENEFIT PERIOD

	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
		Actual		Expected		Actual		Expected		Actual		Expected		Actual		Expected
Duration	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses
1	1,927	27,994	6.9%	6.9%	677	9,598	7.1%	7.1%	116	2,177	5.3%	5.3%	2,720	39,770	6.8%	6.9%
2	2,079	34,647	6.0%	6.0%	644	13,309	4.8%	4.8%	151	3,289	4.6%	4.6%	2,874	51,244	5.6%	5.6%
3	1,599	38,297	4.2%	4.2%	542	16,222	3.3%	3.3%	128	4,194	3.1%	3.1%	2,269	58,713	3.9%	3.9%
4	1,227	39,300	3.1%	3.1%	503	17,424	2.9%	2.9%	134	4,614	2.9%	2.9%	1,864	61,338	3.0%	3.0%
5	975	41,636	2.3%	2.3%	391	19,997	2.0%	2.0%	124	5,566	2.2%	2.2%	1,490	67,199	2.2%	2.2%
6	712	40,884	1.7%	1.7%	408	21,641	1.9%	1.9%	133	6,387	2.1%	2.1%	1,253	68,912	1.8%	1.8%
7	566	37,665	1.5%	1.5%	325	21,705	1.5%	1.6%	149	6,647	2.2%	2.3%	1,040	66,016	1.6%	1.6%
8	431	36,886	1.2%	1.2%	316	22,005	1.4%	1.4%	150	6,595	2.3%	2.4%	897	65,486	1.4%	1.4%
9	386	36,096	1.1%	1.1%	292	21,699	1.3%	1.3%	156	6,334	2.5%	2.5%	834	64,129	1.3%	1.3%
10	278	30,581	0.9%	1.0%	225	20,119	1.1%	1.3%	188	5,892	3.2%	3.3%	691	56,592	1.2%	1.3%
11	254	27,953	0.9%	1.0%	296	20,158	1.5%	1.4%	206	5,793	3.6%	3.6%	756	53,904	1.4%	1.4%
12	260	26,872	1.0%	0.9%	260	19,069	1.4%	1.4%	199	5,107	3.9%	3.8%	719	51,048	1.4%	1.4%
13	212	27,362	0.8%	0.8%	259	18,010	1.4%	1.4%	169	4,394	3.8%	3.8%	640	49,766	1.3%	1.3%
14	173	21,697	0.8%	0.8%	198	15,077	1.3%	1.4%	173	3,409	5.1%	4.8%	544	40,183	1.4%	1.3%
15	123	17,140	0.7%	0.8%	202	12,255	1.6%	1.7%	103	2,437	4.2%	4.8%	428	31,832	1.3%	1.4%
16	97	13,509	0.7%	0.8%	164	9,586	1.7%	1.7%	96	1,732	5.5%	5.2%	357	24,827	1.4%	1.4%
17	94	9,882	1.0%	1.0%	146	7,742	1.9%	1.9%	62	1,322	4.7%	5.2%	302	18,946	1.6%	1.6%
18	83	7,108	1.2%	1.1%	106	5,893	1.8%	2.0%	57	921	6.2%	6.0%	246	13,922	1.8%	1.8%
19	51	6,105	0.8%	1.1%	110	4,730	2.3%	2.3%	41	616	6.7%	6.0%	202	11,451	1.8%	1.8%
20	43	4,506	1.0%	1.1%	98	3,598	2.7%	2.8%	24	422	5.7%	6.0%	165	8,527	1.9%	2.0%
21	42	3,412	1.2%	1.1%	90	3,099	2.9%	3.0%	24	308	7.8%	6.0%	156	6,820	2.3%	2.1%
22	24	2,477	1.0%	1.1%	84	2,544	3.3%	3.3%	29	225	12.9%	6.0%	137	5,245	2.6%	2.3%
23	11	1,484	0.7%	1.1%	61	1,652	3.7%	3.4%	11	110	10.0%	6.0%	83	3,246	2.6%	2.4%
24	14	817	1.7%	1.2%	26	875	3.0%	3.5%	6	44	13.8%	6.0%	46	1,735	2.7%	2.5%
25	7	272	2.6%	1.4%	13	322	4.0%	3.6%	0	13	0.0%	6.0%	20	607	3.3%	2.7%
26	2	75	2.7%	1.5%	8	61	13.1%	3.8%	1	3	36.4%	6.0%	11	138	8.0%	2.6%
All Durations	**11,670**	**534,655**	**2.2%**	**2.2%**	**6,444**	**308,390**	**2.1%**	**2.1%**	**2,630**	**78,551**	**3.3%**	**3.3%**	**20,744**	**921,597**	**2.3%**	**2.3%**
Durations 8 and later	**2,585**	**274,233**	**0.9%**	**1.0%**	**2,954**	**188,495**	**1.6%**	**1.6%**	**1,695**	**45,678**	**3.7%**	**3.7%**	**7,234**	**508,405**	**1.4%**	**1.4%**

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form: 30160A

Morbidity Assumptions

Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending September 2005. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band				
Duration	<63	63-67	68-72	73-77	78+
1	0.10	0.40	0.70	1.20	2.60
2	0.10	0.40	0.70	1.20	2.60
3	0.20	0.40	0.70	1.40	2.60
4	0.20	0.40	0.70	1.50	2.60
5	0.20	0.40	1.20	1.65	2.60
6	0.30	0.60	1.20	1.80	2.30
7	0.30	0.60	1.20	1.80	2.30
8	0.40	0.60	1.20	1.80	2.00
9	0.40	0.60	1.30	1.80	2.00
10	0.60	0.80	1.55	1.80	2.00
11	0.60	0.80	1.55	1.80	2.00
12	0.60	0.80	1.55	1.80	2.00
13	0.60	0.80	1.55	1.80	2.00
14	0.60	0.85	1.55	1.80	2.00
15	0.80	1.05	1.55	1.80	2.00
16	0.80	1.05	1.55	1.80	2.00
17	0.90	1.05	1.55	1.80	2.00
18	0.90	1.05	1.55	1.80	2.00
19	0.85	1.05	1.55	1.80	2.00
20+	1.00	1.05	1.55	1.80	2.00

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band					
Duration	<63	63-67	68-72	73-77	78-82	83+
1	0.30	0.60	2.00	2.50	2.50	2.50
2	0.30	0.60	2.00	2.50	2.50	2.00
3	0.30	0.60	2.00	2.50	2.50	1.55
4	0.30	0.60	1.70	2.00	2.00	1.55
5	0.30	0.85	1.40	2.00	2.00	1.55
6	0.40	0.85	1.30	2.00	2.00	1.55
7	0.40	0.85	1.30	1.80	2.00	1.55
8	0.60	0.85	1.30	1.55	1.55	1.55
9	0.60	0.85	1.30	1.55	1.55	1.55
10+	0.85	0.85	1.30	1.55	1.55	1.55

An adverse selection assumption of 5% in the year of the rate increase notification to policyholders grading down to 0% in the 6th year after rate increase notification was also assumed.

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form: 30160A

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with selection consistent with experience

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	20%
2	25%	25%	40%	30%	25%	25%
3	35%	35%	45%	50%	35%	35%
4	45%	45%	45%	50%	35%	35%
5	50%	50%	45%	50%	40%	40%
6	55%	55%	55%	60%	70%	75%
7	55%	55%	55%	65%	75%	75%
8	55%	55%	60%	65%	75%	75%
9	80%	80%	75%	80%	85%	85%
10	80%	80%	75%	80%	85%	85%
11	85%	85%	75%	85%	85%	95%
12	85%	85%	85%	90%	90%	100%
13	90%	90%	85%	90%	90%	100%
14	95%	95%	85%	90%	95%	100%
15	95%	95%	90%	95%	100%	100%
16	95%	95%	90%	95%	100%	100%
17	95%	95%	95%	95%	100%	100%
18	95%	95%	100%	100%	100%	100%
19	95%	95%	100%	100%	100%	100%
20+	100%	100%	100%	100%	100%	100%

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form: 30160A

Lapse Assumptions

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	5.9%	4.2%	3.6%
2	5.4%	3.8%	2.6%
3	4.4%	3.5%	2.6%
4	4.4%	2.0%	1.5%
5	3.2%	1.5%	1.6%
6	1.8%	1.3%	1.0%
7	1.9%	1.0%	1.0%
8	1.0%	1.0%	1.0%
9	0.9%	1.1%	1.3%
10	0.9%	1.0%	1.3%
11	0.9%	0.9%	1.3%
12	0.9%	0.9%	1.3%
13	0.9%	0.9%	1.3%
14	0.9%	0.9%	1.3%
15	0.9%	0.9%	1.3%
16	0.9%	0.9%	1.3%
17	0.9%	1.0%	1.3%
18	0.9%	1.1%	1.3%
19	0.9%	1.1%	1.3%
20	0.9%	1.1%	1.3%
21	0.9%	1.1%	1.3%
22	0.9%	1.1%	1.3%
23	0.9%	1.1%	1.3%
24	0.9%	1.1%	1.3%
25	0.9%	1.1%	1.3%
26	0.9%	1.1%	1.3%
27	1.0%	1.1%	1.3%
28	1.0%	1.1%	1.3%
29	1.0%	1.1%	1.3%
30	1.0%	1.1%	1.3%
31	1.0%	1.1%	1.3%
32	1.0%	1.1%	1.3%
33	1.0%	1.1%	1.3%
34	1.0%	1.1%	1.3%
35	1.0%	1.1%	1.3%
36	1.0%	1.1%	1.3%
37	1.0%	1.1%	1.3%
38	1.0%	1.1%	1.3%
39	1.0%	1.1%	1.3%
40	1.0%	1.1%	1.3%
41	1.0%	1.1%	1.3%
42	1.0%	1.1%	1.3%
43+	1.0%	1.1%	1.3%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.2%	5.4%	4.4%
2	4.8%	3.4%	2.8%
3	3.8%	3.0%	3.1%
4	3.4%	2.6%	3.0%
5	2.4%	2.1%	1.8%
6	1.7%	1.3%	1.8%
7	1.0%	1.0%	1.3%
8	1.0%	1.3%	1.5%
9	1.2%	1.3%	3.0%
10	1.2%	1.3%	3.5%
11	1.2%	1.3%	4.0%
12	1.2%	1.3%	4.2%
13	1.2%	1.3%	4.3%
14	1.2%	1.3%	4.4%
15	1.2%	1.6%	4.5%
16	1.2%	1.8%	4.5%
17	1.2%	2.0%	4.5%
18	1.2%	2.6%	4.5%
19	1.2%	2.8%	4.5%
20	1.2%	3.0%	4.5%
21	1.2%	3.5%	4.5%
22	1.2%	3.7%	4.5%
23	1.2%	3.8%	4.5%
24	1.2%	3.9%	4.5%
25	1.4%	4.0%	4.5%
26	1.5%	4.0%	4.5%
27	1.6%	4.0%	4.5%
28	2.1%	4.0%	4.5%
29	2.4%	4.0%	4.5%
30	2.6%	4.0%	4.5%
31	2.9%	4.0%	4.5%
32	3.1%	4.0%	4.5%
33	3.2%	4.0%	4.5%
34	3.3%	4.0%	4.5%
35	3.4%	4.0%	4.5%
36	3.5%	4.0%	4.5%
37	3.5%	4.0%	4.5%
38	3.5%	4.0%	4.5%
39	3.5%	4.0%	4.5%
40	3.5%	4.0%	4.5%
41	3.5%	4.0%	4.5%
42	3.5%	4.0%	4.5%
43+	3.5%	4.0%	4.5%

In the year of rate increase notification to policyholders, an additional 5.0% of inforce policyholders is assumed to lapse.

Interest Rate Assumptions

Current Assumption:	5.00%

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form: 30160A

Morbidity Assumptions

Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2012. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.10	0.35	0.65	0.95	1.85	2.05	2.20
2	0.10	0.35	0.65	0.95	1.85	2.05	2.20
3	0.10	0.35	0.65	0.95	1.85	2.05	2.20
4	0.10	0.35	0.65	0.95	1.85	2.05	2.20
5	0.10	0.35	0.65	0.95	1.85	2.05	2.20
6	0.20	0.50	0.90	1.20	1.90	2.05	2.20
7	0.20	0.50	0.90	1.20	1.90	2.05	2.20
8	0.20	0.50	0.90	1.20	1.90	2.05	2.20
9	0.20	0.50	0.90	1.20	1.90	2.05	2.20
10	0.20	0.50	0.90	1.40	1.90	2.05	2.20
11	0.25	0.55	1.10	1.50	1.90	2.05	2.20
12	0.25	0.55	1.10	1.50	1.90	2.05	2.20
13	0.25	0.55	1.10	1.50	1.90	2.05	2.20
14	0.25	0.55	1.10	1.50	1.90	2.05	2.20
15	0.25	0.55	1.10	1.50	1.90	2.05	2.20
16	0.35	0.65	1.10	1.50	1.90	2.05	2.30
17	0.35	0.65	1.10	1.50	1.90	2.05	2.30
18	0.35	0.65	1.10	1.50	1.90	2.05	2.30
19	0.35	0.65	1.10	1.50	1.90	2.05	2.30
20	0.35	0.65	1.10	1.50	1.90	2.05	2.30
21	0.50	0.80	1.15	1.55	1.90	2.05	2.30
22	0.50	0.80	1.15	1.55	1.90	2.05	2.30
23	0.50	0.80	1.15	1.55	1.90	2.05	2.30
24	0.50	0.80	1.15	1.55	1.90	2.05	2.30
25	0.50	0.80	1.15	1.55	1.90	2.05	2.30
26	0.80	0.90	1.20	1.55	1.95	2.05	2.30
27	0.80	0.90	1.20	1.55	1.95	2.05	2.30
28	0.80	0.90	1.20	1.55	1.95	2.05	2.30
29	0.80	0.90	1.20	1.55	1.95	2.05	2.30
30	0.80	0.90	1.20	1.55	1.95	2.05	2.30
31	1.00	1.00	1.20	1.55	2.00	2.05	2.30
32	1.00	1.00	1.20	1.56	2.00	2.05	2.30
33	1.00	1.00	1.20	1.57	2.00	2.05	2.30
34	1.00	1.00	1.20	1.59	2.00	2.05	2.30
35+	1.00	1.00	1.20	1.60	2.00	2.05	2.30

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form: 30160A

Morbidity Assumptions

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<48	48-52	53–57	58–62	63–67	68–72	73–77	78-82
1	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
2	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
3	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
4	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
5	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
6	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
7	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
8	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
9	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
10	0.25	0.30	0.65	1.10	1.95	2.35	2.45	2.50
11	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
12	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
13	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
14	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
15	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
16	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
17	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
18	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
19	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
20	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
21	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
22	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
23	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
24	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
25	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
26	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
27	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
28	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
29	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
30	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
31	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
32	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
33	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
34	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
35+	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50

The following adverse selection factors are used:

Year of Policyholder Notification	With Requested Increase
1	2.0%
2	1.0%
3	0.0%

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form: 30160A

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with selection consistent with experience

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	67%	71%	78%	74%	88%
12	57%	67%	72%	78%	90%	89%
13	57%	67%	75%	83%	90%	92%
14	57%	68%	77%	89%	90%	95%
15	57%	69%	78%	90%	95%	98%
16	64%	69%	81%	90%	95%	100%
17	67%	69%	81%	91%	100%	100%
18	70%	70%	84%	95%	100%	100%
19	72%	70%	85%	96%	100%	100%
20	72%	73%	86%	97%	100%	100%
21	75%	75%	88%	100%	100%	100%
22	80%	77%	90%	100%	100%	100%
23	80%	80%	95%	100%	100%	100%
24	85%	82%	95%	100%	100%	100%
25	85%	85%	100%	100%	100%	100%
26	85%	90%	100%	100%	100%	100%
27	87%	90%	100%	100%	100%	100%
28	87%	95%	100%	100%	100%	100%
29	90%	95%	100%	100%	100%	100%
30	90%	100%	100%	100%	100%	100%
31	90%	100%	100%	100%	100%	100%
32	95%	100%	100%	100%	100%	100%
33	95%	100%	100%	100%	100%	100%
34	95%	100%	100%	100%	100%	100%
35+	100%	100%	100%	100%	100%	100%

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form: 30160A

Lapse Assumptions

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	6.8%	7.0%
2	6.5%	4.5%	3.5%
3	4.8%	3.5%	3.5%
4	3.6%	2.6%	1.9%
5	2.6%	1.9%	1.3%
6	1.9%	1.6%	1.3%
7	1.5%	1.1%	1.3%
8	1.1%	1.1%	1.3%
9	1.1%	1.1%	1.3%
10	0.8%	1.2%	1.3%
11	0.8%	1.0%	1.4%
12	0.7%	0.9%	1.5%
13	0.7%	0.9%	1.5%
14	0.7%	0.9%	1.6%
15	0.7%	0.9%	1.6%
16	0.7%	1.0%	1.7%
17	0.7%	1.1%	1.7%
18	0.7%	1.3%	1.8%
19	0.7%	1.3%	1.8%
20	0.8%	1.3%	1.9%
21	0.8%	1.3%	1.9%
22	0.8%	1.3%	2.0%
23	0.8%	1.3%	2.0%
24	0.9%	1.4%	2.0%
25	0.9%	1.4%	2.0%
26	0.9%	1.4%	2.0%
27	1.0%	1.4%	2.0%
28	1.0%	1.4%	2.0%
29	1.0%	1.4%	2.0%
30	1.0%	1.4%	2.0%
31	1.1%	1.4%	2.0%
32	1.1%	1.4%	2.0%
33	1.1%	1.4%	2.0%
34	1.1%	1.4%	2.0%
35	1.1%	1.4%	2.0%
36+	1.1%	1.4%	2.0%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.5%
9	1.2%	1.3%	2.7%
10	1.0%	1.3%	3.4%
11	1.0%	1.5%	3.9%
12	0.9%	1.5%	4.0%
13	0.8%	1.5%	4.4%
14	0.8%	1.5%	4.8%
15	0.7%	1.6%	4.9%
16	0.7%	1.8%	5.4%
17	0.8%	2.0%	5.4%
18	0.8%	2.2%	5.4%
19	0.9%	2.4%	5.4%
20	0.9%	2.6%	5.4%
21	0.9%	2.8%	5.4%
22	0.9%	3.0%	5.4%
23	1.0%	3.2%	5.4%
24	1.2%	3.4%	5.4%
25	1.4%	3.6%	5.4%
26	1.5%	3.8%	5.4%
27	1.6%	4.0%	5.4%
28	2.1%	4.0%	5.4%
29	2.4%	4.0%	5.4%
30	2.6%	4.0%	5.4%
31	2.9%	4.0%	5.4%
32	3.1%	4.0%	5.4%
33	3.2%	4.0%	5.4%
34	3.3%	4.0%	5.4%
35	3.4%	4.0%	5.4%
36+	3.5%	4.0%	5.4%

In the year of rate increase notification to policyholders, an additional 1.3% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed.

Interest Rate Assumptions

Current Assumption:	5.00%

EXHIBIT VIII
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	420	48,954	0	0	0.0%	0.0%	123,703	0	0	0.0%	0.0%	5.00%	2.5270
	1998	13,882	8,485,413	605	227,638	0.0%	2.7%	20,421,158	1,456	547,837	0.0%	2.7%	5.00%	2.4066
	1999	35,115	36,839,540	183,316	2,132,424	0.5%	5.8%	84,436,902	420,164	4,887,554	0.5%	5.8%	5.00%	2.2920
	2000	44,448	64,451,630	725,867	5,039,141	1.1%	7.8%	140,689,825	1,584,477	10,999,813	1.1%	7.8%	5.00%	2.1829
	2001	43,584	67,439,792	1,815,171	7,077,818	2.7%	10.5%	140,202,485	3,773,611	14,714,275	2.7%	10.5%	5.00%	2.0789
	2002	42,906	66,535,160	3,343,169	11,221,828	5.0%	16.9%	131,735,065	6,619,246	22,218,452	5.0%	16.9%	5.00%	1.9799
	2003	41,096	64,639,775	5,504,774	12,687,447	8.5%	19.6%	121,887,936	10,380,072	23,924,073	8.5%	19.6%	5.00%	1.8856
	2004	40,002	62,391,639	7,907,140	15,912,781	12.7%	25.5%	112,046,419	14,200,088	28,577,068	12.7%	25.5%	5.00%	1.7959
	2005	39,014	60,591,747	10,890,772	15,235,860	18.0%	25.1%	103,632,450	18,626,915	26,058,492	18.0%	25.1%	5.00%	1.7103
Historical	2006	38,169	59,037,005	13,120,464	28,390,669	22.2%	48.1%	96,165,061	21,371,854	46,245,409	22.2%	48.1%	5.00%	1.6289
Experience	2007	37,373	57,515,679	17,012,143	28,103,865	29.6%	48.9%	89,225,696	26,391,418	43,598,318	29.6%	48.9%	5.00%	1.5513
	2008	36,071	57,297,840	20,969,095	29,303,971	36.6%	51.1%	84,655,006	30,980,904	43,295,311	36.6%	51.1%	5.00%	1.4775
	2009	34,743	60,121,144	25,126,308	42,481,142	41.8%	70.7%	84,596,487	35,355,239	59,775,233	41.8%	70.7%	5.00%	1.4071
	2010	33,665	63,530,614	30,980,196	52,244,477	48.8%	82.2%	85,137,098	41,516,426	70,012,596	48.8%	82.2%	5.00%	1.3401
	2011	32,713	63,457,871	37,620,659	48,347,633	59.3%	76.2%	80,990,111	48,014,553	61,705,193	59.3%	76.2%	5.00%	1.2763
	2012	31,737	61,401,191	43,584,306	64,230,455	71.0%	104.6%	74,633,531	52,976,997	78,072,520	71.0%	104.6%	5.00%	1.2155
	2013	30,724	63,386,949	49,937,639	61,753,264	78.8%	97.4%	73,378,317	57,809,060	71,487,122	78.8%	97.4%	5.00%	1.1576
	2014	29,716	63,775,958	55,696,921	67,803,557	87.3%	106.3%	70,312,994	61,405,855	74,753,421	87.3%	106.3%	5.00%	1.1025
	2015	28,669	60,994,621	61,302,253	72,234,791	100.5%	118.4%	64,044,352	64,367,366	75,846,531	100.5%	118.4%	5.00%	1.0500
	1/1/2016-6/30/2016	28,225	29,361,791	29,783,483	48,477,430	101.4%	165.1%	29,722,125	30,148,993	49,072,357	101.4%	165.1%	5.00%	1.0123
	7/1/2016-12/31/2016	27,591	28,743,945	53,487,033	36,764,102	186.1%	127.9%	28,395,469	52,838,585	36,318,394	186.1%	127.9%	5.00%	0.9879
	2017	26,400	55,238,002	81,999,550	76,324,607	148.4%	138.2%	52,607,621	78,094,809	72,690,102	148.4%	138.2%	5.00%	0.9524
	2018	25,179	52,231,580	85,110,896	79,785,261	162.9%	152.8%	47,375,582	77,198,091	72,367,584	162.9%	152.8%	5.00%	0.9070
	2019	23,921	49,209,968	90,643,857	82,905,979	184.2%	168.5%	42,509,420	78,301,571	71,617,301	184.2%	168.5%	5.00%	0.8638
	2020	22,630	46,163,057	95,522,369	85,606,408	206.9%	185.4%	37,978,461	78,586,489	70,428,603	206.9%	185.4%	5.00%	0.8227
	2021	21,328	43,128,278	97,782,643	88,034,735	226.7%	204.1%	33,792,134	76,615,259	68,977,518	226.7%	204.1%	5.00%	0.7835
Projected	2022	20,017	40,145,420	99,579,573	90,479,977	248.0%	225.4%	29,957,130	74,307,811	67,517,552	248.0%	225.4%	5.00%	0.7462
Future	2023	18,694	37,208,886	100,914,943	92,907,436	271.2%	249.7%	26,443,661	71,718,366	66,027,580	271.2%	249.7%	5.00%	0.7107
Experience	2024	17,371	34,324,613	102,355,184	95,005,248	298.2%	276.8%	23,232,249	69,278,017	64,303,292	298.2%	276.8%	5.00%	0.6768
	2025	16,059	31,517,158	103,813,711	96,722,083	329.4%	306.9%	20,316,241	66,919,244	62,347,917	329.4%	306.9%	5.00%	0.6446
	2026	14,754	28,787,977	105,165,103	97,881,685	365.3%	340.0%	17,673,321	64,562,251	60,090,864	365.3%	340.0%	5.00%	0.6139
	2027	13,462	26,136,169	106,241,213	98,168,125	406.5%	375.6%	15,281,277	62,117,037	57,396,869	406.5%	375.6%	5.00%	0.5847
	2028	12,201	23,578,181	106,822,612	97,484,054	453.1%	413.5%	13,129,213	59,482,828	54,282,769	453.1%	413.5%	5.00%	0.5568
	2029	10,982	21,136,277	106,946,720	96,069,822	506.0%	454.5%	11,209,019	56,716,129	50,947,878	506.0%	454.5%	5.00%	0.5303
	2030	9,814	18,822,871	106,628,161	94,016,377	566.5%	499.5%	9,506,829	53,854,467	47,484,659	566.5%	499.5%	5.00%	0.5051
	2031	8,708	16,648,410	105,639,110	91,408,974	634.5%	549.1%	8,008,170	50,814,218	43,969,279	634.5%	549.1%	5.00%	0.4810
	2032	7,675	14,630,534	103,956,178	88,312,972	710.5%	603.6%	6,702,416	47,623,523	40,457,190	710.5%	603.6%	5.00%	0.4581
	2033	6,713	12,770,422	101,635,822	84,731,524	795.9%	663.5%	5,571,693	44,343,372	36,968,083	795.9%	663.5%	5.00%	0.4363
	2034	5,823	11,060,670	98,719,197	80,684,253	892.5%	729.5%	4,595,937	41,019,865	33,525,974	892.5%	729.5%	5.00%	0.4155
	2035	5,014	9,508,755	95,255,552	76,296,243	1001.8%	802.4%	3,762,937	37,695,857	30,193,014	1001.8%	802.4%	5.00%	0.3957
	2036	4,287	8,118,380	91,315,972	71,674,436	1124.8%	882.9%	3,059,732	34,416,030	27,013,341	1124.8%	882.9%	5.00%	0.3769
	2037	3,639	6,882,678	86,976,351	66,878,783	1263.7%	971.7%	2,470,485	31,219,497	24,005,628	1263.7%	971.7%	5.00%	0.3589
	2038	3,065	5,793,524	82,311,327	61,917,797	1420.7%	1068.7%	1,980,515	28,138,117	21,166,591	1420.7%	1068.7%	5.00%	0.3418
	2039	2,562	4,841,170	77,359,881	56,678,536	1598.0%	1170.8%	1,576,146	25,186,158	18,452,905	1598.0%	1170.8%	5.00%	0.3256
	2040	2,125	4,014,965	72,125,043	51,214,484	1796.4%	1275.6%	1,244,912	22,363,661	15,879,968	1796.4%	1275.6%	5.00%	0.3101
	2041	1,748	3,303,976	66,659,400	45,829,309	2017.6%	1387.1%	975,673	19,684,706	13,533,522	2017.6%	1387.1%	5.00%	0.2953
	2042	1,426	2,697,214	61,067,134	40,614,223	2264.1%	1505.8%	758,567	17,174,566	11,422,374	2264.1%	1505.8%	5.00%	0.2812
	2043	1,153	2,183,814	55,447,303	35,644,071	2539.0%	1632.2%	584,931	14,851,467	9,547,204	2539.0%	1632.2%	5.00%	0.2678
	2044	924	1,753,211	49,899,469	30,980,176	2846.2%	1767.1%	447,233	12,729,037	7,902,846	2846.2%	1767.1%	5.00%	0.2551
	2045	734	1,395,292	44,510,404	26,665,096	3190.0%	1911.1%	338,981	10,813,639	6,478,187	3190.0%	1911.1%	5.00%	0.2429
	2046	577	1,100,506	39,355,147	22,728,891	3576.1%	2065.3%	254,632	9,105,894	5,258,953	3576.1%	2065.3%	5.00%	0.2314
	2047	449	859,974	34,491,121	19,172,935	4010.7%	2229.5%	189,503	7,600,445	4,224,938	4010.7%	2229.5%	5.00%	0.2204
	2048	346	665,569	29,957,296	15,996,894	4501.0%	2403.5%	139,681	6,287,023	3,357,207	4501.0%	2403.5%	5.00%	0.2099
	2049	264	509,974	25,781,019	13,193,597	5055.4%	2587.1%	101,930	5,152,918	2,637,038	5055.4%	2587.1%	5.00%	0.1999
	2050	199	386,685	21,977,655	10,750,002	5683.6%	2780.0%	73,607	4,183,552	2,046,315	5683.6%	2780.0%	5.00%	0.1904
	2051	149	290,008	18,554,106	8,650,500	6397.8%	2982.9%	52,576	3,363,679	1,568,252	6397.8%	2982.9%	5.00%	0.1813
	2052	109	215,017	15,508,052	6,868,449	7212.5%	3194.4%	37,124	2,677,580	1,185,889	7212.5%	3194.4%	5.00%	0.1727
	2053	80	157,507	12,828,925	5,378,554	8145.0%	3414.8%	25,900	2,109,532	884,426	8145.0%	3414.8%	5.00%	0.1644
	2054	57	113,925	10,500,258	4,152,253	9216.9%	3644.7%	17,841	1,644,397	650,265	9216.9%	3644.7%	5.00%	0.1566
	2055	40	81,310	8,500,671	3,158,425	10454.7%	3884.4%	12,127	1,267,858	471,073	10454.7%	3884.4%	5.00%	0.1491
	2056	28	57,222	6,804,617	2,365,049	11891.7%	4133.1%	8,128	966,566	335,945	11891.7%	4133.1%	5.00%	0.1420
	2057	19	39,673	5,383,831	1,741,886	13570.4%	4390.6%	5,367	728,333	235,645	13570.4%	4390.6%	5.00%	0.1353
	2058	13	27,071	4,208,586	1,260,060	15546.5%	4654.7%	3,488	542,233	162,346	15546.5%	4654.7%	5.00%	0.1288
	2059	9	18,154	3,248,790	893,593	17895.6%	4922.3%	2,228	398,641	109,648	17895.6%	4922.3%	5.00%	0.1227
	2060	6	11,944	2,475,132	619,875	20723.2%	5189.9%	1,396	289,247	72,439	20723.2%	5189.9%	5.00%	0.1169
	2061	4	7,691	1,859,857	419,561	24181.5%	5455.1%	856	206,996	46,696	24181.5%	5455.1%	5.00%	0.1113
	2062	2	4,833	1,377,438	276,743	28498.1%	5725.6%	512	146,004	29,334	28498.1%	5725.6%	5.00%	0.1060
	2063	1	2,953	1,004,808	177,180	34021.8%	5999.1%	298	101,435	17,886	34021.8%	5999.1%	5.00%	0.1009
	2064	1	1,747	721,384	109,698	41297.9%	6280.0%	168	69,355	10,547	41297.9%	6280.0%	5.00%	0.0961
	2065	0	995	509,296	65,352	51210.5%	6571.2%	91	46,633	5,984	51210.5%	6571.2%	5.00%	0.0916
	Past		1,071,304,313	415,504,283	612,906,192	38.8%	57.2%	1,688,036,721	525,944,692	805,791,576	31.2%	47.7%		
	Future		646,528,153	2,880,939,703	2,335,666,273	445.6%	361.3%	452,413,409	1,505,552,989	1,286,625,813	332.8%	284.4%		
	Lifetime		1,717,832,466	3,296,443,986	2,948,572,465	191.9%	171.6%	2,140,450,130	2,031,497,681	2,092,417,389	94.9%	97.8%		

EXHIBIT VIII
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	420	48,954	0	0	0.0%	0.0%	123,703	0	0	0.0%	0.0%	5.00%	2.5270
	1998	13,882	8,485,413	605	227,638	0.0%	2.7%	20,421,158	1,456	547,837	0.0%	2.7%	5.00%	2.4066
	1999	35,115	36,839,540	183,316	2,132,424	0.5%	5.8%	84,436,902	420,164	4,887,554	0.5%	5.8%	5.00%	2.2920
	2000	44,448	64,451,630	725,867	5,039,141	1.1%	7.8%	140,689,825	1,584,477	10,999,813	1.1%	7.8%	5.00%	2.1829
	2001	43,584	67,439,792	1,815,171	7,077,818	2.7%	10.5%	140,202,485	3,773,611	14,714,275	2.7%	10.5%	5.00%	2.0789
	2002	42,906	66,535,160	3,343,169	11,221,828	5.0%	16.9%	131,735,065	6,619,246	22,218,452	5.0%	16.9%	5.00%	1.9799
	2003	41,096	64,639,775	5,504,774	12,687,447	8.5%	19.6%	121,887,936	10,380,072	23,924,073	8.5%	19.6%	5.00%	1.8856
	2004	40,002	62,391,639	7,907,140	15,912,781	12.7%	25.5%	112,046,419	14,200,088	28,577,068	12.7%	25.5%	5.00%	1.7959
	2005	39,014	60,591,747	10,890,772	15,235,860	18.0%	25.1%	103,632,450	18,626,915	26,058,492	18.0%	25.1%	5.00%	1.7103
Historical	2006	38,169	59,037,005	13,120,464	28,390,669	22.2%	48.1%	96,165,061	21,371,854	46,245,409	22.2%	48.1%	5.00%	1.6289
Experience	2007	37,373	57,514,309	17,012,143	28,103,865	29.6%	48.9%	89,223,571	26,391,418	43,598,318	29.6%	48.9%	5.00%	1.5513
	2008	36,071	56,969,168	20,974,861	29,300,057	36.8%	51.4%	84,169,408	30,989,422	43,289,529	36.8%	51.4%	5.00%	1.4775
	2009	34,743	59,759,971	25,135,273	42,481,289	42.1%	71.1%	84,088,280	35,367,853	59,775,440	42.1%	71.1%	5.00%	1.4071
	2010	33,665	63,133,477	30,992,187	52,244,649	49.1%	82.8%	84,604,898	41,532,495	70,012,827	49.1%	82.8%	5.00%	1.3401
	2011	32,713	63,045,992	37,636,161	48,348,545	59.7%	76.7%	80,464,437	48,034,338	61,706,356	59.7%	76.7%	5.00%	1.2763
	2012	31,737	60,988,261	43,602,473	64,231,788	71.5%	105.3%	74,131,613	52,999,079	78,074,139	71.5%	105.3%	5.00%	1.2155
	2013	30,724	62,942,745	49,967,629	61,757,949	79.4%	98.1%	72,864,095	57,843,776	71,492,545	79.4%	98.1%	5.00%	1.1576
	2014	29,716	63,310,066	55,753,476	67,839,098	88.1%	107.2%	69,799,348	61,468,207	74,792,605	88.1%	107.2%	5.00%	1.1025
	2015	28,669	60,529,192	61,357,513	72,272,179	101.4%	119.4%	63,555,651	64,425,389	75,885,788	101.4%	119.4%	5.00%	1.0500
	1/1/2016-6/30/2016	28,225	29,130,028	29,800,776	48,480,959	102.3%	166.4%	29,487,518	30,166,498	49,075,929	102.3%	166.4%	5.00%	1.0123
	7/1/2016-12/31/2016	27,591	28,743,945	53,487,033	36,764,102	186.1%	127.9%	28,395,469	52,838,585	36,318,394	186.1%	127.9%	5.00%	0.9879
	2017	26,400	55,238,002	81,999,550	76,324,607	148.4%	138.2%	52,607,621	78,094,809	72,690,102	148.4%	138.2%	5.00%	0.9524
	2018	25,179	52,231,580	85,110,896	79,785,261	162.9%	152.8%	47,375,582	77,198,091	72,367,584	162.9%	152.8%	5.00%	0.9070
	2019	23,921	49,209,968	90,643,857	82,905,979	184.2%	168.5%	42,509,420	78,301,571	71,617,301	184.2%	168.5%	5.00%	0.8638
	2020	22,630	46,163,057	95,522,369	85,606,408	206.9%	185.4%	37,978,461	78,586,489	70,428,603	206.9%	185.4%	5.00%	0.8227
	2021	21,328	43,128,278	97,782,643	88,034,735	226.7%	204.1%	33,792,134	76,615,259	68,977,518	226.7%	204.1%	5.00%	0.7835
Projected	2022	20,017	40,145,420	99,579,573	90,479,977	248.0%	225.4%	29,957,130	74,307,811	67,517,552	248.0%	225.4%	5.00%	0.7462
Future	2023	18,694	37,208,886	100,914,943	92,907,436	271.2%	249.7%	26,443,661	71,718,366	66,027,580	271.2%	249.7%	5.00%	0.7107
Experience	2024	17,371	34,324,613	102,355,184	95,005,248	298.2%	276.8%	23,232,249	69,278,017	64,303,292	298.2%	276.8%	5.00%	0.6768
	2025	16,059	31,517,158	103,813,711	96,722,083	329.4%	306.9%	20,316,241	66,919,244	62,347,917	329.4%	306.9%	5.00%	0.6446
	2026	14,754	28,787,977	105,165,103	97,881,685	365.3%	340.0%	17,673,321	64,562,251	60,090,864	365.3%	340.0%	5.00%	0.6139
	2027	13,462	26,136,169	106,241,213	98,168,125	406.5%	375.6%	15,281,277	62,117,037	57,396,869	406.5%	375.6%	5.00%	0.5847
	2028	12,201	23,578,181	106,822,612	97,484,054	453.1%	413.5%	13,129,213	59,482,828	54,282,769	453.1%	413.5%	5.00%	0.5568
	2029	10,982	21,136,277	106,946,720	96,069,822	506.0%	454.5%	11,209,019	56,716,129	50,947,878	506.0%	454.5%	5.00%	0.5303
	2030	9,814	18,822,871	106,628,161	94,016,377	566.5%	499.5%	9,506,829	53,854,467	47,484,659	566.5%	499.5%	5.00%	0.5051
	2031	8,708	16,648,410	105,639,110	91,408,974	634.5%	549.1%	8,008,170	50,814,218	43,969,279	634.5%	549.1%	5.00%	0.4810
	2032	7,675	14,630,534	103,956,178	88,312,972	710.5%	603.6%	6,702,416	47,623,523	40,457,190	710.5%	603.6%	5.00%	0.4581
	2033	6,713	12,770,422	101,635,822	84,731,524	795.9%	663.5%	5,571,693	44,343,372	36,968,083	795.9%	663.5%	5.00%	0.4363
	2034	5,823	11,060,670	98,719,197	80,684,253	892.5%	729.5%	4,595,937	41,019,865	33,525,974	892.5%	729.5%	5.00%	0.4155
	2035	5,014	9,508,755	95,255,552	76,296,243	1001.8%	802.4%	3,762,937	37,695,857	30,193,014	1001.8%	802.4%	5.00%	0.3957
	2036	4,287	8,118,380	91,315,972	71,674,436	1124.8%	882.9%	3,059,732	34,416,030	27,013,341	1124.8%	882.9%	5.00%	0.3769
	2037	3,639	6,882,678	86,976,351	66,878,783	1263.7%	971.7%	2,470,485	31,219,497	24,005,628	1263.7%	971.7%	5.00%	0.3589
	2038	3,065	5,793,524	82,311,327	61,917,797	1420.7%	1068.7%	1,980,515	28,138,117	21,166,591	1420.7%	1068.7%	5.00%	0.3418
	2039	2,562	4,841,170	77,359,881	56,678,536	1598.0%	1170.8%	1,576,146	25,186,158	18,452,905	1598.0%	1170.8%	5.00%	0.3256
	2040	2,125	4,014,965	72,125,043	51,214,484	1796.4%	1275.6%	1,244,912	22,363,661	15,879,968	1796.4%	1275.6%	5.00%	0.3101
	2041	1,748	3,303,976	66,659,400	45,829,309	2017.6%	1387.1%	975,673	19,684,706	13,533,522	2017.6%	1387.1%	5.00%	0.2953
	2042	1,426	2,697,214	61,067,134	40,614,223	2264.1%	1505.8%	758,567	17,174,566	11,422,374	2264.1%	1505.8%	5.00%	0.2812
	2043	1,153	2,183,814	55,447,303	35,644,071	2539.0%	1632.2%	584,931	14,851,467	9,547,204	2539.0%	1632.2%	5.00%	0.2678
	2044	924	1,753,211	49,899,469	30,980,176	2846.2%	1767.1%	447,233	12,729,037	7,902,846	2846.2%	1767.1%	5.00%	0.2551
	2045	734	1,395,292	44,510,404	26,665,096	3190.0%	1911.1%	338,981	10,813,639	6,478,187	3190.0%	1911.1%	5.00%	0.2429
	2046	577	1,100,506	39,355,147	22,728,891	3576.1%	2065.3%	254,632	9,105,894	5,258,953	3576.1%	2065.3%	5.00%	0.2314
	2047	449	859,974	34,491,121	19,172,935	4010.7%	2229.5%	189,503	7,600,445	4,224,938	4010.7%	2229.5%	5.00%	0.2204
	2048	346	665,569	29,957,296	15,996,894	4501.0%	2403.5%	139,681	6,287,023	3,357,207	4501.0%	2403.5%	5.00%	0.2099
	2049	264	509,974	25,781,019	13,193,597	5055.4%	2587.1%	101,930	5,152,918	2,637,038	5055.4%	2587.1%	5.00%	0.1999
	2050	199	386,685	21,977,655	10,750,002	5683.6%	2780.0%	73,607	4,183,552	2,046,315	5683.6%	2780.0%	5.00%	0.1904
	2051	149	290,008	18,554,106	8,650,500	6397.8%	2982.9%	52,576	3,363,679	1,568,252	6397.8%	2982.9%	5.00%	0.1813
	2052	109	215,017	15,508,052	6,868,449	7212.5%	3194.4%	37,124	2,677,580	1,185,889	7212.5%	3194.4%	5.00%	0.1727
	2053	80	157,507	12,828,925	5,378,554	8145.0%	3414.8%	25,900	2,109,532	884,426	8145.0%	3414.8%	5.00%	0.1644
	2054	57	113,925	10,500,258	4,152,253	9216.9%	3644.7%	17,841	1,644,397	650,265	9216.9%	3644.7%	5.00%	0.1566
	2055	40	81,310	8,500,671	3,158,425	10454.7%	3884.4%	12,127	1,267,858	471,073	10454.7%	3884.4%	5.00%	0.1491
	2056	28	57,222	6,804,617	2,365,049	11891.7%	4133.1%	8,128	966,566	335,945	11891.7%	4133.1%	5.00%	0.1420
	2057	19	39,673	5,383,831	1,741,886	13570.4%	4390.6%	5,367	728,333	235,645	13570.4%	4390.6%	5.00%	0.1353
	2058	13	27,071	4,208,586	1,260,060	15546.5%	4654.7%	3,488	542,233	162,346	15546.5%	4654.7%	5.00%	0.1288
	2059	9	18,154	3,248,790	893,593	17895.6%	4922.3%	2,228	398,641	109,648	17895.6%	4922.3%	5.00%	0.1227
	2060	6	11,944	2,475,132	619,875	20723.2%	5189.9%	1,396	289,247	72,439	20723.2%	5189.9%	5.00%	0.1169
	2061	4	7,691	1,859,857	419,561	24181.5%	5455.1%	856	206,996	46,696	24181.5%	5455.1%	5.00%	0.1113
	2062	2	4,833	1,377,438	276,743	28498.1%	5725.6%	512	146,004	29,334	28498.1%	5725.6%	5.00%	0.1060
	2063	1	2,953	1,004,808	177,180	34021.8%	5999.1%	298	101,435	17,886	34021.8%	5999.1%	5.00%	0.1009
	2064	1	1,747	721,384	109,698	41297.9%	6280.0%	168	69,355	10,547	41297.9%	6280.0%	5.00%	0.0961
	2065	0	995	509,296	65,352	51210.5%	6571.2%	91	46,633	5,984	51210.5%	6571.2%	5.00%	0.0916
	Past		1,067,783,864	415,723,769	612,985,983	38.9%	57.4%	1,683,729,822	526,196,356	805,876,450	31.3%	47.9%		
	Future		646,528,153	2,880,939,703	2,335,666,273	445.6%	361.3%	452,413,409	1,505,552,989	1,286,625,813	332.8%	284.4%		
	Lifetime		1,714,312,018	3,296,663,473	2,948,652,257	192.3%	172.0%	2,136,143,231	2,031,749,345	2,092,502,263	95.1%	98.0%		

EXHIBIT IX
RiverSource Life Insurance Company
Virginia Experience Projections with No Increase
Policy Form: 30160A-VA

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	0	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	5.00%	2.5270
	1998	638	325,507	0	37,202	0.0%	11.4%	783,372	0	89,531	0.0%	11.4%	5.00%	2.4066
	1999	1,574	1,632,893	11,549	0	0.7%	0.0%	3,742,621	26,471	0	0.7%	0.0%	5.00%	2.2920
	2000	1,817	2,574,495	9,314	112,461	0.4%	4.4%	5,619,800	20,331	245,488	0.4%	4.4%	5.00%	2.1829
	2001	1,756	2,574,050	20,365	425,135	0.8%	16.5%	5,351,265	42,338	883,824	0.8%	16.5%	5.00%	2.0789
	2002	1,694	2,488,902	127,145	650,048	5.1%	26.1%	4,927,855	251,739	1,287,052	5.1%	26.1%	5.00%	1.9799
	2003	1,653	2,411,389	262,304	742,079	10.9%	30.8%	4,547,033	494,613	1,399,300	10.9%	30.8%	5.00%	1.8856
	2004	1,609	2,347,263	297,042	1,173,211	12.7%	50.0%	4,215,347	533,445	2,106,919	12.7%	50.0%	5.00%	1.7959
	2005	1,581	2,281,458	416,869	908,996	18.3%	39.8%	3,902,067	712,987	1,554,692	18.3%	39.8%	5.00%	1.7103
Historical	2006	1,557	2,230,993	505,539	668,167	22.7%	29.9%	3,634,052	823,469	1,088,374	22.7%	29.9%	5.00%	1.6289
Experience	2007	1,532	2,191,619	583,495	954,012	26.6%	43.5%	3,399,921	905,193	1,479,985	26.6%	43.5%	5.00%	1.5513
	2008	1,491	2,225,572	766,943	1,333,044	34.5%	59.9%	3,288,184	1,133,124	1,969,513	34.5%	59.9%	5.00%	1.4775
	2009	1,455	2,346,606	1,031,146	1,811,325	43.9%	77.2%	3,301,911	1,450,926	2,548,716	43.9%	77.2%	5.00%	1.4071
	2010	1,419	2,498,686	1,347,145	1,895,549	53.9%	75.9%	3,348,479	1,805,304	2,540,217	53.9%	75.9%	5.00%	1.3401
	2011	1,386	2,522,255	1,580,865	2,082,153	62.7%	82.6%	3,219,107	2,017,629	2,657,413	62.7%	82.6%	5.00%	1.2763
	2012	1,336	2,440,749	1,671,331	1,967,614	68.5%	80.6%	2,966,746	2,031,513	2,391,648	68.5%	80.6%	5.00%	1.2155
	2013	1,296	2,518,229	1,923,794	855,036	76.4%	34.0%	2,915,165	2,227,032	989,811	76.4%	34.0%	5.00%	1.1576
	2014	1,261	2,550,158	2,037,496	3,341,878	79.9%	131.0%	2,811,550	2,246,340	3,684,421	79.9%	131.0%	5.00%	1.1025
	2015	1,225	2,471,873	2,408,192	2,202,149	97.4%	89.1%	2,595,467	2,528,602	2,312,257	97.4%	89.1%	5.00%	1.0500
	1/1/2016-6/30/2016	1,205	1,199,259	1,199,460	1,998,134	100.0%	166.6%	1,213,977	1,214,180	2,022,656	100.0%	166.6%	5.00%	1.0123
	7/1/2016-12/31/2016	1,184	1,180,101	2,365,722	1,422,267	200.5%	120.5%	1,165,794	2,337,042	1,405,024	200.5%	120.5%	5.00%	0.9879
	2017	1,141	2,279,325	3,348,914	2,967,366	146.9%	130.2%	2,170,786	3,189,442	2,826,063	146.9%	130.2%	5.00%	0.9524
	2018	1,096	2,170,730	3,289,764	3,128,551	151.6%	144.1%	1,968,916	2,983,913	2,837,688	151.6%	144.1%	5.00%	0.9070
	2019	1,049	2,060,312	3,497,152	3,282,403	169.7%	159.3%	1,779,775	3,020,971	2,835,463	169.7%	159.3%	5.00%	0.8638
	2020	1,000	1,947,512	3,694,678	3,422,203	189.7%	175.7%	1,602,223	3,039,620	2,815,455	189.7%	175.7%	5.00%	0.8227
	2021	949	1,833,737	3,806,714	3,557,220	207.6%	194.0%	1,436,781	2,982,660	2,787,175	207.6%	194.0%	5.00%	0.7835
Projected	2022	898	1,720,213	3,917,609	3,701,817	227.7%	215.2%	1,283,649	2,923,380	2,762,353	227.7%	215.2%	5.00%	0.7462
Future	2023	845	1,606,560	4,039,538	3,846,760	251.4%	239.4%	1,141,753	2,870,825	2,733,820	251.4%	239.4%	5.00%	0.7107
Experience	2024	791	1,493,342	4,153,169	3,983,500	278.1%	266.8%	1,010,753	2,811,028	2,696,189	278.1%	266.8%	5.00%	0.6768
	2025	736	1,381,689	4,278,657	4,106,552	309.7%	297.2%	890,649	2,758,061	2,647,120	309.7%	297.2%	5.00%	0.6446
	2026	682	1,271,518	4,401,977	4,207,308	346.2%	330.9%	780,602	2,702,432	2,582,922	346.2%	330.9%	5.00%	0.6139
	2027	627	1,162,921	4,499,679	4,261,881	386.9%	366.5%	679,936	2,630,869	2,491,834	386.9%	366.5%	5.00%	0.5847
	2028	572	1,056,952	4,578,394	4,275,062	433.2%	404.5%	588,551	2,549,421	2,380,515	433.2%	404.5%	5.00%	0.5568
	2029	519	954,655	4,634,940	4,259,349	485.5%	446.2%	506,274	2,458,008	2,258,824	485.5%	446.2%	5.00%	0.5303
	2030	468	856,399	4,672,247	4,216,388	545.6%	492.3%	432,540	2,359,802	2,129,563	545.6%	492.3%	5.00%	0.5051
	2031	418	762,927	4,680,471	4,147,279	613.5%	543.6%	366,981	2,251,387	1,994,912	613.5%	543.6%	5.00%	0.4810
	2032	371	675,347	4,658,026	4,054,713	689.7%	600.4%	309,384	2,133,895	1,857,511	689.7%	600.4%	5.00%	0.4581
	2033	327	593,513	4,606,562	3,936,357	776.2%	663.2%	258,948	2,009,828	1,717,419	776.2%	663.2%	5.00%	0.4363
	2034	286	517,367	4,526,015	3,792,804	874.8%	733.1%	214,977	1,880,653	1,575,988	874.8%	733.1%	5.00%	0.4155
	2035	248	447,639	4,418,041	3,630,577	987.0%	811.0%	177,146	1,748,369	1,436,743	987.0%	811.0%	5.00%	0.3957
	2036	214	384,638	4,285,138	3,451,543	1114.1%	897.3%	144,966	1,615,023	1,300,850	1114.1%	897.3%	5.00%	0.3769
	2037	183	328,184	4,129,625	3,259,833	1258.3%	993.3%	117,799	1,482,297	1,170,092	1258.3%	993.3%	5.00%	0.3589
	2038	155	277,986	3,954,894	3,055,223	1422.7%	1099.1%	95,029	1,351,980	1,044,428	1422.7%	1099.1%	5.00%	0.3418
	2039	131	233,702	3,761,245	2,825,926	1609.4%	1209.2%	76,087	1,224,553	920,040	1609.4%	1209.2%	5.00%	0.3256
	2040	109	194,953	3,547,004	2,579,244	1819.4%	1323.0%	60,449	1,099,812	799,741	1819.4%	1323.0%	5.00%	0.3101
	2041	91	161,329	3,314,887	2,331,999	2054.7%	1445.5%	47,641	978,895	688,646	2054.7%	1445.5%	5.00%	0.2953
	2042	74	132,400	3,070,236	2,089,411	2318.9%	1578.1%	37,236	863,475	587,627	2318.9%	1578.1%	5.00%	0.2812
	2043	61	107,728	2,818,603	1,854,806	2616.4%	1721.7%	28,855	754,958	496,807	2616.4%	1721.7%	5.00%	0.2678
	2044	49	86,876	2,564,859	1,630,442	2952.3%	1876.8%	22,161	654,279	415,915	2952.3%	1876.8%	5.00%	0.2551
	2045	39	69,415	2,313,210	1,418,008	3332.5%	2042.8%	16,864	561,986	344,500	3332.5%	2042.8%	5.00%	0.2429
	2046	31	54,933	2,067,535	1,220,146	3763.7%	2221.1%	12,710	478,381	282,314	3763.7%	2221.1%	5.00%	0.2314
	2047	24	43,041	1,831,065	1,037,924	4254.2%	2411.5%	9,485	403,492	228,716	4254.2%	2411.5%	5.00%	0.2204
	2048	19	33,376	1,606,323	872,375	4812.9%	2613.8%	7,004	337,113	183,082	4812.9%	2613.8%	5.00%	0.2099
	2049	14	25,602	1,395,390	723,691	5450.3%	2826.7%	5,117	278,900	144,646	5450.3%	2826.7%	5.00%	0.1999
	2050	11	19,419	1,199,710	592,148	6178.1%	3049.4%	3,696	228,370	112,718	6178.1%	3049.4%	5.00%	0.1904
	2051	8	14,556	1,020,526	477,875	7010.9%	3283.0%	2,639	185,011	86,634	7010.9%	3283.0%	5.00%	0.1813
	2052	6	10,777	858,648	380,085	7967.5%	3526.9%	1,861	148,252	65,625	7967.5%	3526.9%	5.00%	0.1727
	2053	4	7,875	714,283	297,749	9070.0%	3780.8%	1,295	117,454	48,961	9070.0%	3780.8%	5.00%	0.1644
	2054	3	5,676	587,236	229,491	10346.5%	4043.4%	889	91,964	35,939	10346.5%	4043.4%	5.00%	0.1566
	2055	2	4,030	476,933	173,987	11833.3%	4316.9%	601	71,134	25,950	11833.3%	4316.9%	5.00%	0.1491
	2056	2	2,817	382,485	129,456	13579.1%	4596.0%	400	54,330	18,389	13579.1%	4596.0%	5.00%	0.1420
	2057	1	1,935	302,695	94,352	15647.2%	4877.3%	262	40,949	12,764	15647.2%	4877.3%	5.00%	0.1353
	2058	1	1,303	236,235	67,244	18125.6%	5159.5%	168	30,436	8,664	18125.6%	5159.5%	5.00%	0.1288
	2059	0	859	181,681	46,705	21138.7%	5434.2%	105	22,293	5,731	21138.7%	5434.2%	5.00%	0.1227
	2060	0	553	137,572	31,545	24865.1%	5701.6%	65	16,077	3,686	24865.1%	5701.6%	5.00%	0.1169
	2061	0	347	102,470	20,627	29568.0%	5952.0%	39	11,405	2,296	29568.0%	5952.0%	5.00%	0.1113
	2062	0	210	75,008	13,041	35650.9%	6198.1%	22	7,951	1,382	35650.9%	6198.1%	5.00%	0.1060
	2063	0	123	53,912	7,937	43754.8%	6441.7%	12	5,442	801	43754.8%	6441.7%	5.00%	0.1009
	2064	0	69	38,011	4,624	54927.1%	6682.4%	7	3,654	445	54927.1%	6682.4%	5.00%	0.0961
	2065	0	37	26,262	2,561	70958.0%	6920.1%	3	2,405	235	70958.0%	6920.1%	5.00%	0.0916
	Past		41,831,958	16,199,994	23,158,193	38.7%	55.4%	65,783,919	20,465,234	31,251,815	31.1%	47.5%		
	Future		28,177,512	129,121,950	105,120,356	458.2%	373.1%	19,459,885	64,763,879	55,810,205	332.8%	286.8%		
	Lifetime		70,009,470	145,321,943	128,278,549	207.6%	183.2%	85,243,804	85,229,113	87,062,020	100.0%	102.1%		

EXHIBIT IX
RiverSource Life Insurance Company
Virginia Experience Projections with 34.6 Increase
Policy Form: 30160A-VA

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	0	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	5.00%	2.5270
	1998	638	325,507	0	37,202	0.0%	11.4%	783,372	0	89,531	0.0%	11.4%	5.00%	2.4066
	1999	1,574	1,632,893	11,549	0	0.7%	0.0%	3,742,621	26,471	0	0.7%	0.0%	5.00%	2.2920
	2000	1,817	2,574,495	9,314	112,461	0.4%	4.4%	5,619,800	20,331	245,488	0.4%	4.4%	5.00%	2.1829
	2001	1,756	2,574,050	20,365	425,135	0.8%	16.5%	5,351,265	42,338	883,824	0.8%	16.5%	5.00%	2.0789
	2002	1,694	2,488,902	127,145	650,048	5.1%	26.1%	4,927,855	251,739	1,287,052	5.1%	26.1%	5.00%	1.9799
	2003	1,653	2,411,389	262,304	742,079	10.9%	30.8%	4,547,033	494,613	1,399,300	10.9%	30.8%	5.00%	1.8856
	2004	1,609	2,347,263	297,042	1,173,211	12.7%	50.0%	4,215,347	533,445	2,106,919	12.7%	50.0%	5.00%	1.7959
	2005	1,581	2,281,458	416,869	908,996	18.3%	39.8%	3,902,067	712,987	1,554,692	18.3%	39.8%	5.00%	1.7103
Historical	2006	1,557	2,230,993	505,539	668,167	22.7%	29.9%	3,634,052	823,469	1,088,374	22.7%	29.9%	5.00%	1.6289
Experience	2007	1,532	2,191,619	583,495	954,012	26.6%	43.5%	3,399,921	905,193	1,479,985	26.6%	43.5%	5.00%	1.5513
	2008	1,491	2,225,572	766,943	1,333,044	34.5%	59.9%	3,288,184	1,133,124	1,969,513	34.5%	59.9%	5.00%	1.4775
	2009	1,455	2,346,606	1,031,146	1,811,325	43.9%	77.2%	3,301,911	1,450,926	2,548,716	43.9%	77.2%	5.00%	1.4071
	2010	1,419	2,498,686	1,347,145	1,895,549	53.9%	75.9%	3,348,479	1,805,304	2,540,217	53.9%	75.9%	5.00%	1.3401
	2011	1,386	2,522,255	1,580,865	2,082,153	62.7%	82.6%	3,219,107	2,017,629	2,657,413	62.7%	82.6%	5.00%	1.2763
	2012	1,336	2,440,749	1,671,331	1,967,614	68.5%	80.6%	2,966,746	2,031,513	2,391,648	68.5%	80.6%	5.00%	1.2155
	2013	1,296	2,518,229	1,923,794	855,036	76.4%	34.0%	2,915,165	2,227,032	989,811	76.4%	34.0%	5.00%	1.1576
	2014	1,261	2,550,158	2,037,496	3,341,878	79.9%	131.0%	2,811,550	2,246,340	3,684,421	79.9%	131.0%	5.00%	1.1025
	2015	1,225	2,471,873	2,408,192	2,202,149	97.4%	89.1%	2,595,467	2,528,602	2,312,257	97.4%	89.1%	5.00%	1.0500
	1/1/2016-6/30/2016	1,205	1,199,259	1,199,460	1,998,134	100.0%	166.6%	1,213,977	1,214,180	2,022,656	100.0%	166.6%	5.00%	1.0123
	7/1/2016-12/31/2016	1,184	1,180,101	2,365,722	1,422,267	200.5%	120.5%	1,165,794	2,337,042	1,405,024	200.5%	120.5%	5.00%	0.9879
	2017	1,113	2,478,063	3,347,709	2,961,768	135.1%	119.5%	2,360,060	3,188,294	2,820,731	135.1%	119.5%	5.00%	0.9524
	2018	1,065	2,741,943	3,289,784	3,147,143	120.0%	114.8%	2,487,023	2,983,931	2,854,552	120.0%	114.8%	5.00%	0.9070
	2019	1,019	2,614,400	3,500,577	3,275,081	133.9%	125.3%	2,258,417	3,023,930	2,829,138	133.9%	125.3%	5.00%	0.8638
	2020	971	2,471,280	3,690,379	3,379,101	149.3%	136.7%	2,033,128	3,036,084	2,779,995	149.3%	136.7%	5.00%	0.8227
	2021	923	2,326,919	3,785,064	3,475,726	162.7%	149.4%	1,823,202	2,965,697	2,723,322	162.7%	149.4%	5.00%	0.7835
Projected	2022	872	2,182,873	3,870,085	3,579,043	177.3%	164.0%	1,628,893	2,887,917	2,670,737	177.3%	164.0%	5.00%	0.7462
Future	2023	821	2,038,664	3,959,023	3,682,022	194.2%	180.6%	1,448,840	2,813,604	2,616,744	194.2%	180.6%	5.00%	0.7107
Experience	2024	768	1,895,003	4,035,889	3,788,183	213.0%	199.9%	1,282,612	2,731,648	2,563,992	213.0%	199.9%	5.00%	0.6768
	2025	716	1,753,327	4,127,757	3,901,676	235.4%	222.5%	1,130,210	2,660,789	2,515,055	235.4%	222.5%	5.00%	0.6446
	2026	662	1,613,530	4,224,338	3,995,307	261.8%	247.6%	990,567	2,593,377	2,452,772	261.8%	247.6%	5.00%	0.6139
	2027	609	1,475,727	4,301,267	4,045,233	291.5%	274.1%	862,827	2,514,862	2,365,164	291.5%	274.1%	5.00%	0.5847
	2028	556	1,341,259	4,364,601	4,056,013	325.4%	302.4%	746,863	2,430,373	2,258,540	325.4%	302.4%	5.00%	0.5568
	2029	505	1,211,449	4,410,150	4,039,504	364.0%	333.4%	642,457	2,338,797	2,142,235	364.0%	333.4%	5.00%	0.5303
	2030	454	1,086,766	4,440,015	3,997,284	408.6%	367.8%	548,891	2,242,509	2,018,900	408.6%	367.8%	5.00%	0.5051
	2031	406	968,153	4,443,771	3,930,413	459.0%	406.0%	465,698	2,137,530	1,890,596	459.0%	406.0%	5.00%	0.4810
	2032	361	857,016	4,419,365	3,841,454	515.7%	448.2%	392,609	2,024,562	1,759,815	515.7%	448.2%	5.00%	0.4581
	2033	318	753,170	4,368,170	3,728,206	580.0%	495.0%	328,605	1,905,818	1,626,604	580.0%	495.0%	5.00%	0.4363
	2034	278	656,541	4,289,956	3,591,238	653.4%	547.0%	272,806	1,782,565	1,492,234	653.4%	547.0%	5.00%	0.4155
	2035	241	568,056	4,186,151	3,436,729	736.9%	605.0%	224,799	1,656,602	1,360,030	736.9%	605.0%	5.00%	0.3957
	2036	208	488,108	4,059,005	3,266,448	831.6%	669.2%	183,963	1,529,796	1,231,090	831.6%	669.2%	5.00%	0.3769
	2037	178	416,467	3,910,630	3,084,303	939.0%	740.6%	149,488	1,403,691	1,107,087	939.0%	740.6%	5.00%	0.3589
	2038	151	352,765	3,744,206	2,890,082	1061.4%	819.3%	120,593	1,279,956	987,974	1061.4%	819.3%	5.00%	0.3418
	2039	127	296,569	3,560,018	2,672,639	1200.4%	901.2%	96,554	1,159,040	870,134	1200.4%	901.2%	5.00%	0.3256
	2040	106	247,396	3,356,488	2,438,878	1356.7%	985.8%	76,710	1,040,739	756,218	1356.7%	985.8%	5.00%	0.3101
	2041	88	204,727	3,136,184	2,204,696	1531.9%	1076.9%	60,457	926,124	651,053	1531.9%	1076.9%	5.00%	0.2953
	2042	72	168,016	2,904,154	1,975,020	1728.5%	1175.5%	47,253	816,767	555,456	1728.5%	1175.5%	5.00%	0.2812
	2043	59	136,707	2,665,645	1,752,984	1949.9%	1282.3%	36,617	713,989	469,534	1949.9%	1282.3%	5.00%	0.2678
	2044	48	110,245	2,425,253	1,540,710	2199.9%	1397.5%	28,123	618,667	393,025	2199.9%	1397.5%	5.00%	0.2551
	2045	38	88,087	2,186,947	1,339,783	2482.7%	1521.0%	21,401	531,311	325,495	2482.7%	1521.0%	5.00%	0.2429
	2046	30	69,711	1,954,385	1,152,688	2803.6%	1653.5%	16,129	452,201	266,706	2803.6%	1653.5%	5.00%	0.2314
	2047	24	54,620	1,730,608	980,423	3168.5%	1795.0%	12,036	381,356	216,045	3168.5%	1795.0%	5.00%	0.2204
	2048	18	42,354	1,517,993	823,953	3584.1%	1945.4%	8,889	318,575	172,920	3584.1%	1945.4%	5.00%	0.2099
	2049	14	32,489	1,318,492	683,451	4058.3%	2103.6%	6,494	263,530	136,603	4058.3%	2103.6%	5.00%	0.1999
	2050	11	24,642	1,133,462	559,168	4599.6%	2269.1%	4,691	215,760	106,440	4599.6%	2269.1%	5.00%	0.1904
	2051	8	18,472	964,067	451,218	5219.1%	2442.7%	3,349	174,776	81,802	5219.1%	2442.7%	5.00%	0.1813
	2052	6	13,676	811,061	358,854	5930.6%	2624.0%	2,361	140,036	61,959	5930.6%	2624.0%	5.00%	0.1727
	2053	4	9,994	674,632	281,095	6750.6%	2812.7%	1,643	110,934	46,222	6750.6%	2812.7%	5.00%	0.1644
	2054	3	7,202	554,588	216,639	7700.0%	3007.9%	1,128	86,851	33,927	7700.0%	3007.9%	5.00%	0.1566
	2055	2	5,115	450,380	164,233	8805.8%	3211.1%	763	67,173	24,495	8805.8%	3211.1%	5.00%	0.1491
	2056	2	3,574	361,162	122,190	10104.2%	3418.5%	508	51,302	17,357	10104.2%	3418.5%	5.00%	0.1420
	2057	1	2,455	285,800	89,051	11642.2%	3627.5%	332	38,663	12,047	11642.2%	3627.5%	5.00%	0.1353
	2058	1	1,654	223,034	63,463	13485.3%	3837.2%	213	28,736	8,177	13485.3%	3837.2%	5.00%	0.1288
	2059	0	1,091	171,518	44,077	15726.1%	4041.4%	134	21,046	5,408	15726.1%	4041.4%	5.00%	0.1227
	2060	0	702	129,869	29,769	18497.3%	4240.0%	82	15,177	3,479	18497.3%	4240.0%	5.00%	0.1169
	2061	0	440	96,728	19,465	21994.7%	4426.0%	49	10,765	2,166	21994.7%	4426.0%	5.00%	0.1113
	2062	0	267	70,801	12,305	26518.3%	4608.9%	28	7,505	1,304	26518.3%	4608.9%	5.00%	0.1060
	2063	0	156	50,886	7,489	32544.8%	4789.8%	16	5,137	756	32544.8%	4789.8%	5.00%	0.1009
	2064	0	88	35,876	4,363	40853.0%	4968.7%	8	3,449	420	40853.0%	4968.7%	5.00%	0.0961
	2065	0	47	24,786	2,417	52774.3%	5145.2%	4	2,270	221	52774.3%	5145.2%	5.00%	0.0916
	Past		41,831,958	16,199,994	23,158,193	38.7%	55.4%	65,783,919	20,465,234	31,251,815	31.1%	47.5%		
	Future		35,012,076	123,928,433	100,505,245	354.0%	287.1%	23,974,318	62,671,251	53,691,699	261.4%	224.0%		
	Lifetime		76,844,034	140,128,427	123,663,438	182.4%	160.9%	89,758,237	83,136,485	84,943,515	92.6%	94.6%		

EXHIBIT X
RiverSource Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
Policy Form: 30160A

Calendar Year	(a) Earned Premiums[1]	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c) / (a) Incurred Loss Ratio
1997	48,954	0	285,641	583.5%
1998	8,485,413	227,638	5,974,623	73.1%
1999	36,839,540	2,132,424	14,758,229	45.8%
2000	64,451,630	5,039,141	32,325,006	58.0%
2001	67,439,792	7,077,818	52,333,432	88.1%
2002	66,535,160	11,221,828	54,952,979	99.5%
2003	64,639,775	12,687,447	54,833,187	104.5%
2004	62,391,639	15,912,781	54,741,330	113.2%
2005	60,591,747	15,235,860	53,820,581	114.0%
2006	59,037,005	28,390,669	53,271,818	138.3%
2007	57,514,309	28,103,865	69,292,713	169.3%
2008	57,947,933	29,300,057	44,605,519	127.5%
2009	59,173,535	42,481,289	41,908,968	142.6%
2010	59,787,874	52,244,649	45,286,074	163.1%
2011	59,516,381	48,348,545	(12,930,639)	59.5%
2012	59,092,651	64,231,788	34,042,189	166.3%
2013	59,966,607	61,757,949	31,975,323	156.3%
2014	59,495,513	67,839,098	31,643,424	167.2%
2015	58,594,951	72,272,179	28,124,230	171.3%
1/1/2016-6/30/2016	29,263,480	48,480,959	13,990,209	213.5%
Total	1,050,813,888	612,985,983	705,234,835	125.4%

[1] Premiums reflect the accumulated rate increases as approved in Virginia and implemented from 2007 through 2013 on a nationwide basis.

EXHIBIT XI
RiverSource Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia Experience, without Interest
Policy Form: 30160A-VA

Calendar Year	(a) Earned Premiums	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c) / (a) Incurred Loss Ratio
1997	0	0	0	0.0%
1998	325,507	37,202	215,377	77.6%
1999	1,632,893	0	497,427	30.5%
2000	2,574,495	112,461	1,466,829	61.3%
2001	2,574,050	425,135	2,225,747	103.0%
2002	2,488,902	650,048	2,249,928	116.5%
2003	2,411,389	742,079	2,207,543	122.3%
2004	2,347,263	1,173,211	2,188,859	143.2%
2005	2,281,458	908,996	2,172,817	135.1%
2006	2,230,993	668,167	2,177,542	127.6%
2007	2,191,619	954,012	3,460,304	201.4%
2008	2,225,572	1,333,044	2,122,610	155.3%
2009	2,346,606	1,811,325	2,009,774	162.8%
2010	2,498,686	1,895,549	2,149,269	161.9%
2011	2,522,255	2,082,153	(974,916)	43.9%
2012	2,440,749	1,967,614	1,502,586	142.2%
2013	2,518,229	855,036	1,408,862	89.9%
2014	2,550,158	3,341,878	1,629,783	195.0%
2015	2,471,873	2,202,149	1,668,490	156.6%
1/1/2016-6/30/2016	1,199,259	1,998,134	668,015	222.3%
Total	41,831,958	23,158,193	31,046,844	129.6%

EXHIBIT XII
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Experience with Premiums Restated to Proposed Virginia Premium Level since Inception*
Policy Form: 30160A

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	99,103	0	0.0%	228,715	0	0.0%	4.50%	2.3079
	1998	17,178,077	241,654	1.4%	37,937,419	533,689	1.4%	4.50%	2.2085
	1999	74,578,864	2,263,726	3.0%	157,613,241	4,784,106	3.0%	4.50%	2.1134
	2000	130,477,451	5,349,423	4.1%	263,873,702	10,818,513	4.1%	4.50%	2.0224
	2001	136,526,760	7,513,630	5.5%	264,217,841	14,540,995	5.5%	4.50%	1.9353
	2002	134,695,400	11,912,804	8.8%	249,448,461	22,061,856	8.8%	4.50%	1.8519
	2003	130,858,336	13,468,667	10.3%	231,906,632	23,869,119	10.3%	4.50%	1.7722
	2004	126,307,154	16,892,599	13.4%	214,201,958	28,647,845	13.4%	4.50%	1.6959
	2005	122,663,410	16,173,997	13.2%	199,064,688	26,248,021	13.2%	4.50%	1.6229
Historical	2006	119,515,953	30,138,804	25.2%	185,604,620	46,804,642	25.2%	4.50%	1.5530
Experience	2007	116,433,370	29,834,340	25.6%	173,031,066	44,336,667	25.6%	4.50%	1.4861
	2008	108,819,740	30,877,397	28.4%	154,752,619	43,910,765	28.4%	4.50%	1.4221
	2009	103,794,488	44,380,016	42.8%	141,249,956	60,395,070	42.8%	4.50%	1.3609
	2010	99,728,852	54,159,761	54.3%	129,872,907	70,530,097	54.3%	4.50%	1.3023
	2011	95,873,770	49,945,192	52.1%	119,476,161	62,240,796	52.1%	4.50%	1.2462
	2012	92,701,714	66,299,020	71.5%	110,548,518	79,062,815	71.5%	4.50%	1.1925
	2013	88,900,961	63,359,162	71.3%	101,450,766	72,303,329	71.3%	4.50%	1.1412
	2014	85,215,349	69,282,270	81.3%	93,057,292	75,657,971	81.3%	4.50%	1.0920
	2015	81,472,292	73,650,060	90.4%	85,138,545	76,964,312	90.4%	4.50%	1.0450
	1/1/2016-6/30/2016	39,209,017	48,760,482	124.4%	39,642,865	49,300,016	124.4%	4.50%	1.0111
	7/1/2016-12/31/2016	38,689,350	37,400,608	96.7%	38,265,938	36,991,299	96.7%	4.50%	0.9891
	2017	74,350,350	77,547,797	104.3%	71,148,661	74,208,419	104.3%	4.50%	0.9569
	2018	70,303,706	80,941,877	115.1%	64,379,209	74,120,901	115.1%	4.50%	0.9157
	2019	66,236,617	83,995,684	126.8%	58,042,922	73,605,133	126.8%	4.50%	0.8763
	2020	62,135,475	86,628,642	139.4%	52,104,407	72,643,431	139.4%	4.50%	0.8386
	2021	58,050,662	88,989,767	153.3%	46,582,814	71,409,932	153.3%	4.50%	0.8025
Projected	2022	54,035,735	91,368,957	169.1%	41,493,811	70,161,833	169.1%	4.50%	0.7679
Future	2023	50,083,161	93,731,390	187.2%	36,802,532	68,876,493	187.2%	4.50%	0.7348
Experience	2024	46,200,929	95,765,332	207.3%	32,487,806	67,340,757	207.3%	4.50%	0.7032
	2025	42,422,094	97,419,998	229.6%	28,546,015	65,554,348	229.6%	4.50%	0.6729
	2026	38,748,617	98,519,166	254.3%	24,951,307	63,439,218	254.3%	4.50%	0.6439
	2027	35,179,283	98,746,884	280.7%	21,677,430	60,847,706	280.7%	4.50%	0.6162
	2028	31,736,232	98,006,170	308.8%	18,713,709	57,790,697	308.8%	4.50%	0.5897
	2029	28,449,429	96,537,863	339.3%	16,053,206	54,473,579	339.3%	4.50%	0.5643
	2030	25,335,584	94,433,191	372.7%	13,680,528	50,991,360	372.7%	4.50%	0.5400
	2031	22,408,760	91,777,636	409.6%	11,579,065	47,423,381	409.6%	4.50%	0.5167
	2032	19,692,698	88,636,950	450.1%	9,737,435	43,828,253	450.1%	4.50%	0.4945
	2033	17,188,988	85,014,312	494.6%	8,133,423	40,226,765	494.6%	4.50%	0.4732
	2034	14,887,661	80,929,180	543.6%	6,741,139	36,644,763	543.6%	4.50%	0.4528
	2035	12,798,784	76,506,805	597.8%	5,545,736	33,150,535	597.8%	4.50%	0.4333
	2036	10,927,339	71,854,210	657.6%	4,530,943	29,793,835	657.6%	4.50%	0.4146
	2037	9,264,085	67,031,193	723.6%	3,675,872	26,597,134	723.6%	4.50%	0.3968
	2038	7,798,083	62,046,088	795.7%	2,960,939	23,558,955	795.7%	4.50%	0.3797
	2039	6,516,214	56,785,739	871.5%	2,367,667	20,633,106	871.5%	4.50%	0.3634
	2040	5,404,142	51,303,391	949.3%	1,879,039	17,838,367	949.3%	4.50%	0.3477
	2041	4,447,152	45,902,473	1032.2%	1,479,704	15,273,157	1032.2%	4.50%	0.3327
	2042	3,630,451	40,673,950	1120.4%	1,155,944	12,950,687	1120.4%	4.50%	0.3184
	2043	2,939,414	35,692,429	1214.3%	895,614	10,875,175	1214.3%	4.50%	0.3047
	2044	2,359,822	31,018,999	1314.5%	688,055	9,044,231	1314.5%	4.50%	0.2916
	2045	1,878,063	26,695,994	1421.5%	524,008	7,448,583	1421.5%	4.50%	0.2790
	2046	1,481,281	22,753,260	1536.1%	395,502	6,075,121	1536.1%	4.50%	0.2670
	2047	1,157,525	19,191,979	1658.0%	295,750	4,903,597	1658.0%	4.50%	0.2555
	2048	895,857	16,011,632	1787.3%	219,037	3,914,843	1787.3%	4.50%	0.2445
	2049	686,424	13,204,890	1923.7%	160,604	3,089,564	1923.7%	4.50%	0.2340
	2050	520,478	10,758,565	2067.1%	116,533	2,408,798	2067.1%	4.50%	0.2239
	2051	390,350	8,656,922	2217.7%	83,634	1,854,784	2217.7%	4.50%	0.2143
	2052	289,413	6,873,211	2374.9%	59,338	1,409,202	2374.9%	4.50%	0.2050
	2053	212,004	5,382,042	2538.7%	41,595	1,055,952	2538.7%	4.50%	0.1962
	2054	153,342	4,154,776	2709.5%	28,790	780,061	2709.5%	4.50%	0.1878
	2055	109,443	3,160,225	2887.6%	19,663	567,783	2887.6%	4.50%	0.1797
	2056	77,020	2,366,316	3072.3%	13,242	406,838	3072.3%	4.50%	0.1719
	2057	53,400	1,742,765	3263.6%	8,786	286,729	3263.6%	4.50%	0.1645
	2058	36,438	1,260,660	3459.8%	5,737	198,479	3459.8%	4.50%	0.1574
	2059	24,435	893,995	3658.6%	3,681	134,690	3658.6%	4.50%	0.1507
	2060	16,076	620,140	3857.5%	2,318	89,407	3857.5%	4.50%	0.1442
	2061	10,352	419,732	4054.4%	1,428	57,908	4054.4%	4.50%	0.1380
	2062	6,506	276,850	4255.4%	859	36,551	4255.4%	4.50%	0.1320
	2063	3,975	177,245	4458.6%	502	22,393	4458.6%	4.50%	0.1263
	2064	2,351	109,736	4667.3%	284	13,267	4667.3%	4.50%	0.1209
	2065	1,339	65,374	4883.7%	155	7,563	4883.7%	4.50%	0.1157
	Past	1,905,050,061	634,503,004	33.3%	2,952,317,973	813,010,625	27.5%		
	Future	870,226,895	2,349,982,993	270.0%	628,282,318	1,365,055,561	217.3%		
	Lifetime	2,775,276,955	2,984,485,996	107.5%	3,580,600,291	2,178,066,186	60.8%		

* Proposed Virginia rate schedule reflects a cumulative rate increase of 102.4% from two rate increases of 33.1% and 13% plus the requested 34.6% increase.

EXHIBIT XIII
RiverSource Life Insurance Company
Virginia Experience Projections with No Increase
Experience with Premiums Restated to Proposed Virginia Premium Level since Inception*
Policy Form: 30160A

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	0	0	0.0%	0	0	0.0%	4.50%	2.3079
	1998	658,965	39,493	6.0%	1,455,310	87,219	6.0%	4.50%	2.2085
	1999	3,305,669	0	0.0%	6,986,124	0	0.0%	4.50%	2.1134
	2000	5,211,871	119,386	2.3%	10,540,332	241,442	2.3%	4.50%	2.0224
	2001	5,210,969	451,312	8.7%	10,084,698	873,416	8.7%	4.50%	1.9353
	2002	5,038,593	690,075	13.7%	9,331,198	1,277,980	13.7%	4.50%	1.8519
	2003	4,881,674	787,772	16.1%	8,651,284	1,396,086	16.1%	4.50%	1.7722
	2004	4,751,857	1,245,451	26.2%	8,058,586	2,112,137	26.2%	4.50%	1.6959
	2005	4,618,639	964,967	20.9%	7,495,372	1,565,999	20.9%	4.50%	1.6229
Historical	2006	4,516,476	709,309	15.7%	7,013,950	1,101,536	15.7%	4.50%	1.5530
Experience	2007	4,436,767	1,012,754	22.8%	6,593,458	1,505,049	22.8%	4.50%	1.4861
	2008	4,207,356	1,404,387	33.4%	5,983,283	1,997,180	33.4%	4.50%	1.4221
	2009	4,081,510	1,891,805	46.4%	5,554,372	2,574,486	46.4%	4.50%	1.3609
	2010	3,953,195	1,961,853	49.6%	5,148,089	2,554,843	49.6%	4.50%	1.3023
	2011	3,835,337	2,147,283	56.0%	4,779,528	2,675,905	56.0%	4.50%	1.2462
	2012	3,709,916	2,029,090	54.7%	4,424,143	2,419,727	54.7%	4.50%	1.1925
	2013	3,564,468	876,377	24.6%	4,067,651	1,000,091	24.6%	4.50%	1.1412
	2014	3,432,513	3,409,255	99.3%	3,748,390	3,722,992	99.3%	4.50%	1.0920
	2015	3,327,141	2,240,934	67.4%	3,476,862	2,341,776	67.4%	4.50%	1.0450
	1/1/2016-6/30/2016	1,614,203	2,009,874	124.5%	1,632,064	2,032,113	124.5%	4.50%	1.0111
	7/1/2016-12/31/2016	1,588,416	1,448,399	91.2%	1,571,033	1,432,548	91.2%	4.50%	0.9891
	2017	3,067,971	3,017,839	98.4%	2,935,858	2,887,885	98.4%	4.50%	0.9569
	2018	2,921,803	3,176,619	108.7%	2,675,582	2,908,925	108.7%	4.50%	0.9157
	2019	2,773,180	3,328,027	120.0%	2,430,128	2,916,338	120.0%	4.50%	0.8763
	2020	2,621,352	3,465,329	132.2%	2,198,164	2,905,891	132.2%	4.50%	0.8386
	2021	2,468,211	3,597,826	145.8%	1,980,618	2,887,079	145.8%	4.50%	0.8025
Projected	2022	2,315,406	3,739,910	161.5%	1,777,991	2,871,861	161.5%	4.50%	0.7679
Future	2023	2,162,430	3,882,335	179.5%	1,589,015	2,852,851	179.5%	4.50%	0.7348
Experience	2024	2,010,038	4,016,568	199.8%	1,413,429	2,824,391	199.8%	4.50%	0.7032
	2025	1,859,754	4,137,148	222.5%	1,251,436	2,783,905	222.5%	4.50%	0.6729
	2026	1,711,464	4,235,465	247.5%	1,102,059	2,727,333	247.5%	4.50%	0.6439
	2027	1,565,291	4,287,633	273.9%	964,530	2,642,034	273.9%	4.50%	0.6162
	2028	1,422,658	4,298,468	302.1%	838,890	2,534,651	302.1%	4.50%	0.5897
	2029	1,284,966	4,280,489	333.1%	725,070	2,415,359	333.1%	4.50%	0.5643
	2030	1,152,713	4,235,352	367.4%	622,434	2,286,975	367.4%	4.50%	0.5400
	2031	1,026,900	4,164,174	405.5%	530,620	2,151,714	405.5%	4.50%	0.5167
	2032	909,018	4,069,668	447.7%	449,481	2,012,326	447.7%	4.50%	0.4945
	2033	798,869	3,949,500	494.4%	378,006	1,868,810	494.4%	4.50%	0.4732
	2034	696,377	3,804,260	546.3%	315,320	1,722,570	546.3%	4.50%	0.4528
	2035	602,523	3,640,489	604.2%	261,074	1,577,431	604.2%	4.50%	0.4333
	2036	517,723	3,460,061	668.3%	214,670	1,434,689	668.3%	4.50%	0.4146
	2037	441,736	3,267,100	739.6%	175,275	1,296,344	739.6%	4.50%	0.3968
	2038	374,169	3,061,379	818.2%	142,072	1,162,408	818.2%	4.50%	0.3797
	2039	314,563	2,831,101	900.0%	114,296	1,028,681	900.0%	4.50%	0.3634
	2040	262,407	2,583,561	984.6%	91,240	898,313	984.6%	4.50%	0.3477
	2041	217,149	2,335,571	1075.6%	72,252	777,116	1075.6%	4.50%	0.3327
	2042	178,211	2,092,342	1174.1%	56,743	666,207	1174.1%	4.50%	0.3184
	2043	145,002	1,857,192	1280.8%	44,181	565,870	1280.8%	4.50%	0.3047
	2044	116,935	1,632,366	1396.0%	34,095	475,950	1396.0%	4.50%	0.2916
	2045	93,432	1,419,545	1519.3%	26,069	396,074	1519.3%	4.50%	0.2790
	2046	73,940	1,221,363	1651.8%	19,742	326,104	1651.8%	4.50%	0.2670
	2047	57,934	1,038,877	1793.2%	14,802	265,436	1793.2%	4.50%	0.2555
	2048	44,923	873,114	1943.6%	10,984	213,476	1943.6%	4.50%	0.2445
	2049	34,460	724,258	2101.7%	8,063	169,455	2101.7%	4.50%	0.2340
	2050	26,138	592,578	2267.1%	5,852	132,676	2267.1%	4.50%	0.2239
	2051	19,593	478,197	2440.7%	4,198	102,456	2440.7%	4.50%	0.2143
	2052	14,506	380,324	2621.9%	2,974	77,977	2621.9%	4.50%	0.2050
	2053	10,600	297,923	2810.6%	2,080	58,452	2810.6%	4.50%	0.1962
	2054	7,640	229,616	3005.6%	1,434	43,111	3005.6%	4.50%	0.1878
	2055	5,425	174,077	3208.8%	975	31,276	3208.8%	4.50%	0.1797
	2056	3,791	129,518	3416.2%	652	22,268	3416.2%	4.50%	0.1719
	2057	2,604	94,395	3625.2%	428	15,530	3625.2%	4.50%	0.1645
	2058	1,754	67,273	3834.8%	276	10,592	3834.8%	4.50%	0.1574
	2059	1,157	46,724	4039.0%	174	7,040	4039.0%	4.50%	0.1507
	2060	745	31,558	4237.6%	107	4,550	4237.6%	4.50%	0.1442
	2061	466	20,635	4423.6%	64	2,847	4423.6%	4.50%	0.1380
	2062	283	13,045	4606.5%	37	1,722	4606.5%	4.50%	0.1320
	2063	166	7,940	4787.4%	21	1,003	4787.4%	4.50%	0.1263
	2064	93	4,626	4966.3%	11	559	4966.3%	4.50%	0.1209
	2065	50	2,562	5142.9%	6	296	5142.9%	4.50%	0.1157
	Past	74,357,121	23,991,376	32.3%	115,024,694	31,479,978	27.4%		
	Future	37,926,932	105,744,319	278.8%	27,054,513	59,399,356	219.6%		
	Lifetime	112,284,053	129,735,695	115.5%	142,079,207	90,879,333	64.0%		

* Proposed Virginia rate schedule reflects a cumulative rate increase of 102.4% from two rate increases of 33.1% and 13% plus the requested 34.6% increase.

EXHIBIT XIV
RiverSource Life Insurance Company
Anticipated Loss Ratio Calculation With Statutory Active Life Reserve

Nationwide Experience
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis

Policy Form 30160A
With No Increase

1	Present Value of Future Claims:	1,286,625,813
2	6/30/2016 Statutory Active Life Reserves:	705,234,835
3	Present Value of Future Premiums:	452,413,409
	Anticipated Loss Ratio = (1 - 2) / 3	**128.5%**

Policy Form 30160A
With 34.6% Increase

1	Present Value of Future Claims:	1,239,861,739
2	6/30/2016 Statutory Active Life Reserves:	705,234,835
3	Present Value of Future Premiums:	556,495,304
	Anticipated Loss Ratio = (1 - 2) / 3	**96.1%**

Virginia Experience
Using Actual History

Policy Form 30160A-VA
With No Increase

1	Present Value of Future Claims:	55,810,205
2	6/30/2016 Statutory Active Life Reserves:	31,046,844
3	Present Value of Future Premiums:	19,459,885
	Anticipated Loss Ratio = (1 - 2) / 3	**127.3%**

Policy Form 30160A-VA
With 17% Increase

1	Present Value of Future Claims:	53,691,699
2	6/30/2016 Statutory Active Life Reserves:	31,046,844
3	Present Value of Future Premiums:	23,974,318
	Anticipated Loss Ratio = (1 - 2) / 3	**94.5%**

EXHIBIT XV
Demonstration of Compliance with Dual-Loss Ratio Standard
For Individual Long-Term Care with Prescribed Factors[1]

Nationwide Experience
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

1a	Accumulated value of past earned premiums	1,683,729,822	x	60.0%	=	1,010,237,893
1b	Present value of future projected earned premiums at current level	452,413,409	x	60.0%	=	271,448,045
2	Present value of increased portion of future projected earned premiums	104,081,895	x	80.0%	=	83,265,516
3	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2**	**2,240,225,126**				**1,364,951,455**
4	**Lifetime Incurred Claims with Rate Increase**					**2,045,738,189**
5	**Test: 4 is not less than 3**					**TRUE**

Virginia Experience
Policy Form: 30160A-VA

1a	Accumulated value of past earned premiums	65,783,919	x	60.0%	=	39,470,351
1b	Present value of future projected earned premiums at current level	19,459,885	x	60.0%	=	11,675,931
2	Present value of increased portion of future projected earned premiums	4,514,433	x	80.0%	=	3,611,546
3	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2**	**89,758,237**				**54,757,829**
4	**Lifetime Incurred Claims with Rate Increase**					**84,943,515**
5	**Test: 4 is not less than 3**					**TRUE**

[1] As prescribed by NAIC Model Bulletin, where 62.8% is the lifetime loss ratio at the time of original pricing

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
41	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
42	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
43	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
44	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
45	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
46	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
47	73.72	99.22	34.6%	85.00	114.40	34.6%	96.26	129.56	34.6%	61.68	83.00	34.6%	71.44	96.14	34.6%	81.22	109.32	34.6%
48	73.72	99.22	34.6%	85.00	114.40	34.6%	96.26	129.56	34.6%	64.68	87.06	34.6%	74.46	100.22	34.6%	84.24	113.36	34.6%
49	78.22	105.28	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%	66.18	89.06	34.6%	76.72	103.28	34.6%	87.24	117.42	34.6%
50	78.22	105.28	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%	69.18	93.10	34.6%	79.74	107.32	34.6%	90.24	121.46	34.6%
51	79.74	107.32	34.6%	92.50	124.50	34.6%	105.30	141.72	34.6%	70.70	95.16	34.6%	82.00	110.36	34.6%	93.24	125.52	34.6%
52	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%	70.70	95.16	34.6%	82.00	110.36	34.6%	93.24	125.52	34.6%
53	84.24	113.36	34.6%	97.76	131.58	34.6%	111.30	149.82	34.6%	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%
54	84.24	113.36	34.6%	97.76	131.58	34.6%	111.30	149.82	34.6%	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%
55	88.76	119.44	34.6%	103.06	138.72	34.6%	117.32	157.92	34.6%	79.74	107.32	34.6%	92.50	124.50	34.6%	105.30	141.72	34.6%
56	96.26	129.56	34.6%	111.30	149.82	34.6%	126.34	170.04	34.6%	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%
57	103.80	139.70	34.6%	119.58	160.96	34.6%	135.38	182.20	34.6%	90.24	121.46	34.6%	103.80	139.70	34.6%	117.32	157.92	34.6%
58	111.30	149.82	34.6%	127.84	172.08	34.6%	144.40	194.32	34.6%	97.76	131.58	34.6%	112.08	150.84	34.6%	126.34	170.04	34.6%
59	118.84	159.94	34.6%	136.14	183.24	34.6%	153.40	206.48	34.6%	102.26	137.66	34.6%	117.32	157.92	34.6%	132.34	178.12	34.6%
60	126.34	170.04	34.6%	144.40	194.32	34.6%	162.42	218.62	34.6%	109.82	147.80	34.6%	125.58	169.06	34.6%	141.38	190.28	34.6%
61	133.88	180.20	34.6%	152.66	205.46	34.6%	171.46	230.78	34.6%	115.82	155.90	34.6%	131.60	177.10	34.6%	147.40	198.38	34.6%
62	141.38	190.28	34.6%	160.94	216.60	34.6%	180.48	242.92	34.6%	120.32	161.94	34.6%	136.88	184.26	34.6%	153.40	206.48	34.6%
63	148.92	200.42	34.6%	169.22	227.76	34.6%	189.50	255.04	34.6%	127.84	172.08	34.6%	145.16	195.36	34.6%	162.42	218.62	34.6%
64	156.42	210.52	34.6%	177.48	238.88	34.6%	198.54	267.22	34.6%	135.38	182.20	34.6%	153.40	206.48	34.6%	171.46	230.78	34.6%
65	165.46	222.68	34.6%	188.00	253.04	34.6%	210.56	283.40	34.6%	142.90	192.32	34.6%	161.68	217.60	34.6%	180.48	242.92	34.6%
66	195.54	263.18	34.6%	219.58	295.52	34.6%	243.66	327.94	34.6%	166.96	224.72	34.6%	187.26	252.04	34.6%	207.56	279.36	34.6%
67	227.14	305.72	34.6%	253.46	341.14	34.6%	279.74	376.52	34.6%	195.54	263.18	34.6%	218.10	293.54	34.6%	240.64	323.88	34.6%
68	258.70	348.20	34.6%	287.30	386.68	34.6%	315.86	425.10	34.6%	221.10	297.58	34.6%	245.92	330.98	34.6%	270.72	364.36	34.6%
69	293.30	394.78	34.6%	324.12	436.24	34.6%	354.96	477.74	34.6%	249.66	336.04	34.6%	276.74	372.46	34.6%	303.82	408.90	34.6%
70	324.88	437.26	34.6%	357.96	481.78	34.6%	391.04	526.30	34.6%	275.24	370.46	34.6%	304.58	409.96	34.6%	333.90	449.40	34.6%
71	354.96	477.74	34.6%	389.56	524.30	34.6%	424.14	570.84	34.6%	302.32	406.92	34.6%	333.14	448.38	34.6%	363.98	489.88	34.6%
72	389.56	524.30	34.6%	426.40	573.90	34.6%	463.24	623.48	34.6%	327.88	441.30	34.6%	360.96	485.82	34.6%	394.06	530.36	34.6%
73	421.12	566.78	34.6%	460.22	619.44	34.6%	499.34	672.06	34.6%	356.46	479.78	34.6%	391.82	527.36	34.6%	427.14	574.88	34.6%
74	452.72	609.34	34.6%	494.10	665.00	34.6%	535.44	720.66	34.6%	382.04	514.18	34.6%	419.64	564.78	34.6%	457.22	615.38	34.6%
75	487.30	655.84	34.6%	530.94	714.62	34.6%	574.54	773.26	34.6%	410.62	552.64	34.6%	450.46	606.28	34.6%	490.30	659.90	34.6%
76	527.94	710.56	34.6%	576.80	776.32	34.6%	625.68	842.12	34.6%	445.20	599.20	34.6%	490.30	659.90	34.6%	535.44	720.66	34.6%
77	568.52	765.16	34.6%	622.68	838.08	34.6%	676.82	910.94	34.6%	479.80	645.78	34.6%	530.20	713.60	34.6%	580.54	781.36	34.6%
78	609.14	819.84	34.6%	668.56	899.80	34.6%	727.94	979.76	34.6%	514.38	692.30	34.6%	570.04	767.22	34.6%	625.68	842.12	34.6%
79	649.76	874.50	34.6%	714.44	961.56	34.6%	779.08	999.98	28.4%	548.98	738.88	34.6%	609.88	820.84	34.6%	670.80	902.82	34.6%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
41	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
42	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
43	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
44	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
45	117.32	157.92	34.6%	133.88	180.20	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
46	120.32	161.94	34.6%	136.88	184.26	34.6%	153.40	206.48	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
47	124.84	168.04	34.6%	142.16	191.34	34.6%	159.42	214.56	34.6%	111.30	149.82	34.6%	126.34	170.04	34.6%	141.38	190.28	34.6%
48	129.34	174.06	34.6%	147.40	198.38	34.6%	165.46	222.68	34.6%	114.32	153.88	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%
49	132.34	178.12	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%	115.82	155.90	34.6%	131.60	177.10	34.6%	147.40	198.38	34.6%
50	136.88	184.26	34.6%	155.66	209.50	34.6%	174.48	234.84	34.6%	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%
51	141.38	190.28	34.6%	160.94	216.60	34.6%	180.48	242.92	34.6%	123.32	166.00	34.6%	139.90	188.30	34.6%	156.42	210.52	34.6%
52	144.40	194.32	34.6%	163.96	220.66	34.6%	183.48	246.98	34.6%	123.32	166.00	34.6%	139.90	188.30	34.6%	156.42	210.52	34.6%
53	148.92	200.42	34.6%	169.22	227.76	34.6%	189.50	255.04	34.6%	127.84	172.08	34.6%	145.16	195.36	34.6%	162.42	218.62	34.6%
54	153.40	206.48	34.6%	174.48	234.84	34.6%	195.54	263.18	34.6%	130.86	176.14	34.6%	148.16	199.42	34.6%	165.46	222.68	34.6%
55	157.92	212.54	34.6%	179.74	241.92	34.6%	201.54	271.26	34.6%	135.38	182.20	34.6%	153.40	206.48	34.6%	171.46	230.78	34.6%
56	168.46	226.74	34.6%	191.02	257.10	34.6%	213.58	287.46	34.6%	145.90	196.38	34.6%	164.70	221.68	34.6%	183.48	246.98	34.6%
57	179.00	240.90	34.6%	202.32	272.30	34.6%	225.62	303.64	34.6%	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%
58	189.50	255.04	34.6%	213.58	287.46	34.6%	237.64	319.84	34.6%	166.96	224.72	34.6%	187.26	252.04	34.6%	207.56	279.36	34.6%
59	203.06	273.30	34.6%	227.88	306.68	34.6%	252.66	340.08	34.6%	177.48	238.88	34.6%	198.54	267.22	34.6%	219.58	295.52	34.6%
60	213.58	287.46	34.6%	239.16	321.86	34.6%	264.72	356.30	34.6%	192.50	259.10	34.6%	215.08	289.50	34.6%	237.64	319.84	34.6%
61	224.12	301.66	34.6%	250.44	337.04	34.6%	276.74	372.46	34.6%	203.06	273.30	34.6%	226.38	304.70	34.6%	249.66	336.04	34.6%
62	237.64	319.84	34.6%	264.72	356.30	34.6%	291.78	392.72	34.6%	213.58	287.46	34.6%	237.64	319.84	34.6%	261.70	352.24	34.6%
63	248.18	334.00	34.6%	276.00	371.48	34.6%	303.82	408.90	34.6%	224.12	301.66	34.6%	248.92	335.02	34.6%	273.74	368.42	34.6%
64	258.70	348.20	34.6%	287.30	386.68	34.6%	315.86	425.10	34.6%	234.64	315.80	34.6%	260.22	350.22	34.6%	285.78	384.62	34.6%
65	273.74	368.42	34.6%	303.82	408.90	34.6%	333.90	449.40	34.6%	249.66	336.04	34.6%	276.74	372.46	34.6%	303.82	408.90	34.6%
66	317.38	427.14	34.6%	349.72	470.68	34.6%	382.04	514.18	34.6%	285.78	384.62	34.6%	314.36	423.14	34.6%	342.90	461.52	34.6%
67	360.96	485.82	34.6%	395.56	532.38	34.6%	430.14	578.94	34.6%	323.38	435.22	34.6%	354.20	476.74	34.6%	385.04	518.24	34.6%
68	404.60	544.54	34.6%	441.44	594.14	34.6%	478.28	643.72	34.6%	360.96	485.82	34.6%	394.06	530.36	34.6%	427.14	574.88	34.6%
69	448.20	603.24	34.6%	487.30	655.84	34.6%	526.42	708.52	34.6%	401.58	540.48	34.6%	436.94	588.08	34.6%	472.28	635.66	34.6%
70	493.32	663.94	34.6%	535.44	720.66	34.6%	577.54	777.30	34.6%	439.18	591.10	34.6%	476.80	641.72	34.6%	514.38	692.30	34.6%
71	536.96	722.68	34.6%	581.32	782.40	34.6%	625.68	842.12	34.6%	475.28	639.70	34.6%	514.38	692.30	34.6%	553.48	744.94	34.6%
72	580.54	781.36	34.6%	627.20	844.14	34.6%	673.80	906.86	34.6%	515.90	694.34	34.6%	557.28	750.06	34.6%	598.60	805.66	34.6%
73	624.18	840.10	34.6%	673.06	905.86	34.6%	721.94	971.66	34.6%	553.48	744.94	34.6%	597.12	803.66	34.6%	640.72	862.34	34.6%
74	667.78	898.78	34.6%	718.92	967.62	34.6%	770.08	999.98	29.9%	591.10	795.58	34.6%	636.96	857.30	34.6%	682.84	919.04	34.6%
75	715.92	963.58	34.6%	770.08	999.98	29.9%	824.20	999.98	21.3%	631.70	850.22	34.6%	679.84	914.98	34.6%	727.94	979.76	34.6%
76	770.08	999.98	29.9%	830.24	999.98	20.4%	890.40	999.98	12.3%	679.84	914.98	34.6%	733.96	987.82	34.6%	788.10	999.98	26.9%
77	824.20	999.98	21.3%	890.40	999.98	12.3%	956.56	999.98	4.5%	727.94	979.76	34.6%	788.10	999.98	26.9%	848.26	999.98	17.9%
78	878.34	999.98	13.8%	950.56	999.98	5.2%	999.98	999.98	0.0%	776.08	999.98	28.9%	842.26	999.98	18.7%	908.42	999.98	10.1%
79	934.02	999.98	7.1%	999.98	999.98	0.0%	999.98	999.98	0.0%	825.74	999.98	21.1%	898.66	999.98	11.3%	971.60	999.98	2.9%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
41	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
42	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
43	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
44	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
45	156.42	210.52	34.6%	175.98	236.86	34.6%	195.54	263.18	34.6%	142.90	192.32	34.6%	160.18	215.60	34.6%	177.48	238.88	34.6%
46	162.42	218.62	34.6%	182.00	244.96	34.6%	201.54	271.26	34.6%	145.90	196.38	34.6%	163.22	219.68	34.6%	180.48	242.92	34.6%
47	169.98	228.76	34.6%	190.26	256.08	34.6%	210.56	283.40	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%	186.50	251.02	34.6%
48	177.48	238.88	34.6%	198.54	267.22	34.6%	219.58	295.52	34.6%	154.92	208.50	34.6%	173.72	233.82	34.6%	192.50	259.10	34.6%
49	185.00	249.00	34.6%	206.82	278.36	34.6%	228.62	307.70	34.6%	160.94	216.60	34.6%	179.74	241.92	34.6%	198.54	267.22	34.6%
50	195.54	263.18	34.6%	218.10	293.54	34.6%	240.64	323.88	34.6%	165.46	222.68	34.6%	185.00	249.00	34.6%	204.56	275.32	34.6%
51	201.54	271.26	34.6%	224.12	301.66	34.6%	246.66	331.98	34.6%	169.98	228.76	34.6%	190.26	256.08	34.6%	210.56	283.40	34.6%
52	209.08	281.40	34.6%	232.40	312.78	34.6%	255.70	344.14	34.6%	175.98	236.86	34.6%	196.30	264.20	34.6%	216.58	291.48	34.6%
53	216.58	291.48	34.6%	240.64	323.88	34.6%	264.72	356.30	34.6%	180.48	242.92	34.6%	201.54	271.26	34.6%	222.58	299.58	34.6%
54	224.12	301.66	34.6%	248.92	335.02	34.6%	273.74	368.42	34.6%	185.00	249.00	34.6%	206.82	278.36	34.6%	228.62	307.70	34.6%
55	234.64	315.80	34.6%	260.22	350.22	34.6%	285.78	384.62	34.6%	192.50	259.10	34.6%	215.08	289.50	34.6%	237.64	319.84	34.6%
56	248.18	334.00	34.6%	274.50	369.44	34.6%	300.80	404.86	34.6%	206.06	277.36	34.6%	229.40	308.76	34.6%	252.66	340.08	34.6%
57	261.70	352.24	34.6%	288.78	388.68	34.6%	315.86	425.10	34.6%	219.58	295.52	34.6%	243.66	327.94	34.6%	267.72	360.32	34.6%
58	275.24	370.46	34.6%	303.06	407.90	34.6%	330.88	445.34	34.6%	233.14	313.76	34.6%	257.96	347.18	34.6%	282.74	380.56	34.6%
59	288.78	388.68	34.6%	317.38	427.14	34.6%	345.94	465.58	34.6%	246.66	331.98	34.6%	272.24	366.42	34.6%	297.80	400.82	34.6%
60	302.32	406.92	34.6%	331.66	446.36	34.6%	360.96	485.82	34.6%	260.22	350.22	34.6%	286.54	385.66	34.6%	312.82	421.04	34.6%
61	315.86	425.10	34.6%	345.94	465.58	34.6%	376.02	506.10	34.6%	273.74	368.42	34.6%	300.80	404.86	34.6%	327.88	441.30	34.6%
62	329.40	443.32	34.6%	360.22	484.84	34.6%	391.04	526.30	34.6%	287.30	386.68	34.6%	315.12	424.10	34.6%	342.90	461.52	34.6%
63	342.90	461.52	34.6%	374.52	504.10	34.6%	406.10	546.58	34.6%	300.80	404.86	34.6%	329.40	443.32	34.6%	357.96	481.78	34.6%
64	356.46	479.78	34.6%	388.82	523.32	34.6%	421.12	566.78	34.6%	314.36	423.14	34.6%	343.70	462.58	34.6%	373.00	502.02	34.6%
65	373.00	502.02	34.6%	406.10	546.58	34.6%	439.18	591.10	34.6%	329.40	443.32	34.6%	360.22	484.84	34.6%	391.04	526.30	34.6%
66	422.64	568.84	34.6%	457.98	616.42	34.6%	493.32	663.94	34.6%	369.98	497.98	34.6%	403.08	542.50	34.6%	436.18	587.06	34.6%
67	475.28	639.70	34.6%	512.88	690.30	34.6%	550.46	740.90	34.6%	410.62	552.64	34.6%	445.96	600.24	34.6%	481.28	647.78	34.6%
68	524.94	706.52	34.6%	564.78	760.16	34.6%	604.62	813.76	34.6%	451.20	607.30	34.6%	488.82	657.90	34.6%	526.42	708.52	34.6%
69	579.06	779.36	34.6%	621.92	837.06	34.6%	664.78	894.72	34.6%	491.82	661.94	34.6%	531.68	715.60	34.6%	571.54	769.22	34.6%
70	631.70	850.22	34.6%	676.82	910.94	34.6%	721.94	971.66	34.6%	532.44	716.62	34.6%	574.54	773.26	34.6%	616.66	829.98	34.6%
71	681.34	917.04	34.6%	728.72	980.78	34.6%	776.08	999.98	28.9%	573.04	771.26	34.6%	617.44	831.02	34.6%	661.78	890.68	34.6%
72	735.50	989.92	34.6%	785.86	999.98	27.2%	836.24	999.98	19.6%	613.64	825.90	34.6%	660.28	888.68	34.6%	706.90	951.44	34.6%
73	785.10	999.98	27.4%	837.76	999.98	19.4%	890.40	999.98	12.3%	654.28	880.60	34.6%	703.14	946.36	34.6%	752.02	999.98	33.0%
74	837.76	999.98	19.4%	892.66	999.98	12.0%	947.56	999.98	5.5%	694.86	935.22	34.6%	746.00	999.98	34.0%	797.14	999.98	25.4%
75	891.90	999.98	12.1%	949.82	999.98	5.3%	999.98	999.98	0.0%	740.00	995.94	34.6%	794.12	999.98	25.9%	848.26	999.98	17.9%
76	952.08	999.98	5.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	791.12	999.98	26.4%	851.28	999.98	17.5%	911.44	999.98	9.7%
77	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	842.26	999.98	18.7%	908.42	999.98	10.1%	974.60	999.98	2.6%
78	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	893.40	999.98	11.9%	965.58	999.98	3.6%	999.98	999.98	0.0%
79	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	944.52	999.98	5.9%	999.98	999.98	0.0%	999.98	999.98	0.0%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
41	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
42	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
43	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
44	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
45	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
46	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
47	61.68	83.00	34.6%	71.44	96.14	34.6%	81.22	109.32	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
48	61.68	83.00	34.6%	71.44	96.14	34.6%	81.22	109.32	34.6%	52.66	70.88	34.6%	60.92	82.00	34.6%	69.18	93.10	34.6%
49	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%	52.66	70.88	34.6%	60.92	82.00	34.6%	69.18	93.10	34.6%
50	66.18	89.06	34.6%	76.72	103.28	34.6%	87.24	117.42	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%	75.22	101.22	34.6%
51	67.68	91.10	34.6%	78.98	106.30	34.6%	90.24	121.46	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%	75.22	101.22	34.6%
52	67.68	91.10	34.6%	78.98	106.30	34.6%	90.24	121.46	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%	75.22	101.22	34.6%
53	69.18	93.10	34.6%	81.22	109.32	34.6%	93.24	125.52	34.6%	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%
54	69.18	93.10	34.6%	81.22	109.32	34.6%	93.24	125.52	34.6%	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%
55	73.72	99.22	34.6%	86.50	116.40	34.6%	99.26	133.60	34.6%	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%
56	76.72	103.28	34.6%	89.50	120.46	34.6%	102.26	137.66	34.6%	66.18	89.06	34.6%	76.72	103.28	34.6%	87.24	117.42	34.6%
57	84.24	113.36	34.6%	97.76	131.58	34.6%	111.30	149.82	34.6%	70.70	95.16	34.6%	82.00	110.36	34.6%	93.24	125.52	34.6%
58	91.76	123.48	34.6%	106.06	142.76	34.6%	120.32	161.94	34.6%	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%
59	96.26	129.56	34.6%	111.30	149.82	34.6%	126.34	170.04	34.6%	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%
60	103.80	139.70	34.6%	119.58	160.96	34.6%	135.38	182.20	34.6%	87.24	117.42	34.6%	100.78	135.64	34.6%	114.32	153.88	34.6%
61	109.82	147.80	34.6%	125.58	169.06	34.6%	141.38	190.28	34.6%	90.24	121.46	34.6%	103.80	139.70	34.6%	117.32	157.92	34.6%
62	114.32	153.88	34.6%	130.86	176.14	34.6%	147.40	198.38	34.6%	97.76	131.58	34.6%	112.08	150.84	34.6%	126.34	170.04	34.6%
63	121.84	164.00	34.6%	139.14	187.28	34.6%	156.42	210.52	34.6%	102.26	137.66	34.6%	117.32	157.92	34.6%	132.34	178.12	34.6%
64	129.34	174.06	34.6%	147.40	198.38	34.6%	165.46	222.68	34.6%	106.80	143.76	34.6%	122.58	165.00	34.6%	138.38	186.24	34.6%
65	136.88	184.26	34.6%	155.66	209.50	34.6%	174.48	234.84	34.6%	114.32	153.88	34.6%	130.86	176.14	34.6%	147.40	198.38	34.6%
66	157.92	212.54	34.6%	178.24	239.92	34.6%	198.54	267.22	34.6%	132.34	178.12	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%
67	180.48	242.92	34.6%	203.06	273.30	34.6%	225.62	303.64	34.6%	153.40	206.48	34.6%	172.98	232.80	34.6%	192.50	259.10	34.6%
68	201.54	271.26	34.6%	225.62	303.64	34.6%	249.66	336.04	34.6%	171.46	230.78	34.6%	192.50	259.10	34.6%	213.58	287.46	34.6%
69	224.12	301.66	34.6%	250.44	337.04	34.6%	276.74	372.46	34.6%	194.04	261.16	34.6%	217.34	292.54	34.6%	240.64	323.88	34.6%
70	246.66	331.98	34.6%	275.24	370.46	34.6%	303.82	408.90	34.6%	215.08	289.50	34.6%	239.90	322.88	34.6%	264.72	356.30	34.6%
71	267.72	360.32	34.6%	297.80	400.82	34.6%	327.88	441.30	34.6%	233.14	313.76	34.6%	259.48	349.20	34.6%	285.78	384.62	34.6%
72	290.30	390.72	34.6%	322.64	434.24	34.6%	354.96	477.74	34.6%	255.70	344.14	34.6%	284.28	382.62	34.6%	312.82	421.04	34.6%
73	311.34	419.02	34.6%	345.20	464.60	34.6%	379.02	510.14	34.6%	273.74	368.42	34.6%	303.82	408.90	34.6%	333.90	449.40	34.6%
74	333.90	449.40	34.6%	369.98	497.98	34.6%	406.10	546.58	34.6%	294.80	396.78	34.6%	326.38	439.28	34.6%	357.96	481.78	34.6%
75	359.48	483.82	34.6%	397.82	535.42	34.6%	436.18	587.06	34.6%	317.38	427.14	34.6%	351.20	472.70	34.6%	385.04	518.24	34.6%
76	404.60	544.54	34.6%	445.96	600.24	34.6%	487.30	655.84	34.6%	362.48	487.88	34.6%	399.32	537.44	34.6%	436.18	587.06	34.6%
77	449.72	605.30	34.6%	494.10	665.00	34.6%	538.44	724.70	34.6%	407.62	548.60	34.6%	447.46	602.24	34.6%	487.30	655.84	34.6%
78	494.84	666.02	34.6%	542.22	729.80	34.6%	589.58	793.52	34.6%	452.72	609.34	34.6%	495.60	667.02	34.6%	538.44	724.70	34.6%
79	544.46	732.80	34.6%	595.60	801.62	34.6%	646.74	870.48	34.6%	502.36	676.10	34.6%	548.98	738.88	34.6%	595.60	801.62	34.6%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
41	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
42	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
43	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
44	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
45	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
46	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
47	91.76	123.48	34.6%	104.54	140.72	34.6%	117.32	157.92	34.6%	75.22	101.22	34.6%	85.74	115.40	34.6%	96.26	129.56	34.6%
48	96.26	129.56	34.6%	109.82	147.80	34.6%	123.32	166.00	34.6%	79.74	107.32	34.6%	91.02	122.50	34.6%	102.26	137.66	34.6%
49	99.26	133.60	34.6%	112.82	151.84	34.6%	126.34	170.04	34.6%	82.74	111.36	34.6%	94.02	126.54	34.6%	105.30	141.72	34.6%
50	103.80	139.70	34.6%	118.08	158.94	34.6%	132.34	178.12	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%
51	108.30	145.78	34.6%	123.32	166.00	34.6%	138.38	186.24	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%
52	111.30	149.82	34.6%	126.34	170.04	34.6%	141.38	190.28	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%	114.32	153.88	34.6%
53	115.82	155.90	34.6%	131.60	177.10	34.6%	147.40	198.38	34.6%	94.76	127.54	34.6%	107.56	144.76	34.6%	120.32	161.94	34.6%
54	120.32	161.94	34.6%	136.88	184.26	34.6%	153.40	206.48	34.6%	97.76	131.58	34.6%	110.56	148.82	34.6%	123.32	166.00	34.6%
55	124.84	168.04	34.6%	142.16	191.34	34.6%	159.42	214.56	34.6%	102.26	137.66	34.6%	115.82	155.90	34.6%	129.34	174.06	34.6%
56	132.34	178.12	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%	109.82	147.80	34.6%	124.10	167.02	34.6%	138.38	186.24	34.6%
57	139.90	188.30	34.6%	158.68	213.56	34.6%	177.48	238.88	34.6%	117.32	157.92	34.6%	132.34	178.12	34.6%	147.40	198.38	34.6%
58	150.40	202.42	34.6%	169.98	228.76	34.6%	189.50	255.04	34.6%	127.84	172.08	34.6%	143.64	193.32	34.6%	159.42	214.56	34.6%
59	157.92	212.54	34.6%	178.24	239.92	34.6%	198.54	267.22	34.6%	135.38	182.20	34.6%	151.92	204.48	34.6%	168.46	226.74	34.6%
60	168.46	226.74	34.6%	189.50	255.04	34.6%	210.56	283.40	34.6%	145.90	196.38	34.6%	163.22	219.68	34.6%	180.48	242.92	34.6%
61	175.98	236.86	34.6%	197.80	266.22	34.6%	219.58	295.52	34.6%	153.40	206.48	34.6%	171.46	230.78	34.6%	189.50	255.04	34.6%
62	183.48	246.98	34.6%	206.06	277.36	34.6%	228.62	307.70	34.6%	160.94	216.60	34.6%	179.74	241.92	34.6%	198.54	267.22	34.6%
63	194.04	261.16	34.6%	217.34	292.54	34.6%	240.64	323.88	34.6%	171.46	230.78	34.6%	191.02	257.10	34.6%	210.56	283.40	34.6%
64	201.54	271.26	34.6%	225.62	303.64	34.6%	249.66	336.04	34.6%	179.00	240.90	34.6%	199.30	268.24	34.6%	219.58	295.52	34.6%
65	213.58	287.46	34.6%	239.16	321.86	34.6%	264.72	356.30	34.6%	191.02	257.10	34.6%	212.82	286.46	34.6%	234.64	315.80	34.6%
66	242.16	325.92	34.6%	269.98	363.38	34.6%	297.80	400.82	34.6%	218.10	293.54	34.6%	241.42	324.92	34.6%	264.72	356.30	34.6%
67	273.74	368.42	34.6%	303.82	408.90	34.6%	333.90	449.40	34.6%	249.66	336.04	34.6%	275.24	370.46	34.6%	300.80	404.86	34.6%
68	305.32	410.96	34.6%	337.66	454.46	34.6%	369.98	497.98	34.6%	278.26	374.50	34.6%	306.08	411.94	34.6%	333.90	449.40	34.6%
69	333.90	449.40	34.6%	368.50	495.98	34.6%	403.08	542.50	34.6%	308.34	414.96	34.6%	337.66	454.46	34.6%	366.98	493.92	34.6%
70	365.48	491.92	34.6%	402.32	541.48	34.6%	439.18	591.10	34.6%	336.90	453.42	34.6%	368.50	495.98	34.6%	400.06	538.46	34.6%
71	397.06	534.40	34.6%	436.18	587.06	34.6%	475.28	639.70	34.6%	368.50	495.98	34.6%	402.32	541.48	34.6%	436.18	587.06	34.6%
72	425.64	572.88	34.6%	467.02	628.60	34.6%	508.36	684.20	34.6%	395.56	532.38	34.6%	430.92	579.96	34.6%	466.26	627.56	34.6%
73	457.22	615.38	34.6%	500.86	674.10	34.6%	544.46	732.80	34.6%	427.14	574.88	34.6%	464.76	625.56	34.6%	502.36	676.10	34.6%
74	488.82	657.90	34.6%	534.70	719.64	34.6%	580.54	781.36	34.6%	455.72	613.38	34.6%	495.60	667.02	34.6%	535.44	720.66	34.6%
75	521.90	702.44	34.6%	570.78	768.22	34.6%	619.66	834.02	34.6%	487.30	655.84	34.6%	529.42	712.56	34.6%	571.54	769.22	34.6%
76	580.54	781.36	34.6%	633.20	852.24	34.6%	685.84	923.08	34.6%	545.98	734.82	34.6%	591.84	796.56	34.6%	637.70	858.32	34.6%
77	642.22	864.38	34.6%	698.64	940.30	34.6%	755.02	999.98	32.4%	607.62	817.82	34.6%	657.28	884.62	34.6%	706.90	951.44	34.6%
78	705.42	949.42	34.6%	766.32	999.98	30.5%	827.22	999.98	20.9%	670.80	902.82	34.6%	724.94	975.70	34.6%	779.08	999.98	28.4%
79	767.06	999.98	30.4%	831.74	999.98	20.2%	896.40	999.98	11.6%	732.46	985.84	34.6%	790.36	999.98	26.5%	848.26	999.98	17.9%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
41	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
42	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
43	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
44	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
45	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	103.80	139.70	34.6%	116.58	156.90	34.6%	129.34	174.06	34.6%
46	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%	106.80	143.76	34.6%	119.58	160.96	34.6%	132.34	178.12	34.6%
47	129.34	174.06	34.6%	145.90	196.38	34.6%	162.42	218.62	34.6%	111.30	149.82	34.6%	124.84	168.04	34.6%	138.38	186.24	34.6%
48	132.34	178.12	34.6%	148.92	200.42	34.6%	165.46	222.68	34.6%	114.32	153.88	34.6%	127.84	172.08	34.6%	141.38	190.28	34.6%
49	136.88	184.26	34.6%	154.18	207.50	34.6%	171.46	230.78	34.6%	118.84	159.94	34.6%	133.14	179.20	34.6%	147.40	198.38	34.6%
50	139.90	188.30	34.6%	157.18	211.56	34.6%	174.48	234.84	34.6%	126.34	170.04	34.6%	141.38	190.28	34.6%	156.42	210.52	34.6%
51	144.40	194.32	34.6%	162.42	218.62	34.6%	180.48	242.92	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%	159.42	214.56	34.6%
52	147.40	198.38	34.6%	165.46	222.68	34.6%	183.48	246.98	34.6%	133.88	180.20	34.6%	149.66	201.42	34.6%	165.46	222.68	34.6%
53	151.92	204.48	34.6%	170.72	229.78	34.6%	189.50	255.04	34.6%	136.88	184.26	34.6%	152.66	205.46	34.6%	168.46	226.74	34.6%
54	154.92	208.50	34.6%	173.72	233.82	34.6%	192.50	259.10	34.6%	141.38	190.28	34.6%	157.92	212.54	34.6%	174.48	234.84	34.6%
55	159.42	214.56	34.6%	179.00	240.90	34.6%	198.54	267.22	34.6%	148.92	200.42	34.6%	166.22	223.72	34.6%	183.48	246.98	34.6%
56	169.98	228.76	34.6%	190.26	256.08	34.6%	210.56	283.40	34.6%	156.42	210.52	34.6%	174.48	234.84	34.6%	192.50	259.10	34.6%
57	180.48	242.92	34.6%	201.54	271.26	34.6%	222.58	299.58	34.6%	166.96	224.72	34.6%	185.74	250.02	34.6%	204.56	275.32	34.6%
58	194.04	261.16	34.6%	215.84	290.50	34.6%	237.64	319.84	34.6%	177.48	238.88	34.6%	197.04	265.22	34.6%	216.58	291.48	34.6%
59	204.56	275.32	34.6%	227.14	305.72	34.6%	249.66	336.04	34.6%	188.00	253.04	34.6%	208.32	280.40	34.6%	228.62	307.70	34.6%
60	218.10	293.54	34.6%	241.42	324.92	34.6%	264.72	356.30	34.6%	198.54	267.22	34.6%	219.58	295.52	34.6%	240.64	323.88	34.6%
61	228.62	307.70	34.6%	252.66	340.08	34.6%	276.74	372.46	34.6%	209.08	281.40	34.6%	230.88	310.74	34.6%	252.66	340.08	34.6%
62	239.16	321.86	34.6%	263.96	355.28	34.6%	288.78	388.68	34.6%	219.58	295.52	34.6%	242.16	325.92	34.6%	264.72	356.30	34.6%
63	252.66	340.08	34.6%	278.26	374.50	34.6%	303.82	408.90	34.6%	230.14	309.74	34.6%	253.46	341.14	34.6%	276.74	372.46	34.6%
64	263.22	354.26	34.6%	289.56	389.72	34.6%	315.86	425.10	34.6%	240.64	323.88	34.6%	264.72	356.30	34.6%	288.78	388.68	34.6%
65	278.26	374.50	34.6%	306.08	411.94	34.6%	333.90	449.40	34.6%	251.18	338.06	34.6%	276.00	371.48	34.6%	300.80	404.86	34.6%
66	315.86	425.10	34.6%	345.94	465.58	34.6%	376.02	506.10	34.6%	279.74	376.52	34.6%	306.82	412.94	34.6%	333.90	449.40	34.6%
67	354.96	477.74	34.6%	388.04	522.28	34.6%	421.12	566.78	34.6%	309.82	417.00	34.6%	339.90	457.48	34.6%	369.98	497.98	34.6%
68	392.56	528.36	34.6%	427.90	575.92	34.6%	463.24	623.48	34.6%	341.42	459.52	34.6%	373.78	503.08	34.6%	406.10	546.58	34.6%
69	431.66	580.98	34.6%	470.04	632.64	34.6%	508.36	684.20	34.6%	371.50	500.02	34.6%	406.86	547.58	34.6%	442.20	595.14	34.6%
70	469.26	631.60	34.6%	509.88	686.26	34.6%	550.46	740.90	34.6%	404.60	544.54	34.6%	442.96	596.18	34.6%	481.28	647.78	34.6%
71	508.36	684.20	34.6%	551.98	742.92	34.6%	595.60	801.62	34.6%	433.16	582.98	34.6%	473.78	637.68	34.6%	514.38	692.30	34.6%
72	545.98	734.82	34.6%	591.84	796.56	34.6%	637.70	858.32	34.6%	463.24	623.48	34.6%	506.88	682.20	34.6%	550.46	740.90	34.6%
73	585.10	787.48	34.6%	633.96	853.26	34.6%	682.84	919.04	34.6%	494.84	666.02	34.6%	540.70	727.74	34.6%	586.58	789.48	34.6%
74	622.68	838.08	34.6%	673.80	906.86	34.6%	724.94	975.70	34.6%	524.94	706.52	34.6%	573.80	772.28	34.6%	622.68	838.08	34.6%
75	664.78	894.72	34.6%	718.92	967.62	34.6%	773.08	999.98	29.4%	558.02	751.04	34.6%	609.88	820.84	34.6%	661.78	890.68	34.6%
76	727.94	979.76	34.6%	786.62	999.98	27.1%	845.26	999.98	18.3%	621.18	836.06	34.6%	677.60	911.98	34.6%	733.96	987.82	34.6%
77	791.12	999.98	26.4%	854.28	999.98	17.1%	917.46	999.98	9.0%	684.36	921.06	34.6%	745.26	999.98	34.2%	806.16	999.98	24.0%
78	854.28	999.98	17.1%	921.98	999.98	8.5%	989.66	999.98	1.0%	747.52	999.98	33.8%	812.94	999.98	23.0%	878.34	999.98	13.8%
79	917.46	999.98	9.0%	989.66	999.98	1.0%	999.98	999.98	0.0%	810.68	999.98	23.4%	880.60	999.98	13.6%	950.56	999.98	5.2%

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
41	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
42	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
43	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
44	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
45	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
46	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
47	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%
48	49.66	66.84	34.6%	57.92	77.94	34.6%	66.18	89.06	34.6%	37.60	50.62	34.6%	44.38	59.76	34.7%	51.14	68.82	34.6%
49	52.66	70.88	34.6%	60.92	82.00	34.6%	69.18	93.10	34.6%	40.62	54.68	34.6%	47.40	63.80	34.6%	54.14	72.86	34.6%
50	54.14	72.86	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%
51	54.14	72.86	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%
52	57.16	76.92	34.6%	66.18	89.06	34.6%	75.22	101.22	34.6%	45.14	60.76	34.6%	52.66	70.88	34.6%	60.16	80.96	34.6%
53	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%	46.64	62.80	34.6%	54.92	73.92	34.6%	63.16	85.00	34.6%
54	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%	46.64	62.80	34.6%	54.92	73.92	34.6%	63.16	85.00	34.6%
55	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%	51.14	68.82	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%
56	66.18	89.06	34.6%	76.72	103.28	34.6%	87.24	117.42	34.6%	54.14	72.86	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%
57	70.70	95.16	34.6%	82.00	110.36	34.6%	93.24	125.52	34.6%	58.66	78.96	34.6%	68.44	92.10	34.6%	78.22	105.28	34.6%
58	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%
59	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%	67.68	91.10	34.6%	78.98	106.30	34.6%	90.24	121.46	34.6%
60	87.24	117.42	34.6%	100.78	135.64	34.6%	114.32	153.88	34.6%	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%
61	91.76	123.48	34.6%	106.06	142.76	34.6%	120.32	161.94	34.6%	78.22	105.28	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%
62	99.26	133.60	34.6%	114.32	153.88	34.6%	129.34	174.06	34.6%	82.74	111.36	34.6%	95.50	128.54	34.6%	108.30	145.78	34.6%
63	103.80	139.70	34.6%	119.58	160.96	34.6%	135.38	182.20	34.6%	87.24	117.42	34.6%	100.78	135.64	34.6%	114.32	153.88	34.6%
64	108.30	145.78	34.6%	124.84	168.04	34.6%	141.38	190.28	34.6%	91.76	123.48	34.6%	106.06	142.76	34.6%	120.32	161.94	34.6%
65	115.82	155.90	34.6%	133.14	179.20	34.6%	150.40	202.42	34.6%	99.26	133.60	34.6%	114.32	153.88	34.6%	129.34	174.06	34.6%
66	133.88	180.20	34.6%	152.66	205.46	34.6%	171.46	230.78	34.6%	114.32	153.88	34.6%	130.86	176.14	34.6%	147.40	198.38	34.6%
67	153.40	206.48	34.6%	174.48	234.84	34.6%	195.54	263.18	34.6%	132.34	178.12	34.6%	150.40	202.42	34.6%	168.46	226.74	34.6%
68	171.46	230.78	34.6%	194.04	261.16	34.6%	216.58	291.48	34.6%	150.40	202.42	34.6%	169.98	228.76	34.6%	189.50	255.04	34.6%
69	191.02	257.10	34.6%	215.84	290.50	34.6%	240.64	323.88	34.6%	165.46	222.68	34.6%	186.50	251.02	34.6%	207.56	279.36	34.6%
70	210.56	283.40	34.6%	237.64	319.84	34.6%	264.72	356.30	34.6%	185.00	249.00	34.6%	208.32	280.40	34.6%	231.62	311.74	34.6%
71	228.62	307.70	34.6%	257.22	346.18	34.6%	285.78	384.62	34.6%	203.06	273.30	34.6%	227.88	306.68	34.6%	252.66	340.08	34.6%
72	248.18	334.00	34.6%	279.00	375.52	34.6%	309.82	417.00	34.6%	218.10	293.54	34.6%	244.42	328.96	34.6%	270.72	364.36	34.6%
73	266.22	358.32	34.6%	298.56	401.86	34.6%	330.88	445.34	34.6%	236.14	317.82	34.6%	263.96	355.28	34.6%	291.78	392.72	34.6%
74	285.78	384.62	34.6%	320.38	431.18	34.6%	354.96	477.74	34.6%	254.20	342.12	34.6%	283.54	381.62	34.6%	312.82	421.04	34.6%
75	308.34	414.96	34.6%	345.20	464.60	34.6%	382.04	514.18	34.6%	273.74	368.42	34.6%	305.32	410.96	34.6%	336.90	453.42	34.6%
76	350.46	471.68	34.6%	390.30	525.32	34.6%	430.14	578.94	34.6%	315.86	425.10	34.6%	350.46	471.68	34.6%	385.04	518.24	34.6%
77	392.56	528.36	34.6%	435.44	586.06	34.6%	478.28	643.72	34.6%	357.96	481.78	34.6%	395.56	532.38	34.6%	433.16	582.98	34.6%
78	437.70	589.10	34.6%	483.54	650.80	34.6%	529.42	712.56	34.6%	403.08	542.50	34.6%	443.70	597.20	34.6%	484.30	651.80	34.6%
79	481.28	647.78	34.6%	530.94	714.62	34.6%	580.54	781.36	34.6%	446.72	601.24	34.6%	491.08	660.92	34.6%	535.44	720.66	34.6%
80										491.82	661.94	34.6%	539.22	725.74	34.6%			
81										533.94	718.66	34.6%	584.34	786.46	34.6%			
82										580.54	781.36	34.6%	634.70	854.26	34.6%			
83										627.20	844.14	34.6%	685.10	922.08	34.6%			
84										673.80	906.86	34.6%	735.50	989.92	34.6%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
41	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
42	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
43	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
44	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
45	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
46	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
47	75.22	101.22	34.6%	85.74	115.40	34.6%	96.26	129.56	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
48	76.72	103.28	34.6%	88.00	118.46	34.6%	99.26	133.60	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%
49	79.74	107.32	34.6%	91.02	122.50	34.6%	102.26	137.66	34.6%	64.68	87.06	34.6%	74.46	100.22	34.6%	84.24	113.36	34.6%
50	84.24	113.36	34.6%	96.26	129.56	34.6%	108.30	145.78	34.6%	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%
51	84.24	113.36	34.6%	96.26	129.56	34.6%	108.30	145.78	34.6%	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%
52	87.24	117.42	34.6%	99.26	133.60	34.6%	111.30	149.82	34.6%	69.18	93.10	34.6%	79.74	107.32	34.6%	90.24	121.46	34.6%
53	88.76	119.44	34.6%	101.52	136.64	34.6%	114.32	153.88	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
54	91.76	123.48	34.6%	104.54	140.72	34.6%	117.32	157.92	34.6%	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%
55	96.26	129.56	34.6%	109.82	147.80	34.6%	123.32	166.00	34.6%	76.72	103.28	34.6%	88.00	118.46	34.6%	99.26	133.60	34.6%
56	103.80	139.70	34.6%	118.08	158.94	34.6%	132.34	178.12	34.6%	84.24	113.36	34.6%	96.26	129.56	34.6%	108.30	145.78	34.6%
57	111.30	149.82	34.6%	126.34	170.04	34.6%	141.38	190.28	34.6%	91.76	123.48	34.6%	104.54	140.72	34.6%	117.32	157.92	34.6%
58	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%	99.26	133.60	34.6%	112.82	151.84	34.6%	126.34	170.04	34.6%
59	126.34	170.04	34.6%	142.90	192.32	34.6%	159.42	214.56	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
60	135.38	182.20	34.6%	153.40	206.48	34.6%	171.46	230.78	34.6%	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%
61	142.90	192.32	34.6%	161.68	217.60	34.6%	180.48	242.92	34.6%	126.34	170.04	34.6%	142.90	192.32	34.6%	159.42	214.56	34.6%
62	150.40	202.42	34.6%	169.98	228.76	34.6%	189.50	255.04	34.6%	133.88	180.20	34.6%	151.18	203.46	34.6%	168.46	226.74	34.6%
63	157.92	212.54	34.6%	178.24	239.92	34.6%	198.54	267.22	34.6%	141.38	190.28	34.6%	159.42	214.56	34.6%	177.48	238.88	34.6%
64	165.46	222.68	34.6%	186.50	251.02	34.6%	207.56	279.36	34.6%	148.92	200.42	34.6%	167.72	225.72	34.6%	186.50	251.02	34.6%
65	177.48	238.88	34.6%	200.06	269.26	34.6%	222.58	299.58	34.6%	160.94	216.60	34.6%	181.26	243.94	34.6%	201.54	271.26	34.6%
66	201.54	271.26	34.6%	225.62	303.64	34.6%	249.66	336.04	34.6%	182.00	244.96	34.6%	203.80	274.32	34.6%	225.62	303.64	34.6%
67	227.14	305.72	34.6%	253.46	341.14	34.6%	279.74	376.52	34.6%	207.56	279.36	34.6%	231.62	311.74	34.6%	255.70	344.14	34.6%
68	255.70	344.14	34.6%	284.28	382.62	34.6%	312.82	421.04	34.6%	231.62	311.74	34.6%	257.22	346.18	34.6%	282.74	380.56	34.6%
69	281.26	378.56	34.6%	312.08	420.02	34.6%	342.90	461.52	34.6%	254.20	342.12	34.6%	282.00	379.56	34.6%	309.82	417.00	34.6%
70	309.82	417.00	34.6%	342.90	461.52	34.6%	376.02	506.10	34.6%	279.74	376.52	34.6%	309.82	417.00	34.6%	339.90	457.48	34.6%
71	335.40	451.42	34.6%	370.76	499.00	34.6%	406.10	546.58	34.6%	303.82	408.90	34.6%	335.40	451.42	34.6%	366.98	493.92	34.6%
72	360.96	485.82	34.6%	398.58	536.42	34.6%	436.18	587.06	34.6%	326.38	439.28	34.6%	360.22	484.84	34.6%	394.06	530.36	34.6%
73	389.56	524.30	34.6%	429.40	577.94	34.6%	469.26	631.60	34.6%	350.46	471.68	34.6%	385.80	519.28	34.6%	421.12	566.78	34.6%
74	415.12	558.70	34.6%	457.22	615.38	34.6%	499.34	672.06	34.6%	376.02	506.10	34.6%	413.62	556.70	34.6%	451.20	607.30	34.6%
75	443.70	597.20	34.6%	488.06	656.88	34.6%	532.44	716.62	34.6%	401.58	540.48	34.6%	441.44	594.14	34.6%	481.28	647.78	34.6%
76	490.30	659.90	34.6%	538.44	724.70	34.6%	586.58	789.48	34.6%	448.20	603.24	34.6%	491.82	661.94	34.6%	535.44	720.66	34.6%
77	539.96	726.74	34.6%	591.84	796.56	34.6%	643.72	866.36	34.6%	497.86	670.06	34.6%	545.22	733.84	34.6%	592.60	797.58	34.6%
78	591.10	795.58	34.6%	647.52	871.50	34.6%	703.88	947.38	34.6%	548.98	738.88	34.6%	600.86	808.70	34.6%	652.76	878.54	34.6%
79	640.72	862.34	34.6%	700.88	943.32	34.6%	761.04	999.98	31.4%	598.60	805.66	34.6%	654.28	880.60	34.6%	709.92	955.48	34.6%
80										649.76	874.50	34.6%	709.92	955.48	34.6%			
81										699.38	941.30	34.6%	763.30	999.98	31.0%			
82										750.52	999.98	33.2%	818.96	999.98	22.1%			
83										801.66	999.98	24.7%	874.60	999.98	14.3%			
84										852.78	999.98	17.3%	930.26	999.98	7.5%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
41	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
42	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
43	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
44	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
45	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
46	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
47	115.82	155.90	34.6%	128.60	173.10	34.6%	141.38	190.28	34.6%	99.26	133.60	34.6%	109.82	147.80	34.6%	120.32	161.94	34.6%
48	117.32	157.92	34.6%	130.86	176.14	34.6%	144.40	194.32	34.6%	103.80	139.70	34.6%	115.08	154.88	34.6%	126.34	170.04	34.6%
49	120.32	161.94	34.6%	133.88	180.20	34.6%	147.40	198.38	34.6%	103.80	139.70	34.6%	115.08	154.88	34.6%	126.34	170.04	34.6%
50	124.84	168.04	34.6%	139.14	187.28	34.6%	153.40	206.48	34.6%	108.30	145.78	34.6%	120.32	161.94	34.6%	132.34	178.12	34.6%
51	124.84	168.04	34.6%	139.14	187.28	34.6%	153.40	206.48	34.6%	108.30	145.78	34.6%	120.32	161.94	34.6%	132.34	178.12	34.6%
52	127.84	172.08	34.6%	142.16	191.34	34.6%	156.42	210.52	34.6%	108.30	145.78	34.6%	120.32	161.94	34.6%	132.34	178.12	34.6%
53	129.34	174.06	34.6%	144.40	194.32	34.6%	159.42	214.56	34.6%	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%
54	132.34	178.12	34.6%	147.40	198.38	34.6%	162.42	218.62	34.6%	112.82	151.84	34.6%	125.58	169.06	34.6%	138.38	186.24	34.6%
55	136.88	184.26	34.6%	152.66	205.46	34.6%	168.46	226.74	34.6%	117.32	157.92	34.6%	130.86	176.14	34.6%	144.40	194.32	34.6%
56	144.40	194.32	34.6%	160.94	216.60	34.6%	177.48	238.88	34.6%	124.84	168.04	34.6%	139.14	187.28	34.6%	153.40	206.48	34.6%
57	151.92	204.48	34.6%	169.22	227.76	34.6%	186.50	251.02	34.6%	132.34	178.12	34.6%	147.40	198.38	34.6%	162.42	218.62	34.6%
58	163.96	220.66	34.6%	182.74	245.96	34.6%	201.54	271.26	34.6%	139.90	188.30	34.6%	155.66	209.50	34.6%	171.46	230.78	34.6%
59	171.46	230.78	34.6%	191.02	257.10	34.6%	210.56	283.40	34.6%	151.92	204.48	34.6%	169.22	227.76	34.6%	186.50	251.02	34.6%
60	183.48	246.98	34.6%	204.56	275.32	34.6%	225.62	303.64	34.6%	159.42	214.56	34.6%	177.48	238.88	34.6%	195.54	263.18	34.6%
61	191.02	257.10	34.6%	212.82	286.46	34.6%	234.64	315.80	34.6%	166.96	224.72	34.6%	185.74	250.02	34.6%	204.56	275.32	34.6%
62	198.54	267.22	34.6%	221.10	297.58	34.6%	243.66	327.94	34.6%	179.00	240.90	34.6%	199.30	268.24	34.6%	219.58	295.52	34.6%
63	210.56	283.40	34.6%	234.64	315.80	34.6%	258.70	348.20	34.6%	186.50	251.02	34.6%	207.56	279.36	34.6%	228.62	307.70	34.6%
64	218.10	293.54	34.6%	242.90	326.92	34.6%	267.72	360.32	34.6%	194.04	261.16	34.6%	215.84	290.50	34.6%	237.64	319.84	34.6%
65	230.14	309.74	34.6%	256.46	345.18	34.6%	282.74	380.56	34.6%	206.06	277.36	34.6%	229.40	308.76	34.6%	252.66	340.08	34.6%
66	258.70	348.20	34.6%	287.30	386.68	34.6%	315.86	425.10	34.6%	231.62	311.74	34.6%	257.22	346.18	34.6%	282.74	380.56	34.6%
67	290.30	390.72	34.6%	321.12	432.20	34.6%	351.94	473.68	34.6%	260.22	350.22	34.6%	288.04	387.68	34.6%	315.86	425.10	34.6%
68	321.86	433.20	34.6%	354.96	477.74	34.6%	388.04	522.28	34.6%	288.78	388.68	34.6%	318.86	429.16	34.6%	348.94	469.64	34.6%
69	354.96	477.74	34.6%	391.04	526.30	34.6%	427.14	574.88	34.6%	318.86	429.16	34.6%	351.94	473.68	34.6%	385.04	518.24	34.6%
70	386.56	520.28	34.6%	424.90	571.88	34.6%	463.24	623.48	34.6%	347.46	467.64	34.6%	382.80	515.22	34.6%	418.12	562.74	34.6%
71	415.12	558.70	34.6%	455.72	613.38	34.6%	496.34	668.02	34.6%	373.00	502.02	34.6%	410.62	552.64	34.6%	448.20	603.24	34.6%
72	448.20	603.24	34.6%	491.82	661.94	34.6%	535.44	720.66	34.6%	403.08	542.50	34.6%	443.70	597.20	34.6%	484.30	651.80	34.6%
73	479.80	645.78	34.6%	525.68	707.50	34.6%	571.54	769.22	34.6%	431.66	580.98	34.6%	474.54	638.68	34.6%	517.38	696.34	34.6%
74	511.38	688.26	34.6%	559.50	753.06	34.6%	607.62	817.82	34.6%	460.22	619.44	34.6%	505.36	680.16	34.6%	550.46	740.90	34.6%
75	544.46	732.80	34.6%	595.60	801.62	34.6%	646.74	870.48	34.6%	490.30	659.90	34.6%	538.44	724.70	34.6%	586.58	789.48	34.6%
76	592.60	797.58	34.6%	648.26	872.50	34.6%	703.88	947.38	34.6%	538.44	724.70	34.6%	591.10	795.58	34.6%	643.72	866.36	34.6%
77	640.72	862.34	34.6%	700.88	943.32	34.6%	761.04	999.98	31.4%	586.58	789.48	34.6%	643.72	866.36	34.6%	700.88	943.32	34.6%
78	691.86	931.18	34.6%	756.54	999.98	32.2%	821.20	999.98	21.8%	637.70	858.32	34.6%	699.38	941.30	34.6%	761.04	999.98	31.4%
79	740.00	995.94	34.6%	809.18	999.98	23.6%	878.34	999.98	13.8%	685.84	923.08	34.6%	752.02	999.98	33.0%	818.18	999.98	22.2%
80										736.98	991.92	34.6%	807.68	999.98	23.8%			
81										785.10	999.98	27.4%	860.32	999.98	16.2%			
82										836.24	999.98	19.6%	915.98	999.98	9.2%			
83										887.38	999.98	12.7%	971.60	999.98	2.9%			
84										938.52	999.98	6.5%	999.98	999.98	0.0%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
41	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
42	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
43	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
44	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
45	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
46	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
47	36.10	48.60	34.6%	42.10	56.64	34.5%	48.14	64.82	34.6%	27.08	36.46	34.6%	31.60	42.52	34.6%	36.10	48.60	34.6%
48	37.60	50.62	34.6%	44.38	59.76	34.7%	51.14	68.82	34.6%	28.58	38.48	34.6%	33.86	45.56	34.6%	39.10	52.64	34.6%
49	37.60	50.62	34.6%	44.38	59.76	34.7%	51.14	68.82	34.6%	28.58	38.48	34.6%	33.86	45.56	34.6%	39.10	52.64	34.6%
50	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%	33.08	44.56	34.7%	39.10	52.64	34.6%	45.14	60.76	34.6%
51	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%	33.08	44.56	34.7%	39.10	52.64	34.6%	45.14	60.76	34.6%
52	42.10	56.64	34.5%	49.66	66.84	34.6%	57.16	76.92	34.6%	33.08	44.56	34.7%	39.10	52.64	34.6%	45.14	60.76	34.6%
53	43.64	58.74	34.6%	51.92	69.88	34.6%	60.16	80.96	34.6%	34.60	46.58	34.6%	41.36	55.68	34.6%	48.14	64.82	34.6%
54	43.64	58.74	34.6%	51.92	69.88	34.6%	60.16	80.96	34.6%	34.60	46.58	34.6%	41.36	55.68	34.6%	48.14	64.82	34.6%
55	48.14	64.82	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%	39.10	52.64	34.6%	46.64	62.80	34.6%	54.14	72.86	34.6%
56	51.14	68.82	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	39.10	52.64	34.6%	46.64	62.80	34.6%	54.14	72.86	34.6%
57	55.66	74.92	34.6%	65.42	88.04	34.6%	75.22	101.22	34.6%	43.64	58.74	34.6%	51.92	69.88	34.6%	60.16	80.96	34.6%
58	60.16	80.96	34.6%	70.70	95.16	34.6%	81.22	109.32	34.6%	48.14	64.82	34.6%	57.16	76.92	34.6%	66.18	89.06	34.6%
59	64.68	87.06	34.6%	75.98	102.26	34.6%	87.24	117.42	34.6%	51.14	68.82	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%
60	72.18	97.16	34.6%	84.24	113.36	34.6%	96.26	129.56	34.6%	55.66	74.92	34.6%	65.42	88.04	34.6%	75.22	101.22	34.6%
61	75.22	101.22	34.6%	87.24	117.42	34.6%	99.26	133.60	34.6%	60.16	80.96	34.6%	70.70	95.16	34.6%	81.22	109.32	34.6%
62	79.74	107.32	34.6%	92.50	124.50	34.6%	105.30	141.72	34.6%	63.16	85.00	34.6%	73.72	99.22	34.6%	84.24	113.36	34.6%
63	84.24	113.36	34.6%	97.76	131.58	34.6%	111.30	149.82	34.6%	67.68	91.10	34.6%	78.98	106.30	34.6%	90.24	121.46	34.6%
64	88.76	119.44	34.6%	103.06	138.72	34.6%	117.32	157.92	34.6%	72.18	97.16	34.6%	84.24	113.36	34.6%	96.26	129.56	34.6%
65	96.26	129.56	34.6%	111.30	149.82	34.6%	126.34	170.04	34.6%	76.72	103.28	34.6%	89.50	120.46	34.6%	102.26	137.66	34.6%
66	108.30	145.78	34.6%	124.84	168.04	34.6%	141.38	190.28	34.6%	88.76	119.44	34.6%	103.06	138.72	34.6%	117.32	157.92	34.6%
67	120.32	161.94	34.6%	138.38	186.24	34.6%	156.42	210.52	34.6%	100.78	135.64	34.6%	116.58	156.90	34.6%	132.34	178.12	34.6%
68	135.38	182.20	34.6%	154.92	208.50	34.6%	174.48	234.84	34.6%	112.82	151.84	34.6%	130.10	175.12	34.6%	147.40	198.38	34.6%
69	147.40	198.38	34.6%	168.46	226.74	34.6%	189.50	255.04	34.6%	124.84	168.04	34.6%	143.64	193.32	34.6%	162.42	218.62	34.6%
70	163.96	220.66	34.6%	187.26	252.04	34.6%	210.56	283.40	34.6%	136.88	184.26	34.6%	157.18	211.56	34.6%	177.48	238.88	34.6%
71	175.98	236.86	34.6%	200.80	270.28	34.6%	225.62	303.64	34.6%	148.92	200.42	34.6%	170.72	229.78	34.6%	192.50	259.10	34.6%
72	188.00	253.04	34.6%	214.34	288.48	34.6%	240.64	323.88	34.6%	160.94	216.60	34.6%	184.26	247.98	34.6%	207.56	279.36	34.6%
73	203.06	273.30	34.6%	230.88	310.74	34.6%	258.70	348.20	34.6%	172.98	232.80	34.6%	197.80	266.22	34.6%	222.58	299.58	34.6%
74	215.08	289.50	34.6%	244.42	328.96	34.6%	273.74	368.42	34.6%	185.00	249.00	34.6%	211.34	284.44	34.6%	237.64	319.84	34.6%
75	231.62	311.74	34.6%	263.22	354.26	34.6%	294.80	396.78	34.6%	200.06	269.26	34.6%	227.88	306.68	34.6%	255.70	344.14	34.6%
76	261.70	352.24	34.6%	296.30	398.82	34.6%	330.88	445.34	34.6%	230.14	309.74	34.6%	260.96	351.24	34.6%	291.78	392.72	34.6%
77	294.80	396.78	34.6%	332.40	447.38	34.6%	369.98	497.98	34.6%	263.22	354.26	34.6%	297.06	399.80	34.6%	330.88	445.34	34.6%
78	329.40	443.32	34.6%	370.76	499.00	34.6%	412.12	554.66	34.6%	297.80	400.82	34.6%	335.40	451.42	34.6%	373.00	502.02	34.6%
79	359.48	483.82	34.6%	403.86	543.58	34.6%	448.20	603.24	34.6%	327.88	441.30	34.6%	368.50	495.98	34.6%	409.10	550.62	34.6%
80										362.48	487.88	34.6%	406.86	547.58	34.6%			
81										395.56	532.38	34.6%	442.96	596.18	34.6%			
82										430.14	578.94	34.6%	481.28	647.78	34.6%			
83										464.76	625.56	34.6%	519.64	699.38	34.6%			
84										499.34	672.06	34.6%	558.02	751.04	34.6%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
41	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
42	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
43	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
44	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
45	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
46	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%	43.64	58.74	34.6%	50.40	67.86	34.6%	57.16	76.92	34.6%
47	58.66	78.96	34.6%	66.94	90.10	34.6%	75.22	101.22	34.6%	46.64	62.80	34.6%	53.40	71.88	34.6%	60.16	80.96	34.6%
48	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%	48.14	64.82	34.6%	55.66	74.92	34.6%	63.16	85.00	34.6%
49	63.16	85.00	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%	51.14	68.82	34.6%	58.66	78.96	34.6%	66.18	89.06	34.6%
50	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%
51	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%	55.66	74.92	34.6%	63.94	86.04	34.6%	72.18	97.16	34.6%
52	70.70	95.16	34.6%	80.48	108.30	34.6%	90.24	121.46	34.6%	58.66	78.96	34.6%	66.94	90.10	34.6%	75.22	101.22	34.6%
53	72.18	97.16	34.6%	82.74	111.36	34.6%	93.24	125.52	34.6%	60.16	80.96	34.6%	69.18	93.10	34.6%	78.22	105.28	34.6%
54	75.22	101.22	34.6%	85.74	115.40	34.6%	96.26	129.56	34.6%	63.16	85.00	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%
55	79.74	107.32	34.6%	91.02	122.50	34.6%	102.26	137.66	34.6%	67.68	91.10	34.6%	77.48	104.26	34.6%	87.24	117.42	34.6%
56	82.74	111.36	34.6%	94.02	126.54	34.6%	105.30	141.72	34.6%	70.70	95.16	34.6%	80.48	108.30	34.6%	90.24	121.46	34.6%
57	90.24	121.46	34.6%	102.26	137.66	34.6%	114.32	153.88	34.6%	78.22	105.28	34.6%	88.76	119.44	34.6%	99.26	133.60	34.6%
58	94.76	127.54	34.6%	107.56	144.76	34.6%	120.32	161.94	34.6%	82.74	111.36	34.6%	94.02	126.54	34.6%	105.30	141.72	34.6%
59	102.26	137.66	34.6%	115.82	155.90	34.6%	129.34	174.06	34.6%	90.24	121.46	34.6%	102.26	137.66	34.6%	114.32	153.88	34.6%
60	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%	94.76	127.54	34.6%	107.56	144.76	34.6%	120.32	161.94	34.6%
61	114.32	153.88	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%	102.26	137.66	34.6%	115.82	155.90	34.6%	129.34	174.06	34.6%
62	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%
63	126.34	170.04	34.6%	142.90	192.32	34.6%	159.42	214.56	34.6%	114.32	153.88	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%
64	130.86	176.14	34.6%	148.16	199.42	34.6%	165.46	222.68	34.6%	118.84	159.94	34.6%	134.62	181.22	34.6%	150.40	202.42	34.6%
65	138.38	186.24	34.6%	156.42	210.52	34.6%	174.48	234.84	34.6%	126.34	170.04	34.6%	142.90	192.32	34.6%	159.42	214.56	34.6%
66	153.40	206.48	34.6%	172.98	232.80	34.6%	192.50	259.10	34.6%	138.38	186.24	34.6%	156.42	210.52	34.6%	174.48	234.84	34.6%
67	168.46	226.74	34.6%	189.50	255.04	34.6%	210.56	283.40	34.6%	150.40	202.42	34.6%	169.98	228.76	34.6%	189.50	255.04	34.6%
68	185.00	249.00	34.6%	208.32	280.40	34.6%	231.62	311.74	34.6%	162.42	218.62	34.6%	183.48	246.98	34.6%	204.56	275.32	34.6%
69	200.06	269.26	34.6%	224.88	302.66	34.6%	249.66	336.04	34.6%	174.48	234.84	34.6%	197.04	265.22	34.6%	219.58	295.52	34.6%
70	219.58	295.52	34.6%	246.66	331.98	34.6%	273.74	368.42	34.6%	186.50	251.02	34.6%	210.56	283.40	34.6%	234.64	315.80	34.6%
71	234.64	315.80	34.6%	263.22	354.26	34.6%	291.78	392.72	34.6%	198.54	267.22	34.6%	224.12	301.66	34.6%	249.66	336.04	34.6%
72	249.66	336.04	34.6%	279.74	376.52	34.6%	309.82	417.00	34.6%	210.56	283.40	34.6%	237.64	319.84	34.6%	264.72	356.30	34.6%
73	266.22	358.32	34.6%	298.56	401.86	34.6%	330.88	445.34	34.6%	222.58	299.58	34.6%	251.18	338.06	34.6%	279.74	376.52	34.6%
74	281.26	378.56	34.6%	315.12	424.10	34.6%	348.94	469.64	34.6%	234.64	315.80	34.6%	264.72	356.30	34.6%	294.80	396.78	34.6%
75	300.80	404.86	34.6%	336.90	453.42	34.6%	373.00	502.02	34.6%	246.66	331.98	34.6%	278.26	374.50	34.6%	309.82	417.00	34.6%
76	327.88	441.30	34.6%	366.98	493.92	34.6%	406.10	546.58	34.6%	273.74	368.42	34.6%	308.34	414.96	34.6%	342.90	461.52	34.6%
77	357.96	481.78	34.6%	400.06	538.46	34.6%	442.20	595.14	34.6%	303.82	408.90	34.6%	341.42	459.52	34.6%	379.02	510.14	34.6%
78	385.04	518.24	34.6%	430.14	578.94	34.6%	475.28	639.70	34.6%	330.88	445.34	34.6%	371.50	500.02	34.6%	412.12	554.66	34.6%
79	416.64	560.74	34.6%	465.52	626.54	34.6%	514.38	692.30	34.6%	362.48	487.88	34.6%	406.86	547.58	34.6%	451.20	607.30	34.6%
80										389.56	524.30	34.6%	436.94	588.08	34.6%			
81										419.64	564.78	34.6%	470.04	632.64	34.6%			
82										451.20	607.30	34.6%	505.36	680.16	34.6%			
83										482.80	649.80	34.6%	540.70	727.74	34.6%			
84										514.38	692.30	34.6%	576.06	775.30	34.6%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVI

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate	Current	Proposed	% Rate
Age	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]	Rate	Rate	Change[1]
40	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
41	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
42	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
43	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
44	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
45	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
46	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%	64.68	87.06	34.6%	72.98	98.22	34.6%	81.22	109.32	34.6%
47	84.24	113.36	34.6%	94.76	127.54	34.6%	105.30	141.72	34.6%	67.68	91.10	34.6%	75.98	102.26	34.6%	84.24	113.36	34.6%
48	84.24	113.36	34.6%	94.76	127.54	34.6%	105.30	141.72	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%	90.24	121.46	34.6%
49	88.76	119.44	34.6%	100.02	134.64	34.6%	111.30	149.82	34.6%	72.18	97.16	34.6%	81.22	109.32	34.6%	90.24	121.46	34.6%
50	88.76	119.44	34.6%	100.02	134.64	34.6%	111.30	149.82	34.6%	76.72	103.28	34.6%	86.50	116.40	34.6%	96.26	129.56	34.6%
51	93.24	125.52	34.6%	105.30	141.72	34.6%	117.32	157.92	34.6%	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%
52	93.24	125.52	34.6%	105.30	141.72	34.6%	117.32	157.92	34.6%	79.74	107.32	34.6%	89.50	120.46	34.6%	99.26	133.60	34.6%
53	97.76	131.58	34.6%	110.56	148.82	34.6%	123.32	166.00	34.6%	84.24	113.36	34.6%	94.76	127.54	34.6%	105.30	141.72	34.6%
54	97.76	131.58	34.6%	110.56	148.82	34.6%	123.32	166.00	34.6%	87.24	117.42	34.6%	97.76	131.58	34.6%	108.30	145.78	34.6%
55	102.26	137.66	34.6%	115.82	155.90	34.6%	129.34	174.06	34.6%	91.76	123.48	34.6%	103.06	138.72	34.6%	114.32	153.88	34.6%
56	106.80	143.76	34.6%	121.10	162.98	34.6%	135.38	182.20	34.6%	96.26	129.56	34.6%	108.30	145.78	34.6%	120.32	161.94	34.6%
57	114.32	153.88	34.6%	129.34	174.06	34.6%	144.40	194.32	34.6%	100.78	135.64	34.6%	113.56	152.86	34.6%	126.34	170.04	34.6%
58	121.84	164.00	34.6%	137.64	185.26	34.6%	153.40	206.48	34.6%	108.30	145.78	34.6%	121.84	164.00	34.6%	135.38	182.20	34.6%
59	129.34	174.06	34.6%	145.90	196.38	34.6%	162.42	218.62	34.6%	112.82	151.84	34.6%	127.10	171.08	34.6%	141.38	190.28	34.6%
60	136.88	184.26	34.6%	154.18	207.50	34.6%	171.46	230.78	34.6%	120.32	161.94	34.6%	135.38	182.20	34.6%	150.40	202.42	34.6%
61	144.40	194.32	34.6%	162.42	218.62	34.6%	180.48	242.92	34.6%	124.84	168.04	34.6%	140.64	189.26	34.6%	156.42	210.52	34.6%
62	151.92	204.48	34.6%	170.72	229.78	34.6%	189.50	255.04	34.6%	129.34	174.06	34.6%	145.90	196.38	34.6%	162.42	218.62	34.6%
63	159.42	214.56	34.6%	179.00	240.90	34.6%	198.54	267.22	34.6%	136.88	184.26	34.6%	154.18	207.50	34.6%	171.46	230.78	34.6%
64	166.96	224.72	34.6%	187.26	252.04	34.6%	207.56	279.36	34.6%	141.38	190.28	34.6%	159.42	214.56	34.6%	177.48	238.88	34.6%
65	174.48	234.84	34.6%	195.54	263.18	34.6%	216.58	291.48	34.6%	148.92	200.42	34.6%	167.72	225.72	34.6%	186.50	251.02	34.6%
66	195.54	263.18	34.6%	218.10	293.54	34.6%	240.64	323.88	34.6%	163.96	220.66	34.6%	184.26	247.98	34.6%	204.56	275.32	34.6%
67	216.58	291.48	34.6%	240.64	323.88	34.6%	264.72	356.30	34.6%	179.00	240.90	34.6%	200.80	270.28	34.6%	222.58	299.58	34.6%
68	239.16	321.86	34.6%	265.48	357.30	34.6%	291.78	392.72	34.6%	195.54	263.18	34.6%	219.58	295.52	34.6%	243.66	327.94	34.6%
69	260.22	350.22	34.6%	288.04	387.68	34.6%	315.86	425.10	34.6%	210.56	283.40	34.6%	236.14	317.82	34.6%	261.70	352.24	34.6%
70	282.74	380.56	34.6%	312.82	421.04	34.6%	342.90	461.52	34.6%	227.14	305.72	34.6%	254.96	343.14	34.6%	282.74	380.56	34.6%
71	303.82	408.90	34.6%	335.40	451.42	34.6%	366.98	493.92	34.6%	242.16	325.92	34.6%	271.50	365.40	34.6%	300.80	404.86	34.6%
72	324.88	437.26	34.6%	357.96	481.78	34.6%	391.04	526.30	34.6%	257.22	346.18	34.6%	288.04	387.68	34.6%	318.86	429.16	34.6%
73	347.46	467.64	34.6%	382.80	515.22	34.6%	418.12	562.74	34.6%	273.74	368.42	34.6%	306.82	412.94	34.6%	339.90	457.48	34.6%
74	368.50	495.98	34.6%	405.36	545.56	34.6%	442.20	595.14	34.6%	288.78	388.68	34.6%	323.38	435.22	34.6%	357.96	481.78	34.6%
75	391.04	526.30	34.6%	430.14	578.94	34.6%	469.26	631.60	34.6%	308.34	414.96	34.6%	345.20	464.60	34.6%	382.04	514.18	34.6%
76	424.14	570.84	34.6%	466.26	627.56	34.6%	508.36	684.20	34.6%	341.42	459.52	34.6%	381.28	513.18	34.6%	421.12	566.78	34.6%
77	457.22	615.38	34.6%	502.36	676.10	34.6%	547.46	736.86	34.6%	374.52	504.10	34.6%	417.38	561.76	34.6%	460.22	619.44	34.6%
78	490.30	659.90	34.6%	538.44	724.70	34.6%	586.58	789.48	34.6%	407.62	548.60	34.6%	453.46	610.32	34.6%	499.34	672.06	34.6%
79	523.40	704.44	34.6%	574.54	773.26	34.6%	625.68	842.12	34.6%	440.70	593.14	34.6%	489.56	658.90	34.6%	538.44	724.70	34.6%
80										473.78	637.68	34.6%	525.68	707.50	34.6%			
81										506.88	682.20	34.6%	561.76	756.10	34.6%			
82										539.96	726.74	34.6%	597.86	804.66	34.6%			
83										573.04	771.26	34.6%	633.96	853.26	34.6%			
84										606.14	815.78	34.6%	670.04	901.80	34.6%			

[1] The proposed rates are equal to 1.346 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
41	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
42	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
43	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
44	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
45	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
46	97.16	111.36	125.52	80.96	93.10	105.28	161.94	184.26	206.48	143.76	162.98	182.20	218.62	244.96	271.26	196.38	219.68	242.92
47	99.22	114.40	129.56	83.00	96.14	109.32	168.04	191.34	214.56	149.82	170.04	190.28	228.76	256.08	283.40	202.42	226.74	251.02
48	99.22	114.40	129.56	87.06	100.22	113.36	174.06	198.38	222.68	153.88	174.06	194.32	238.88	267.22	295.52	208.50	233.82	259.10
49	105.28	121.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	155.90	177.10	198.38	249.00	278.36	307.70	216.60	241.92	267.22
50	105.28	121.46	137.66	93.10	107.32	121.46	184.26	209.50	234.84	159.94	181.22	202.42	263.18	293.54	323.88	222.68	249.00	275.32
51	107.32	124.50	141.72	95.16	110.36	125.52	190.28	216.60	242.92	166.00	188.30	210.52	271.26	301.66	331.98	228.76	256.08	283.40
52	111.36	128.54	145.78	95.16	110.36	125.52	194.32	220.66	246.98	166.00	188.30	210.52	281.40	312.78	344.14	236.86	264.20	291.48
53	113.36	131.58	149.82	101.22	117.42	133.60	200.42	227.76	255.04	172.08	195.36	218.62	291.48	323.88	356.30	242.92	271.26	299.58
54	113.36	131.58	149.82	101.22	117.42	133.60	206.48	234.84	263.18	176.14	199.42	222.68	301.66	335.02	368.42	249.00	278.36	307.70
55	119.44	138.72	157.92	107.32	124.50	141.72	212.54	241.92	271.26	182.20	206.48	230.78	315.80	350.22	384.62	259.10	289.50	319.84
56	129.56	149.82	170.04	111.36	128.54	145.78	226.74	257.10	287.46	196.38	221.68	246.98	334.00	369.44	404.86	277.36	308.76	340.08
57	139.70	160.96	182.20	121.46	139.70	157.92	240.90	272.30	303.64	210.52	236.86	263.18	352.24	388.68	425.10	295.52	327.94	360.32
58	149.82	172.08	194.32	131.58	150.84	170.04	255.04	287.46	319.84	224.72	252.04	279.36	370.46	407.90	445.34	313.76	347.18	380.56
59	159.94	183.24	206.48	137.66	157.92	178.12	273.30	306.68	340.08	238.88	267.22	295.52	388.68	427.14	465.58	331.98	366.42	400.82
60	170.04	194.32	218.62	147.80	169.06	190.28	287.46	321.86	356.30	259.10	289.50	319.84	406.92	446.36	485.82	350.22	385.66	421.04
61	180.20	205.46	230.78	155.90	177.10	198.38	301.66	337.04	372.46	273.30	304.70	336.04	425.10	465.58	506.10	368.42	404.86	441.30
62	190.28	216.60	242.92	161.94	184.26	206.48	319.84	356.30	392.72	287.46	319.84	352.24	443.32	484.84	526.30	386.68	424.10	461.52
63	200.42	227.76	255.04	172.08	195.36	218.62	334.00	371.48	408.90	301.66	335.02	368.42	461.52	504.10	546.58	404.86	443.32	481.78
64	210.52	238.88	267.22	182.20	206.48	230.78	348.20	386.68	425.10	315.80	350.22	384.62	479.78	523.32	566.78	423.14	462.58	502.02
65	222.68	253.04	283.40	192.32	217.60	242.92	368.42	408.90	449.40	336.04	372.46	408.90	502.02	546.58	591.10	443.32	484.84	526.30
66	263.18	295.52	327.94	224.72	252.04	279.36	427.14	470.68	514.18	384.62	423.14	461.52	568.84	616.42	663.94	497.98	542.50	587.06
67	305.72	341.14	376.52	263.18	293.54	323.88	485.82	532.38	578.94	435.22	476.74	518.24	639.70	690.30	740.90	552.64	600.24	647.78
68	348.20	386.68	425.10	297.58	330.98	364.36	544.54	594.14	643.72	485.82	530.36	574.88	706.52	760.16	813.76	607.30	657.90	708.52
69	394.78	436.24	477.74	336.04	372.46	408.90	603.24	655.84	708.52	540.48	588.08	635.66	779.36	837.06	894.72	661.94	715.60	769.22
70	437.26	481.78	526.30	370.46	409.96	449.40	663.94	720.66	777.30	591.10	641.72	692.30	850.22	910.94	971.66	716.62	773.26	829.98
71	477.74	524.30	570.84	406.92	448.38	489.88	722.68	782.40	842.12	639.70	692.30	744.94	917.04	980.78	999.98	771.26	831.02	890.68
72	524.30	573.90	623.48	441.30	485.82	530.36	781.36	844.14	906.86	694.34	750.06	805.66	989.92	999.98	999.98	825.90	888.68	951.44
73	566.78	619.44	672.06	479.78	527.36	574.88	840.10	905.86	971.66	744.94	803.66	862.34	999.98	999.98	999.98	880.60	946.36	999.98
74	609.34	665.00	720.66	514.18	564.78	615.38	898.78	967.62	999.98	795.58	857.30	919.04	999.98	999.98	999.98	935.22	999.98	999.98
75	655.84	714.62	773.26	552.64	606.28	659.90	963.58	999.98	999.98	850.22	914.98	979.76	999.98	999.98	999.98	995.94	999.98	999.98
76	710.56	776.32	842.12	599.20	659.90	720.66	999.98	999.98	999.98	914.98	987.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.16	838.08	910.94	645.78	713.60	781.36	999.98	999.98	999.98	979.76	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	819.84	899.80	979.76	692.30	767.22	842.12	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	874.50	961.56	999.98	738.88	820.84	902.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
41	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
42	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
43	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
44	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
45	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
46	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	143.76	160.96	178.12
47	83.00	96.14	109.32	68.82	78.96	89.06	123.48	140.72	157.92	101.22	115.40	129.56	174.06	196.38	218.62	149.82	168.04	186.24
48	83.00	96.14	109.32	70.88	82.00	93.10	129.56	147.80	166.00	107.32	122.50	137.66	178.12	200.42	222.68	153.88	172.08	190.28
49	85.00	99.22	113.36	70.88	82.00	93.10	133.60	151.84	170.04	111.36	126.54	141.72	184.26	207.50	230.78	159.94	179.20	198.38
50	89.06	103.28	117.42	76.92	89.06	101.22	139.70	158.94	178.12	117.42	133.60	149.82	188.30	211.56	234.84	170.04	190.28	210.52
51	91.10	106.30	121.46	76.92	89.06	101.22	145.78	166.00	186.24	117.42	133.60	149.82	194.32	218.62	242.92	174.06	194.32	214.56
52	91.10	106.30	121.46	76.92	89.06	101.22	149.82	170.04	190.28	121.46	137.66	153.88	198.38	222.68	246.98	180.20	201.42	222.68
53	93.10	109.32	125.52	78.96	92.10	105.28	155.90	177.10	198.38	127.54	144.76	161.94	204.48	229.78	255.04	184.26	205.46	226.74
54	93.10	109.32	125.52	78.96	92.10	105.28	161.94	184.26	206.48	131.58	148.82	166.00	208.50	233.82	259.10	190.28	212.54	234.84
55	99.22	116.40	133.60	85.00	99.22	113.36	168.04	191.34	214.56	137.66	155.90	174.06	214.56	240.90	267.22	200.42	223.72	246.98
56	103.28	120.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	147.80	167.02	186.24	228.76	256.08	283.40	210.52	234.84	259.10
57	113.36	131.58	149.82	95.16	110.36	125.52	188.30	213.56	238.88	157.92	178.12	198.38	242.92	271.26	299.58	224.72	250.02	275.32
58	123.48	142.76	161.94	101.22	117.42	133.60	202.42	228.76	255.04	172.08	193.32	214.56	261.16	290.50	319.84	238.88	265.22	291.48
59	129.56	149.82	170.04	111.36	128.54	145.78	212.54	239.92	267.22	182.20	204.48	226.74	275.32	305.72	336.04	253.04	280.40	307.70
60	139.70	160.96	182.20	117.42	135.64	153.88	226.74	255.04	283.40	196.38	219.68	242.92	293.54	324.92	356.30	267.22	295.52	323.88
61	147.80	169.06	190.28	121.46	139.70	157.92	236.86	266.22	295.52	206.48	230.78	255.04	307.70	340.08	372.46	281.40	310.74	340.08
62	153.88	176.14	198.38	131.58	150.84	170.04	246.98	277.36	307.70	216.60	241.92	267.22	321.86	355.28	388.68	295.52	325.92	356.30
63	164.00	187.28	210.52	137.66	157.92	178.12	261.16	292.54	323.88	230.78	257.10	283.40	340.08	374.50	408.90	309.74	341.14	372.46
64	174.06	198.38	222.68	143.76	165.00	186.24	271.26	303.64	336.04	240.90	268.24	295.52	354.26	389.72	425.10	323.88	356.30	388.68
65	184.26	209.50	234.84	153.88	176.14	198.38	287.46	321.86	356.30	257.10	286.46	315.80	374.50	411.94	449.40	338.06	371.48	404.86
66	212.54	239.92	267.22	178.12	202.42	226.74	325.92	363.38	400.82	293.54	324.92	356.30	425.10	465.58	506.10	376.52	412.94	449.40
67	242.92	273.30	303.64	206.48	232.80	259.10	368.42	408.90	449.40	336.04	370.46	404.86	477.74	522.28	566.78	417.00	457.48	497.98
68	271.26	303.64	336.04	230.78	259.10	287.46	410.96	454.46	497.98	374.50	411.94	449.40	528.36	575.92	623.48	459.52	503.08	546.58
69	301.66	337.04	372.46	261.16	292.54	323.88	449.40	495.98	542.50	414.96	454.46	493.92	580.98	632.64	684.20	500.02	547.58	595.14
70	331.98	370.46	408.90	289.50	322.88	356.30	491.92	541.48	591.10	453.42	495.98	538.46	631.60	686.26	740.90	544.54	596.18	647.78
71	360.32	400.82	441.30	313.76	349.20	384.62	534.40	587.06	639.70	495.98	541.48	587.06	684.20	742.92	801.62	582.98	637.68	692.30
72	390.72	434.24	477.74	344.14	382.62	421.04	572.88	628.60	684.20	532.38	579.96	627.56	734.82	796.56	858.32	623.48	682.20	740.90
73	419.02	464.60	510.14	368.42	408.90	449.40	615.38	674.10	732.80	574.88	625.56	676.10	787.48	853.26	919.04	666.02	727.74	789.48
74	449.40	497.98	546.58	396.78	439.28	481.78	657.90	719.64	781.36	613.38	667.02	720.66	838.08	906.86	975.70	706.52	772.28	838.08
75	483.82	535.42	587.06	427.14	472.70	518.24	702.44	768.22	834.02	655.84	712.56	769.22	894.72	967.62	999.98	751.04	820.84	890.68
76	544.54	600.24	655.84	487.88	537.44	587.06	781.36	852.24	923.08	734.82	796.56	858.32	979.76	999.98	999.98	836.06	911.98	987.82
77	605.30	665.00	724.70	548.60	602.24	655.84	864.38	940.30	999.98	817.82	884.62	951.44	999.98	999.98	999.98	921.06	999.98	999.98
78	666.02	729.80	793.52	609.34	667.02	724.70	949.42	999.98	999.98	902.82	975.70	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	732.80	801.62	870.48	676.10	738.88	801.62	999.98	999.98	999.98	985.84	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
41	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
42	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
43	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
44	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
45	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
46	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
47	64.82	74.92	85.00	48.60	56.64	64.82	101.22	115.40	129.56	80.96	93.10	105.28	155.90	173.10	190.28	133.60	147.80	161.94
48	66.84	77.94	89.06	50.62	59.76	68.82	103.28	118.46	133.60	85.00	97.16	109.32	157.92	176.14	194.32	139.70	154.88	170.04
49	70.88	82.00	93.10	54.68	63.80	72.86	107.32	122.50	137.66	87.06	100.22	113.36	161.94	180.20	198.38	139.70	154.88	170.04
50	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
51	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
52	76.92	89.06	101.22	60.76	70.88	80.96	117.42	133.60	149.82	93.10	107.32	121.46	172.08	191.34	210.52	145.78	161.94	178.12
53	78.96	92.10	105.28	62.80	73.92	85.00	119.44	136.64	153.88	97.16	111.36	125.52	174.06	194.32	214.56	151.84	169.06	186.24
54	78.96	92.10	105.28	62.80	73.92	85.00	123.48	140.72	157.92	97.16	111.36	125.52	178.12	198.38	218.62	151.84	169.06	186.24
55	85.00	99.22	113.36	68.82	80.96	93.10	129.56	147.80	166.00	103.28	118.46	133.60	184.26	205.46	226.74	157.92	176.14	194.32
56	89.06	103.28	117.42	72.86	85.00	97.16	139.70	158.94	178.12	113.36	129.56	145.78	194.32	216.60	238.88	168.04	187.28	206.48
57	95.16	110.36	125.52	78.96	92.10	105.28	149.82	170.04	190.28	123.48	140.72	157.92	204.48	227.76	251.02	178.12	198.38	218.62
58	101.22	117.42	133.60	85.00	99.22	113.36	159.94	181.22	202.42	133.60	151.84	170.04	220.66	245.96	271.26	188.30	209.50	230.78
59	111.36	128.54	145.78	91.10	106.30	121.46	170.04	192.32	214.56	143.76	162.98	182.20	230.78	257.10	283.40	204.48	227.76	251.02
60	117.42	135.64	153.88	101.22	117.42	133.60	182.20	206.48	230.78	159.94	181.22	202.42	246.98	275.32	303.64	214.56	238.88	263.18
61	123.48	142.76	161.94	105.28	121.46	137.66	192.32	217.60	242.92	170.04	192.32	214.56	257.10	286.46	315.80	224.72	250.02	275.32
62	133.60	153.88	174.06	111.36	128.54	145.78	202.42	228.76	255.04	180.20	203.46	226.74	267.22	297.58	327.94	240.90	268.24	295.52
63	139.70	160.96	182.20	117.42	135.64	153.88	212.54	239.92	267.22	190.28	214.56	238.88	283.40	315.80	348.20	251.02	279.36	307.70
64	145.78	168.04	190.28	123.48	142.76	161.94	222.68	251.02	279.36	200.42	225.72	251.02	293.54	326.92	360.32	261.16	290.50	319.84
65	155.90	179.20	202.42	133.60	153.88	174.06	238.88	269.26	299.58	216.60	243.94	271.26	309.74	345.18	380.56	277.36	308.76	340.08
66	180.20	205.46	230.78	153.88	176.14	198.38	271.26	303.64	336.04	244.96	274.32	303.64	348.20	386.68	425.10	311.74	346.18	380.56
67	206.48	234.84	263.18	178.12	202.42	226.74	305.72	341.14	376.52	279.36	311.74	344.14	390.72	432.20	473.68	350.22	387.68	425.10
68	230.78	261.16	291.48	202.42	228.76	255.04	344.14	382.62	421.04	311.74	346.18	380.56	433.20	477.74	522.28	388.68	429.16	469.64
69	257.10	290.50	323.88	222.68	251.02	279.36	378.56	420.02	461.52	342.12	379.56	417.00	477.74	526.30	574.88	429.16	473.68	518.24
70	283.40	319.84	356.30	249.00	280.40	311.74	417.00	461.52	506.10	376.52	417.00	457.48	520.28	571.88	623.48	467.64	515.22	562.74
71	307.70	346.18	384.62	273.30	306.68	340.08	451.42	499.00	546.58	408.90	451.42	493.92	558.70	613.38	668.02	502.02	552.64	603.24
72	334.00	375.52	417.00	293.54	328.96	364.36	485.82	536.42	587.06	439.28	484.84	530.36	603.24	661.94	720.66	542.50	597.20	651.80
73	358.32	401.86	445.34	317.82	355.28	392.72	524.30	577.94	631.60	471.68	519.28	566.78	645.78	707.50	769.22	580.98	638.68	696.34
74	384.62	431.18	477.74	342.12	381.62	421.04	558.70	615.38	672.06	506.10	556.70	607.30	688.26	753.06	817.82	619.44	680.16	740.90
75	414.96	464.60	514.18	368.42	410.96	453.42	597.20	656.88	716.62	540.48	594.14	647.78	732.80	801.62	870.48	659.90	724.70	789.48
76	471.68	525.32	578.94	425.10	471.68	518.24	659.90	724.70	789.48	603.24	661.94	720.66	797.58	872.50	947.38	724.70	795.58	866.36
77	528.36	586.06	643.72	481.78	532.38	582.98	726.74	796.56	866.36	670.06	733.84	797.58	862.34	943.32	999.98	789.48	866.36	943.32
78	589.10	650.80	712.56	542.50	597.20	651.80	795.58	871.50	947.38	738.88	808.70	878.54	931.18	999.98	999.98	858.32	941.30	999.98
79	647.78	714.62	781.36	601.24	660.92	720.66	862.34	943.32	999.98	805.66	880.60	955.48	995.94	999.98	999.98	923.08	999.98	999.98
80				661.94	725.74					874.50	955.48					991.92	999.98	
81				718.66	786.46					941.30	999.98					999.98	999.98	
82				781.36	854.26					999.98	999.98					999.98	999.98	
83				844.14	922.08					999.98	999.98					999.98	999.98	
84				906.86	989.92					999.98	999.98					999.98	999.98	

EXHIBIT XVII

RiverSource Life Insurance Company
Annual Premiums with 34.6% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
Issue	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
Age	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
41	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
42	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
43	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
44	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
45	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
46	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
47	48.60	56.64	64.82	36.46	42.52	48.60	78.96	90.10	101.22	62.80	71.88	80.96	113.36	127.54	141.72	91.10	102.26	113.36
48	50.62	59.76	68.82	38.48	45.56	52.64	80.96	93.10	105.28	64.82	74.92	85.00	113.36	127.54	141.72	97.16	109.32	121.46
49	50.62	59.76	68.82	38.48	45.56	52.64	85.00	97.16	109.32	68.82	78.96	89.06	119.44	134.64	149.82	97.16	109.32	121.46
50	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	119.44	134.64	149.82	103.28	116.40	129.56
51	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	125.52	141.72	157.92	107.32	120.46	133.60
52	56.64	66.84	76.92	44.56	52.64	60.76	95.16	108.30	121.46	78.96	90.10	101.22	125.52	141.72	157.92	107.32	120.46	133.60
53	58.74	69.88	80.96	46.58	55.68	64.82	97.16	111.36	125.52	80.96	93.10	105.28	131.58	148.82	166.00	113.36	127.54	141.72
54	58.74	69.88	80.96	46.58	55.68	64.82	101.22	115.40	129.56	85.00	97.16	109.32	131.58	148.82	166.00	117.42	131.58	145.78
55	64.82	76.92	89.06	52.64	62.80	72.86	107.32	122.50	137.66	91.10	104.26	117.42	137.66	155.90	174.06	123.48	138.72	153.88
56	68.82	80.96	93.10	52.64	62.80	72.86	111.36	126.54	141.72	95.16	108.30	121.46	143.76	162.98	182.20	129.56	145.78	161.94
57	74.92	88.04	101.22	58.74	69.88	80.96	121.46	137.66	153.88	105.28	119.44	133.60	153.88	174.06	194.32	135.64	152.86	170.04
58	80.96	95.16	109.32	64.82	76.92	89.06	127.54	144.76	161.94	111.36	126.54	141.72	164.00	185.26	206.48	145.78	164.00	182.20
59	87.06	102.26	117.42	68.82	80.96	93.10	137.66	155.90	174.06	121.46	137.66	153.88	174.06	196.38	218.62	151.84	171.08	190.28
60	97.16	113.36	129.56	74.92	88.04	101.22	143.76	162.98	182.20	127.54	144.76	161.94	184.26	207.50	230.78	161.94	182.20	202.42
61	101.22	117.42	133.60	80.96	95.16	109.32	153.88	174.06	194.32	137.66	155.90	174.06	194.32	218.62	242.92	168.04	189.26	210.52
62	107.32	124.50	141.72	85.00	99.22	113.36	159.94	181.22	202.42	143.76	162.98	182.20	204.48	229.78	255.04	174.06	196.38	218.62
63	113.36	131.58	149.82	91.10	106.30	121.46	170.04	192.32	214.56	153.88	174.06	194.32	214.56	240.90	267.22	184.26	207.50	230.78
64	119.44	138.72	157.92	97.16	113.36	129.56	176.14	199.42	222.68	159.94	181.22	202.42	224.72	252.04	279.36	190.28	214.56	238.88
65	129.56	149.82	170.04	103.28	120.46	137.66	186.24	210.52	234.84	170.04	192.32	214.56	234.84	263.18	291.48	200.42	225.72	251.02
66	145.78	168.04	190.28	119.44	138.72	157.92	206.48	232.80	259.10	186.24	210.52	234.84	263.18	293.54	323.88	220.66	247.98	275.32
67	161.94	186.24	210.52	135.64	156.90	178.12	226.74	255.04	283.40	202.42	228.76	255.04	291.48	323.88	356.30	240.90	270.28	299.58
68	182.20	208.50	234.84	151.84	175.12	198.38	249.00	280.40	311.74	218.62	246.98	275.32	321.86	357.30	392.72	263.18	295.52	327.94
69	198.38	226.74	255.04	168.04	193.32	218.62	269.26	302.66	336.04	234.84	265.22	295.52	350.22	387.68	425.10	283.40	317.82	352.24
70	220.66	252.04	283.40	184.26	211.56	238.88	295.52	331.98	368.42	251.02	283.40	315.80	380.56	421.04	461.52	305.72	343.14	380.56
71	236.86	270.28	303.64	200.42	229.78	259.10	315.80	354.26	392.72	267.22	301.66	336.04	408.90	451.42	493.92	325.92	365.40	404.86
72	253.04	288.48	323.88	216.60	247.98	279.36	336.04	376.52	417.00	283.40	319.84	356.30	437.26	481.78	526.30	346.18	387.68	429.16
73	273.30	310.74	348.20	232.80	266.22	299.58	358.32	401.86	445.34	299.58	338.06	376.52	467.64	515.22	562.74	368.42	412.94	457.48
74	289.50	328.96	368.42	249.00	284.44	319.84	378.56	424.10	469.64	315.80	356.30	396.78	495.98	545.56	595.14	388.68	435.22	481.78
75	311.74	354.26	396.78	269.26	306.68	344.14	404.86	453.42	502.02	331.98	374.50	417.00	526.30	578.94	631.60	414.96	464.60	514.18
76	352.24	398.82	445.34	309.74	351.24	392.72	441.30	493.92	546.58	368.42	414.96	461.52	570.84	627.56	684.20	459.52	513.18	566.78
77	396.78	447.38	497.98	354.26	399.80	445.34	481.78	538.46	595.14	408.90	459.52	510.14	615.38	676.10	736.86	504.10	561.76	619.44
78	443.32	499.00	554.66	400.82	451.42	502.02	518.24	578.94	639.70	445.34	500.02	554.66	659.90	724.70	789.48	548.60	610.32	672.06
79	483.82	543.58	603.24	441.30	495.98	550.62	560.74	626.54	692.30	487.88	547.58	607.30	704.44	773.26	842.12	593.14	658.90	724.70
80				487.88	547.58					524.30	588.08					637.68	707.50	
81				532.38	596.18					564.78	632.64					682.20	756.10	
82				578.94	647.78					607.30	680.16					726.74	804.66	
83				625.56	699.38					649.80	727.74					771.26	853.26	
84				672.06	751.04					692.30	775.30					815.78	901.80	

EXHIBIT XVII

RiverSource Life Insurance Company
Long-Term Care Insurance
Nonforfeiture Benefit Rider

Rider Form 30165A
(For Policy Form 30160A-VA)

Issue Age	Percentage of Premium
40	30%
41	30%
42	30%
43	30%
44	30%
45	30%
46	30%
47	30%
48	30%
49	30%
50	30%
51	30%
52	30%
53	30%
54	30%
55	30%
56	30%
57	30%
58	30%
59	30%
60	30%
61	30%
62	30%
63	30%
64	30%
65	30%
66	29%
67	28%
68	27%
69	26%
70	25%
71	24%
72	23%
73	22%
74	21%
75	20%
76	19%
77	18%
78	17%
79	16%
80	15%
81	15%
82	15%
83	15%
84	15%

RiverSource Life Insurance Company
Statement of Variability
Form 112459 Endorsement

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Field	Scope of Variation
Address	Will insert the company home address.
Phone number	Will insert the current toll free number.
Policy Number	Will insert policy number
Insured	Will insert name of insured
Coverage Change	This will reflect the choices each policyholder has made. The text in each category below reflects the respective approved policy language. The range of options is as follows:
Daily Benefit Amount	This will only appear if the Daily Benefit Amount is changed. If it is changed, the range of text that may appear is: Original Nursing Home Daily Benefit changed to $XX.XX Original Daily Benefit – Nursing Home changed to $XX.XX Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX Original Covered Care Daily Maximum changed to $XX.XX Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX $XX.XX will represent the insured policy specific data.
Benefit Period	This will only appear if the Benefit Period is changed. If it is changed, the range of text that may appear is: Nursing Home Benefit Limit changed to XX days Confinement Benefit Limit changed to XX days Home Care Rider Maximum Payment Period changed to XX days Covered Care Maximum Payment Period changed to XX days Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ) $XX.XX and XX will represent the insured policy specific data.
Elimination Period	This will only appear if the Elimination Period is changed. If it is changed, the range of text that may appear is: Nursing Home Deductible Period changed to XX days Confinement Benefit Deductible (Elimination Period) changed to XX days Covered Care Deductible (Elimination Period) changed to XX days Deductible Period to XX days XX will represent the insured policy specific data.
Benefit Increase Option	This will only appear if the Benefit Increase Option is changed. If it is changed, the range of text that may appear is:
	Benefit Increase Option – Thru Age 85 Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Home Care Benefit Rider Increase Option – Thru Age 85 Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"

	Home and Community Care Rider Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "No" or "Yes If Yes, these paragraphs will display: "SIMPLE 5% BENEFIT INCREASE: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increase will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts. Your lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where: (a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and (b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year."
Optional Home Care Rider	This will appear if the Optional Home Care Rider is eliminated: "Optional Home Care Rider is eliminated."
Optional Nonforfeiture Benefit Rider	This will appear if the Optional Nonforfeiture Benefit Rider is eliminated: "Optional Nonforfeiture Benefit Rider is eliminated."
Exercised Nonforfeiture Option	This will appear if the Nonforfeiture Benefit Rider is exercised: "Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00. Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply."
Exercised Contingent Benefit Upon Lapse	This will appear if the Contingent Benefit Upon Lapse is exercised: "Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00. Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply."

Administrative information	The version letter/print date will be changed if any future changes are made to bracketed items for Company address, phone number, or Secretary. The date range will also use 1-12 for the months and the last two numbers of a year.
Effective Date	Will insert effective date of the change
Signature	Will insert the signature and title of current company Corporate Secretary.

RiverSource Life Insurance Company
Statement of Variability
Forms 112016 and 112018

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Form 112016

Field	Scope of Variation
Address	Will insert the company home address.
Logo	If company logo changes, will insert new logo.
Date	Will insert date of letter.
Policy Number	Will insert policy number.
Name and Address	Will insert policyholder's name and address.
Effective Date	Will insert date the rate increase on the policy will go in to effect.
Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
Web Address	If Bureau of Virginia's website address changes, will insert new web address.
Rate Increase History	Will insert the rate increase history for applicable policy form.
Premium Mode	Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly).
Current Premium	Will insert policyholder's current modal premium amount.
New Premium	Will insert policyholder's modal premium amount after the rate increase.
Daily Benefit Amount Reduction	Will insert policyholder's current nursing home daily benefit amount.
Alternate Daily Benefit Amount	Will insert the nursing home daily benefit amount that policyholder can reduce their cover to in order to keep the premium after the rate increase approximately the same as the current premium.
Alternate Premium Amount	Will insert the new modal premium after the rate increase if policyholder chooses to reduce the daily benefit to a level that will keep the premium after the rate increase approximately the same as the current premium. Statement only appears if the client has that respective benefit, option or rider.
Benefit Adjustments-Home Care coverage	If the client has Home Care coverage benefits, this language will appear in the letter.
Benefit Adjustments-Nonforfeiture Benefit Rider	If the client has the Nonforfeiture Benefit Rider, this language will appear in the letter.
Benefit Adjustments-Contingent Benefit Upon Lapse	If the client is eligible for contingent benefit upon lapse, this language will appear in the letter.
Advisor contact information	Advisor name and telephone number will only appear if the client has an advisor.
Client service representative - toll free telephone number	If this telephone number were to change we would update this as needed.
Letter Closing	Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
Administrative Information	The version letter/print date will be changed if any future changes are made to bracketed items for the Company address, phone number, Secretary, logo and technology coding. The range will be A-Z. The date range will also use 1-12 for the month and the last two numbers of a year.
Technology Coding	Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

Form 112018

Field	Scope of Variation
Address	Will insert the company home address.
Logo	If company logo changes, will insert new logo.
Date	Will insert date of letter.
Policy Number	Will insert policy number.
Name and Address	Will insert policyholder's name and address.
Effective Date	Will insert date the rate increase on the policy will go in to effect.
Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
Web Address	If Bureau of Virginia's website address changes, will insert new web address.
Rate Increase History	Will insert the rate increase history for applicable policy form.
Premium Mode	Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly).
Current Premium	Will insert policyholder's current modal premium amount.
New Premium	Will insert policyholder's modal premium amount after the rate increase.
Daily Benefit Amount Reduction	Will insert policyholder's current nursing home daily benefit amount.
Alternate Daily Benefit Amount	Will insert the nursing home daily benefit amount that policyholder can reduce their cover to in order to keep the premium after the rate increase approximately the same as the current premium.
Alternate Premium Amount	Will insert the new modal premium after the rate increase if policyholder chooses to reduce the daily benefit to a level that will keep the premium after the rate increase approximately the same as the current premium. Statement only appears if the client has that respective benefit, option or rider.
Benefit Adjustments-Home Care coverage	If the client has Home Care coverage benefits, this language will appear in the letter.
Benefit Adjustments-Nonforfeiture Benefit Rider	If the client has the Nonforfeiture Benefit Rider, this language will appear in the letter.
Benefit Adjustments-Contingent Benefit Upon Lapse	If the client is eligible for contingent benefit upon lapse, this language will appear in the letter.
If you decide to modify your coverage -New Premium Effective Date	Will insert the date, which is one month prior to the increase effective date, that we ask the policyholder to get the change request form submitted by in order to ensure the request completed by the increase effective date.
Advisor contact information	Advisor name and telephone number will only appear if the client has an advisor.
Client service representative- toll-free telephone number	If this telephone number were to change we would update this as needed.
Letter Closing	Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
Administrative Information	T The version letter/print date will be changed if any future changes are made to bracketed items for the Company address, phone number, Secretary, logo and technology coding. The range will be A-Z. The date range will also use 1-12 for the month and the last two numbers of a year.
Technology Coding	Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

CERTIFICATION OF READABILITY

Forms: 112459, 112016, and 112018

RiverSource Life Insurance Company certifies, to the best of its knowledge and belief, that the above policy forms meets the minimum reading ease score as set forth in your state's Policy Language Simplification Act.

The Flesch Reading Ease Scores obtained are listed below:

Form 112459	46.4
Form 112016	40.7
Form 112018	40.6

April 13, 2016

Jeff Pederson
Director of Product Filing
RiverSource Life Insurance Company

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

February 1, 2016

9100-70000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective April 15, 2016, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.83, beginning with the premium payment that is due April 15, 2016. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may offset this premium increase. **You do not need to take any action until you begin paying premiums again**. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

You may also consider reducing your Home Care coverage benefits.

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

For more information or assistance, please contact:

- your financial advisor, **Advisor Name**, at **(999) 000-9999**
- an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

February 1, 2016

9100-60000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective April 15, 2016, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset 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 increased 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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at least three years.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due April 16, 2016. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the April 16, 2016 due date.

Please note that you have a right to a revised premium or rate schedule upon request.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

You may also consider reducing your Home Care coverage benefits.

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than March 15, 2016 to ensure your requested changes are processed before April 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before March 15, 2016, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-1234567-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Nursing Home Daily Benefit changed to $XX.XX

Original Daily Benefit – Nursing Home changed to $XX.XX

Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX

Original Covered Care Daily Maximum changed to $XX.XX

Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX

Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX

Benefit Period

Nursing Home Benefit Limit changed to XX days

Confinement Benefit Limit changed to XX days

Home Care Rider Maximum Payment Period changed to XX days

Covered Care Maximum Payment Period changed to XX days

Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ)

Elimination Period

Nursing Home Deductible Period changed to XX days

Confinement Benefit Deductible (Elimination Period) changed to XX days

Covered Care Deductible (Elimination Period) changed to XX days

Deductible Period to XX days

Benefit Increase Option

Benefit Increase Option – Thru Age 85

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Home Care Benefit Rider Increase Option – Thru Age 85

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Home and Community Care Rider Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No), if Yes, Simple BIO paragraphs will follow (SIMPLE 5% BENEFIT INCREASES: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts.
Your Lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where:
(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year)

Optional Home Care Rider
Optional Home Care Rider is eliminated

Optional Nonforfeiture Benefit Rider
Optional Nonforfeiture Benefit Rider is eliminated

Exercised Nonforfeiture Option
Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

Exercised Contingent Benefit Upon Lapse

Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-upcoverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective xx/xx/xxxx.

RiverSource Life Insurance Company

Secretary

EXHIBIT XIV

RiverSource Life Insurance Company
Annual Premiums with 17% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						Deductible						Deductible					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
41	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
42	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
43	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
44	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
45	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
46	84.48	96.84	109.14	70.40	80.96	91.54	140.82	160.22	179.54	125.00	141.72	158.44	190.10	213.00	235.88	170.76	191.02	211.24
47	86.28	99.48	112.66	72.18	83.60	95.06	146.12	166.38	186.58	130.28	147.86	165.46	198.92	222.68	246.44	176.02	197.16	218.28
48	86.28	99.48	112.66	75.70	87.14	98.58	151.36	172.50	193.64	133.80	151.36	168.98	207.72	232.36	256.98	181.30	203.32	225.30
49	91.54	105.62	119.70	77.44	89.80	102.10	154.88	176.02	197.16	135.56	154.00	172.50	216.52	242.06	267.56	188.34	210.36	232.36
50	91.54	105.62	119.70	80.96	93.32	105.62	160.22	182.18	204.20	139.08	157.58	176.02	228.86	255.26	281.64	193.64	216.52	239.40
51	93.32	108.26	123.24	82.74	95.96	109.14	165.46	188.34	211.24	144.34	163.74	183.06	235.88	262.32	288.68	198.92	222.68	246.44
52	96.84	111.78	126.76	82.74	95.96	109.14	168.98	191.88	214.76	144.34	163.74	183.06	244.70	271.98	299.26	205.96	229.74	253.46
53	98.58	114.42	130.28	88.02	102.10	116.18	174.28	198.06	221.78	149.64	169.88	190.10	253.46	281.64	309.82	211.24	235.88	260.50
54	98.58	114.42	130.28	88.02	102.10	116.18	179.54	204.20	228.86	153.16	173.40	193.64	262.32	291.32	320.36	216.52	242.06	267.56
55	103.86	120.62	137.32	93.32	108.26	123.24	184.82	210.36	235.88	158.44	179.54	200.68	274.60	304.54	334.46	225.30	251.74	278.12
56	112.66	130.28	147.86	96.84	111.78	126.76	197.16	223.56	249.96	170.76	192.76	214.76	290.44	321.26	352.06	241.18	268.48	295.72
57	121.48	139.96	158.44	105.62	121.48	137.32	209.48	236.78	264.04	183.06	205.96	228.86	306.30	337.98	369.66	256.98	285.16	313.32
58	130.28	149.64	168.98	114.42	131.16	147.86	221.78	249.96	278.12	195.40	219.16	242.92	322.14	354.70	387.26	272.84	301.90	330.92
59	139.08	159.34	179.54	119.70	137.32	154.88	237.66	266.68	295.72	207.72	232.36	256.98	337.98	371.42	404.86	288.68	318.62	348.54
60	147.86	168.98	190.10	128.52	147.00	165.46	249.96	279.88	309.82	225.30	251.74	278.12	353.84	388.14	422.46	304.54	335.36	366.12
61	156.70	178.66	200.68	135.56	154.00	172.50	262.32	293.08	323.88	237.66	264.96	292.20	369.66	404.86	440.08	320.36	352.06	383.74
62	165.46	188.34	211.24	140.82	160.22	179.54	278.12	309.82	341.50	249.96	278.12	306.30	385.50	421.60	457.66	336.24	368.78	401.32
63	174.28	198.06	221.78	149.64	169.88	190.10	290.44	323.02	355.56	262.32	291.32	320.36	401.32	438.34	475.28	352.06	385.50	418.94
64	183.06	207.72	232.36	158.44	179.54	200.68	302.78	336.24	369.66	274.60	304.54	334.46	417.20	455.06	492.86	367.94	402.24	436.54
65	193.64	220.04	246.44	167.24	189.22	211.24	320.36	355.56	390.78	292.20	323.88	355.56	436.54	475.28	514.00	385.50	421.60	457.66
66	228.86	256.98	285.16	195.40	219.16	242.92	371.42	409.28	447.12	334.46	367.94	401.32	494.64	536.02	577.34	433.02	471.74	510.48
67	265.84	296.64	327.40	228.86	255.26	281.64	422.46	462.94	503.42	378.46	414.56	450.64	556.26	600.26	644.26	480.56	521.94	563.28
68	302.78	336.24	369.66	258.76	287.80	316.84	473.52	516.64	559.76	422.46	461.18	499.90	614.36	661.00	707.62	528.08	572.08	616.10
69	343.28	379.34	415.42	292.20	323.88	355.56	524.56	570.30	616.10	469.98	511.38	552.74	677.70	727.88	778.02	575.60	622.26	668.88
70	380.22	418.94	457.66	322.14	356.48	390.78	577.34	626.66	675.92	514.00	558.02	602.00	739.32	792.12	844.92	623.14	672.40	721.72
71	415.42	455.92	496.38	353.84	389.90	425.98	628.42	680.34	732.28	556.26	602.00	647.78	797.42	852.86	908.30	670.66	722.62	774.50
72	455.92	499.04	542.16	383.74	422.46	461.18	679.44	734.04	788.58	603.78	652.22	700.58	860.80	919.74	978.70	718.18	772.76	827.34
73	492.86	538.64	584.40	417.20	458.58	499.90	730.52	787.70	844.92	647.78	698.84	749.86	918.86	980.46	999.98	765.74	822.92	880.12
74	529.86	578.26	626.66	447.12	491.12	535.12	781.54	841.40	901.26	691.80	745.48	799.16	980.46	999.98	999.98	813.24	873.08	932.94
75	570.30	621.40	672.40	480.56	527.20	573.82	837.90	901.26	964.60	739.32	795.64	851.96	999.98	999.98	999.98	866.04	929.40	992.78
76	617.88	675.06	732.28	521.04	573.82	626.66	901.26	971.66	999.98	795.64	858.98	922.36	999.98	999.98	999.98	925.88	996.30	999.98
77	665.36	728.76	792.12	561.54	620.52	679.44	964.60	999.98	999.98	851.96	922.36	992.78	999.98	999.98	999.98	985.74	999.98	999.98
78	712.90	782.44	851.96	602.00	667.14	732.28	999.98	999.98	999.98	908.30	985.74	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	760.44	836.14	911.82	642.50	713.78	785.06	999.98	999.98	999.98	966.42	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT XIV

RiverSource Life Insurance Company
Annual Premiums with 17% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						Deductible						Deductible					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
41	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
42	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
43	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
44	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
45	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
46	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	125.00	139.96	154.88
47	72.18	83.60	95.06	59.84	68.66	77.44	107.38	122.36	137.32	88.02	100.34	112.66	151.36	170.76	190.10	130.28	146.12	161.94
48	72.18	83.60	95.06	61.64	71.30	80.96	112.66	128.52	144.34	93.32	106.52	119.70	154.88	174.28	193.64	133.80	149.64	165.46
49	73.92	86.28	98.58	61.64	71.30	80.96	116.18	132.04	147.86	96.84	110.04	123.24	160.22	180.44	200.68	139.08	155.82	172.50
50	77.44	89.80	102.10	66.88	77.44	88.02	121.48	138.20	154.88	102.10	116.18	130.28	163.74	183.96	204.20	147.86	165.46	183.06
51	79.22	92.44	105.62	66.88	77.44	88.02	126.76	144.34	161.94	102.10	116.18	130.28	168.98	190.10	211.24	151.36	168.98	186.58
52	79.22	92.44	105.62	66.88	77.44	88.02	130.28	147.86	165.46	105.62	119.70	133.80	172.50	193.64	214.76	156.70	175.14	193.64
53	80.96	95.06	109.14	68.66	80.08	91.54	135.56	154.00	172.50	110.90	125.88	140.82	177.80	199.80	221.78	160.22	178.66	197.16
54	80.96	95.06	109.14	68.66	80.08	91.54	140.82	160.22	179.54	114.42	129.40	144.34	181.30	203.32	225.30	165.46	184.82	204.20
55	86.28	101.22	116.18	73.92	86.28	98.58	146.12	166.38	186.58	119.70	135.56	151.36	186.58	209.48	232.36	174.28	194.54	214.76
56	89.80	104.74	119.70	77.44	89.80	102.10	154.88	176.02	197.16	128.52	145.24	161.94	198.92	222.68	246.44	183.06	204.20	225.30
57	98.58	114.42	130.28	82.74	95.96	109.14	163.74	185.70	207.72	137.32	154.88	172.50	211.24	235.88	260.50	195.40	217.40	239.40
58	107.38	124.14	140.82	88.02	102.10	116.18	176.02	198.92	221.78	149.64	168.10	186.58	227.10	252.60	278.12	207.72	230.62	253.46
59	112.66	130.28	147.86	96.84	111.78	126.76	184.82	208.62	232.36	158.44	177.80	197.16	239.40	265.84	292.20	220.04	243.82	267.56
60	121.48	139.96	158.44	102.10	117.94	133.80	197.16	221.78	246.44	170.76	191.02	211.24	255.26	282.54	309.82	232.36	256.98	281.64
61	128.52	147.00	165.46	105.62	121.48	137.32	205.96	231.50	256.98	179.54	200.68	221.78	267.56	295.72	323.88	244.70	270.20	295.72
62	133.80	153.16	172.50	114.42	131.16	147.86	214.76	241.18	267.56	188.34	210.36	232.36	279.88	308.94	337.98	256.98	283.40	309.82
63	142.60	162.86	183.06	119.70	137.32	154.88	227.10	254.38	281.64	200.68	223.56	246.44	295.72	325.66	355.56	269.34	296.64	323.88
64	151.36	172.50	193.64	125.00	143.48	161.94	235.88	264.04	292.20	209.48	233.26	256.98	308.06	338.88	369.66	281.64	309.82	337.98
65	160.22	182.18	204.20	133.80	153.16	172.50	249.96	279.88	309.82	223.56	249.10	274.60	325.66	358.20	390.78	293.96	323.02	352.06
66	184.82	208.62	232.36	154.88	176.02	197.16	283.40	315.98	348.54	255.26	282.54	309.82	369.66	404.86	440.08	327.40	359.08	390.78
67	211.24	237.66	264.04	179.54	202.44	225.30	320.36	355.56	390.78	292.20	322.14	352.06	415.42	454.16	492.86	362.60	397.80	433.02
68	235.88	264.04	292.20	200.68	225.30	249.96	357.36	395.18	433.02	325.66	358.20	390.78	459.44	500.80	542.16	399.58	437.46	475.28
69	262.32	293.08	323.88	227.10	254.38	281.64	390.78	431.28	471.74	360.84	395.18	429.50	505.20	550.12	594.96	434.80	476.16	517.52
70	288.68	322.14	355.56	251.74	280.76	309.82	427.76	470.86	514.00	394.28	431.28	468.22	549.22	596.74	644.26	473.52	518.42	563.28
71	313.32	348.54	383.74	272.84	303.66	334.46	464.70	510.48	556.26	431.28	470.86	510.48	594.96	646.02	697.06	506.94	554.50	602.00
72	339.76	377.60	415.42	299.26	332.72	366.12	498.16	546.60	594.96	462.94	504.32	545.70	638.98	692.66	746.36	542.16	593.22	644.26
73	364.36	404.00	443.60	320.36	355.56	390.78	535.12	586.18	637.22	499.90	543.96	587.92	684.76	741.96	799.16	579.14	632.82	686.50
74	390.78	433.02	475.28	345.02	381.98	418.94	572.08	625.78	679.44	533.38	580.02	626.66	728.76	788.58	848.44	614.36	671.54	728.76
75	420.72	465.58	510.48	371.42	411.04	450.64	610.82	668.02	725.24	570.30	619.62	668.88	778.02	841.40	904.78	653.08	713.78	774.50
76	473.52	521.94	570.30	424.24	467.34	510.48	679.44	741.08	802.68	638.98	692.66	746.36	851.96	920.62	989.26	727.00	793.02	858.98
77	526.34	578.26	630.18	477.04	523.68	570.30	751.64	817.66	883.64	711.14	769.24	827.34	925.88	999.82	999.98	800.92	872.20	943.50
78	579.14	634.60	690.02	529.86	580.02	630.18	825.58	896.86	968.14	785.06	848.44	911.82	999.82	999.98	999.98	874.86	951.44	999.98
79	637.22	697.06	756.94	587.92	642.50	697.06	897.74	973.42	999.98	857.26	925.02	992.78	999.98	999.98	999.98	948.80	999.98	999.98

EXHIBIT XIV

RiverSource Life Insurance Company
Annual Premiums with 17% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						Deductible						Deductible					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
41	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
42	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
43	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
44	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
45	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
46	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
47	56.36	65.14	73.92	42.26	49.26	56.36	88.02	100.34	112.66	70.40	80.96	91.54	135.56	150.52	165.46	116.18	128.52	140.82
48	58.12	67.78	77.44	44.02	51.96	59.84	89.80	103.00	116.18	73.92	84.48	95.06	137.32	153.16	168.98	121.48	134.68	147.86
49	61.64	71.30	80.96	47.54	55.48	63.36	93.32	106.52	119.70	75.70	87.14	98.58	140.82	156.70	172.50	121.48	134.68	147.86
50	63.36	73.92	84.48	49.26	58.12	66.88	98.58	112.66	126.76	79.22	90.66	102.10	146.12	162.86	179.54	126.76	140.82	154.88
51	63.36	73.92	84.48	49.26	58.12	66.88	98.58	112.66	126.76	79.22	90.66	102.10	146.12	162.86	179.54	126.76	140.82	154.88
52	66.88	77.44	88.02	52.84	61.64	70.40	102.10	116.18	130.28	80.96	93.32	105.62	149.64	166.38	183.06	126.76	140.82	154.88
53	68.66	80.08	91.54	54.60	64.28	73.92	103.86	118.82	133.80	84.48	96.84	109.14	151.36	168.98	186.58	132.04	147.00	161.94
54	68.66	80.08	91.54	54.60	64.28	73.92	107.38	122.36	137.32	84.48	96.84	109.14	154.88	172.50	190.10	132.04	147.00	161.94
55	73.92	86.28	98.58	59.84	70.40	80.96	112.66	128.52	144.34	89.80	103.00	116.18	160.22	178.66	197.16	137.32	153.16	168.98
56	77.44	89.80	102.10	63.36	73.92	84.48	121.48	138.20	154.88	98.58	112.66	126.76	168.98	188.34	207.72	146.12	162.86	179.54
57	82.74	95.96	109.14	68.66	80.08	91.54	130.28	147.86	165.46	107.38	122.36	137.32	177.80	198.06	218.28	154.88	172.50	190.10
58	88.02	102.10	116.18	73.92	86.28	98.58	139.08	157.58	176.02	116.18	132.04	147.86	191.88	213.88	235.88	163.74	182.18	200.68
59	96.84	111.78	126.76	79.22	92.44	105.62	147.86	167.24	186.58	125.00	141.72	158.44	200.68	223.56	246.44	177.80	198.06	218.28
60	102.10	117.94	133.80	88.02	102.10	116.18	158.44	179.54	200.68	139.08	157.58	176.02	214.76	239.40	264.04	186.58	207.72	228.86
61	107.38	124.14	140.82	91.54	105.62	119.70	167.24	189.22	211.24	147.86	167.24	186.58	223.56	249.10	274.60	195.40	217.40	239.40
62	116.18	133.80	151.36	96.84	111.78	126.76	176.02	198.92	221.78	156.70	176.92	197.16	232.36	258.76	285.16	209.48	233.26	256.98
63	121.48	139.96	158.44	102.10	117.94	133.80	184.82	208.62	232.36	165.46	186.58	207.72	246.44	274.60	302.78	218.28	242.92	267.56
64	126.76	146.12	165.46	107.38	124.14	140.82	193.64	218.28	242.92	174.28	196.28	218.28	255.26	284.28	313.32	227.10	252.60	278.12
65	135.56	155.82	176.02	116.18	133.80	151.36	207.72	234.14	260.50	188.34	212.12	235.88	269.34	300.16	330.92	241.18	268.48	295.72
66	156.70	178.66	200.68	133.80	153.16	172.50	235.88	264.04	292.20	213.00	238.54	264.04	302.78	336.24	369.66	271.08	301.02	330.92
67	179.54	204.20	228.86	154.88	176.02	197.16	265.84	296.64	327.40	242.92	271.08	299.26	339.76	375.82	411.90	304.54	337.12	369.66
68	200.68	227.10	253.46	176.02	198.92	221.78	299.26	332.72	366.12	271.08	301.02	330.92	376.70	415.42	454.16	337.98	373.18	408.38
69	223.56	252.60	281.64	193.64	218.28	242.92	329.18	365.24	401.32	297.50	330.06	362.60	415.42	457.66	499.90	373.18	411.90	450.64
70	246.44	278.12	309.82	216.52	243.82	271.08	362.60	401.32	440.08	327.40	362.60	397.80	452.42	497.28	542.16	406.64	448.02	489.34
71	267.56	301.02	334.46	237.66	266.68	295.72	392.54	433.92	475.28	355.56	392.54	429.50	485.82	533.38	580.88	436.54	480.56	524.56
72	290.44	326.54	362.60	255.26	286.06	316.84	422.46	466.46	510.48	381.98	421.60	461.18	524.56	575.60	626.66	471.74	519.30	566.78
73	311.58	349.44	387.26	276.36	308.94	341.50	455.92	502.56	549.22	410.16	451.54	492.86	561.54	615.22	668.88	505.20	555.38	605.52
74	334.46	374.94	415.42	297.50	331.84	366.12	485.82	535.12	584.40	440.08	484.08	528.08	598.48	654.84	711.14	538.64	591.44	644.26
75	360.84	404.00	447.12	320.36	357.36	394.28	519.30	571.20	623.14	469.98	516.64	563.28	637.22	697.06	756.94	573.82	630.18	686.50
76	410.16	456.80	503.42	369.66	410.16	450.64	573.82	630.18	686.50	524.56	575.60	626.66	693.54	758.70	823.80	630.18	691.80	753.36
77	459.44	509.62	559.76	418.94	462.94	506.94	631.94	692.66	753.36	582.66	638.12	693.54	749.86	820.28	890.68	686.50	753.36	820.28
78	512.26	565.92	619.62	471.74	519.30	566.78	691.80	757.82	823.80	642.50	703.22	763.94	809.72	885.40	961.08	746.36	818.52	890.68
79	563.28	621.40	679.44	522.82	574.72	626.66	749.86	820.28	890.68	700.58	765.74	830.86	866.04	947.02	999.98	802.68	880.12	957.56
80				575.60	631.08					760.44	830.86					862.54	945.28	
81				624.92	683.88					818.52	893.32					918.86	999.98	
82				679.44	742.84					878.38	958.48					978.70	999.98	
83				734.04	801.80					938.24	999.98					999.98	999.98	
84				788.58	860.80					998.06	999.98					999.98	999.98	

EXHIBIT XIV

RiverSource Life Insurance Company
Annual Premiums with 17% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						Deductible						Deductible					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
41	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
42	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
43	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
44	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
45	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
46	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
47	42.26	49.26	56.36	31.70	36.98	42.26	68.66	78.34	88.02	54.60	62.50	70.40	98.58	110.90	123.24	79.22	88.92	98.58
48	44.02	51.96	59.84	33.46	39.62	45.78	70.40	80.96	91.54	56.36	65.14	73.92	98.58	110.90	123.24	84.48	95.06	105.62
49	44.02	51.96	59.84	33.46	39.62	45.78	73.92	84.48	95.06	59.84	68.66	77.44	103.86	117.08	130.28	84.48	95.06	105.62
50	49.26	58.12	66.88	38.74	45.78	52.84	79.22	90.66	102.10	65.14	74.82	84.48	103.86	117.08	130.28	89.80	101.22	112.66
51	49.26	58.12	66.88	38.74	45.78	52.84	79.22	90.66	102.10	65.14	74.82	84.48	109.14	123.24	137.32	93.32	104.74	116.18
52	49.26	58.12	66.88	38.74	45.78	52.84	82.74	94.18	105.62	68.66	78.34	88.02	109.14	123.24	137.32	93.32	104.74	116.18
53	51.08	60.76	70.40	40.50	48.42	56.36	84.48	96.84	109.14	70.40	80.96	91.54	114.42	129.40	144.34	98.58	110.90	123.24
54	51.08	60.76	70.40	40.50	48.42	56.36	88.02	100.34	112.66	73.92	84.48	95.06	114.42	129.40	144.34	102.10	114.42	126.76
55	56.36	66.88	77.44	45.78	54.60	63.36	93.32	106.52	119.70	79.22	90.66	102.10	119.70	135.56	151.36	107.38	120.62	133.80
56	59.84	70.40	80.96	45.78	54.60	63.36	96.84	110.04	123.24	82.74	94.18	105.62	125.00	141.72	158.44	112.66	126.76	140.82
57	65.14	76.56	88.02	51.08	60.76	70.40	105.62	119.70	133.80	91.54	103.86	116.18	133.80	151.36	168.98	117.94	132.92	147.86
58	70.40	82.74	95.06	56.36	66.88	77.44	110.90	125.88	140.82	96.84	110.04	123.24	142.60	161.10	179.54	126.76	142.60	158.44
59	75.70	88.92	102.10	59.84	70.40	80.96	119.70	135.56	151.36	105.62	119.70	133.80	151.36	170.76	190.10	132.04	148.76	165.46
60	84.48	98.58	112.66	65.14	76.56	88.02	125.00	141.72	158.44	110.90	125.88	140.82	160.22	180.44	200.68	140.82	158.44	176.02
61	88.02	102.10	116.18	70.40	82.74	95.06	133.80	151.36	168.98	119.70	135.56	151.36	168.98	190.10	211.24	146.12	164.58	183.06
62	93.32	108.26	123.24	73.92	86.28	98.58	139.08	157.58	176.02	125.00	141.72	158.44	177.80	199.80	221.78	151.36	170.76	190.10
63	98.58	114.42	130.28	79.22	92.44	105.62	147.86	167.24	186.58	133.80	151.36	168.98	186.58	209.48	232.36	160.22	180.44	200.68
64	103.86	120.62	137.32	84.48	98.58	112.66	153.16	173.40	193.64	139.08	157.58	176.02	195.40	219.16	242.92	165.46	186.58	207.72
65	112.66	130.28	147.86	89.80	104.74	119.70	161.94	183.06	204.20	147.86	167.24	186.58	204.20	228.86	253.46	174.28	196.28	218.28
66	126.76	146.12	165.46	103.86	120.62	137.32	179.54	202.44	225.30	161.94	183.06	204.20	228.86	255.26	281.64	191.88	215.64	239.40
67	140.82	161.94	183.06	117.94	136.44	154.88	197.16	221.78	246.44	176.02	198.92	221.78	253.46	281.64	309.82	209.48	235.02	260.50
68	158.44	181.30	204.20	132.04	152.28	172.50	216.52	243.82	271.08	190.10	214.76	239.40	279.88	310.70	341.50	228.86	256.98	285.16
69	172.50	197.16	221.78	146.12	168.10	190.10	234.14	263.18	292.20	204.20	230.62	256.98	304.54	337.12	369.66	246.44	276.36	306.30
70	191.88	219.16	246.44	160.22	183.96	207.72	256.98	288.68	320.36	218.28	246.44	274.60	330.92	366.12	401.32	265.84	298.38	330.92
71	205.96	235.02	264.04	174.28	199.80	225.30	274.60	308.06	341.50	232.36	262.32	292.20	355.56	392.54	429.50	283.40	317.74	352.06
72	220.04	250.86	281.64	188.34	215.64	242.92	292.20	327.40	362.60	246.44	278.12	309.82	380.22	418.94	457.66	301.02	337.12	373.18
73	237.66	270.20	302.78	202.44	231.50	260.50	311.58	349.44	387.26	260.50	293.96	327.40	406.64	448.02	489.34	320.36	359.08	397.80
74	251.74	286.06	320.36	216.52	247.34	278.12	329.18	368.78	408.38	274.60	309.82	345.02	431.28	474.40	517.52	337.98	378.46	418.94
75	271.08	308.06	345.02	234.14	266.68	299.26	352.06	394.28	436.54	288.68	325.66	362.60	457.66	503.42	549.22	360.84	404.00	447.12
76	306.30	346.80	387.26	269.34	305.42	341.50	383.74	429.50	475.28	320.36	360.84	401.32	496.38	545.70	594.96	399.58	446.24	492.86
77	345.02	389.02	433.02	308.06	347.66	387.26	418.94	468.22	517.52	355.56	399.58	443.60	535.12	587.92	640.74	438.34	488.48	538.64
78	385.50	433.92	482.32	348.54	392.54	436.54	450.64	503.42	556.26	387.26	434.80	482.32	573.82	630.18	686.50	477.04	530.72	584.40
79	420.72	472.68	524.56	383.74	431.28	478.80	487.60	544.82	602.00	424.24	476.16	528.08	612.56	672.40	732.28	515.78	572.96	630.18
80				424.24	476.16					455.92	511.38					554.50	615.22	
81				462.94	518.42					491.12	550.12					593.22	657.48	
82				503.42	563.28					528.08	591.44					631.94	699.70	
83				543.96	608.16					565.04	632.82					670.66	741.96	
84				584.40	653.08					602.00	674.18					709.38	784.18	

Attachment 1

RiverSource Life Insurance Company
Long-Term Care Insurance
Nonforfeiture Benefit Rider

Rider Form 30165A
(For Policy Form 30160A-VA)

Issue Age	Percentage of Premium
40	30%
41	30%
42	30%
43	30%
44	30%
45	30%
46	30%
47	30%
48	30%
49	30%
50	30%
51	30%
52	30%
53	30%
54	30%
55	30%
56	30%
57	30%
58	30%
59	30%
60	30%
61	30%
62	30%
63	30%
64	30%
65	30%
66	29%
67	28%
68	27%
69	26%
70	25%
71	24%
72	23%
73	22%
74	21%
75	20%
76	19%
77	18%
78	17%
79	16%
80	15%
81	15%
82	15%
83	15%
84	15%

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

November 1, 2015

9100-70000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2016, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.83, beginning with the premium payment that is due January 15, 2016. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may offset this premium increase. **Please note that these options may not all be of equal value to you.**

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

November 1, 2015

9100-60000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due January 15, 2016. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the January 15, 2016 due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. **Please note that these options may not all be of equal value to you.**

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

You may also consider reducing your Home Care coverage benefits.

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor before you stop paying premiums and reduce your benefit period.

Please note that these options, or options similar to them, will be available to you if there any additional premium increases on your policy in the future.

Please note that you can modify your benefits at any time.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than December 15, 2015 to ensure your requested changes are processed before January 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before December 15, 2015, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:
> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
Statement of Variability
Form 112459 Endorsement

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Field	Scope of Variation
Address	Will insert the company home address.
Phone number	Will insert the current toll free number.
Policy Number	Will insert policy number
Insured	Will insert name of insured
Coverage Change	This will reflect the choices each policyholder has made. The text in each category below reflects the respective approved policy language. The range of options is as follows:
Daily Benefit Amount	This will only appear if the Daily Benefit Amount is changed. If it is changed, the range of text that may appear is: Original Nursing Home Daily Benefit changed to $XX.XX Original Daily Benefit – Nursing Home changed to $XX.XX Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX Original Covered Care Daily Maximum changed to $XX.XX Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX $XX.XX will represent the insured policy specific data.
Benefit Period	This will only appear if the Benefit Period is changed. If it is changed, the range of text that may appear is: Nursing Home Benefit Limit changed to XX days Confinement Benefit Limit changed to XX days Home Care Rider Maximum Payment Period changed to XX days Covered Care Maximum Payment Period changed to XX days Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ $XX.XX and XX will represent the insured policy specific data.
Elimination Period	This will only appear if the Elimination Period is changed. If it is changed, the range of text that may appear is: Nursing Home Deductible Period changed to XX days Confinement Benefit Deductible (Elimination Period) changed to XX days Covered Care Deductible (Elimination Period) changed to XX days Deductible Period to XX days XX will represent the insured policy specific data.
Benefit Increase Option	This will only appear if the Benefit Increase Option is changed. If it is changed, the range of text that may appear is:
	Benefit Increase Option – Thru Age 85 Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Home Care Benefit Rider Increase Option – Thru Age 85 Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"

	Home and Community Care Rider Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "No" or "Yes SIMPLE 5% BENEFIT INCREASE: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increase will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts. Your lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where: (a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and (b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year."
Optional Home Care Rider is eliminated	This will appear if the optional home care rider is eliminated.
Administrative information	The version letter/print date will be changed if any future changes are made to bracketed items for Company address, phone number, or Secretary. The date range will also use 1-12 for the months and the last two numbers of a year.
Effective Date	Will insert effective date of the change
Signature	Will insert the signature and title of current company Corporate Secretary.

RiverSource Life Insurance Company
Statement of Variability
Forms 112016 and 112018

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Form 112016

Field	Scope of Variation
Address	Will insert the company home address.
Logo	If company logo changes, will insert new logo.
Date	Will insert date of letter.
Policy Number	Will insert policy number.
Name and Address	Will insert policyholder's name and address.
Effective Date	Will insert date the rate increase on the policy will go in to effect.
Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
Web Address	If Bureau of Virginia's website address changes, will insert new web address.
Rate Increase History	Will insert the rate increase history for applicable policy form.
Premium Mode	Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly).
Current Premium	Will insert policyholder's current modal premium amount.
New Premium	Will insert policyholder's modal premium amount after the rate increase.
Letter Closing	Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
Administrative Information	The version letter/print date will be changed if any future changes are made to bracketed items for the Company address, phone number, Secretary, logo and technology coding. The range will be A-Z. The date range will also use 1-12 for the month and the last two numbers of a year.
Technology Coding	Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

Form 112018

Field	Scope of Variation
Address	Will insert the company home address.
Logo	If company logo changes, will insert new logo.
Date	Will insert date of letter.
Policy Number	Will insert policy number.
Name and Address	Will insert policyholder's name and address.
Effective Date	Will insert date the rate increase on the policy will go in to effect.
Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
Web Address	If Bureau of Virginia's website address changes, will insert new web address.
Rate Increase History	Will insert the rate increase history for applicable policy form.
Premium Mode	Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly).
Current Premium	Will insert policyholder's current modal premium amount.
New Premium	Will insert policyholder's modal premium amount after the rate increase.
Nursing Home Daily Benefit Amount	Will insert policyholder's current nursing home daily benefit amount.

Alternate Nursing Home Daily Benefit Amount	Will insert the nursing home daily benefit amount that policyholder can reduce their cover to in order to keep the premium after the rate increase approximately the same as the current premium.
Alternate Premium Amount	Will insert the new modal premium after the rate increase if policyholder chooses to reduce the daily benefit to a level that will keep the premium after the rate increase approximately the same as the current premium. Statement only appears if the client has that respective benefit, option or rider.
EffectiveDate1	Will insert the date, which is one month prior to the increase effective date, that we ask the policyholder to get the change request form submitted by in order to ensure the request completed by the increase effective date.
Letter Closing	Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
Administrative Information	T The version letter/print date will be changed if any future changes are made to bracketed items for the Company address, phone number, Secretary, logo and technology coding. The range will be A-Z. The date range will also use 1-12 for the month and the last two numbers of a year.
Technology Coding	Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement

Policy: **9100-1234567**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Nursing Home Daily Benefit changed to $100.00

Elimination Period

Nursing Home Deductible Period changed to 180 days

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective 02/15/2016.

RiverSource Life Insurance Company

Secretary

RIVERSOURCE LIFE INSURANCE COMPANY
June 29, 2015
STATEMENT OF VARIABILITY

Brackets have been placed around various items in the forms in order to indicate that they are variable and subject to change by us as explained below.

Formatting may change due to future changes in typestyle and/or electronic generation of the forms. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Form 112018

1. Company Address: If company address changes, will insert new address
2. Company Logo: If company logo changes, will insert new logo
3. Date: Will insert date of letter
4. Policy Number: Will insert policy number
5. Name and Address: Will insert policyholder's name and address
6. Effective Date: Will insert date the rate increase on the policy will go in to effect
7. Web Address: If Bureau of Virginia's website address changes, will insert new web address.
8. Rate Increase History: Will insert the rate increase history for applicable policy form
9. Premium Mode: Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly)
10. Current Premium: Will insert policyholder's current modal premium amount
11. New Premium: Will insert policyholder's modal premium amount after the rate increase
12. Nursing Home Daily Benefit Amount: Will insert policyholder's current nursing home daily benefit amount
13. Alternate Nursing Home Daily Benefit Amount: Will insert the nursing home daily benefit amount that policyholder can reduce their cover to in order to keep the premium after the rate increase approximately the same as the current premium
14. Alternate Premium Amount: Will insert the new modal premium after the rate increase if policyholder chooses to reduce the daily benefit to a level that will keep the premium after the rate increase approximately the same as the current premium
15. Statement only appears if the client has that respective benefit, option or rider
16. **EffectiveDate1**: Will insert the date, which is one month prior to the increase effective date, that we ask the policyholder to get the change request form submitted by in order to ensure the request completed by the increase effective date
17. Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
18. The version letter/print date will be changed if any future changes are made to items bracketed as variable. The range will be A-Z except never "B, I, I, Q or S". The date range will alsouse 1-12 for the month and the last two numbers of a year, from 2015 and beyond.
19. Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

Form 112016

1. Company Address: If company address changes, will insert new address
2. Company Logo: If company logo changes, will insert new logo
3. Date: Will insert date of letter

4. Policy Number: Will insert policy number
5. Name and Address: Will insert policyholder's name and address
6. Effective Date: Will insert date the rate increase on the policy will go in to effect
7. Web Address: If Bureau of Virginia's website address changes, will insert new web address.
8. Rate Increase History: Will insert the rate increase history for applicable policy form
9. Premium Mode: Will insert the frequency policyholder pays premiums (annual, semi-annual, quarterly, monthly)
10. Current Premium: Will insert policyholder's current modal premium amount
11. New Premium: Will insert policyholder's modal premium amount after the rate increase
12. Letter Closing: Closing of the letter may be changed due to formatting, style, and contact information.
13. The version letter/print date will be changed if any future changes are made to items bracketed as variable. The range will be A-Z except never "B, I, I, Q or S". The date range will alsouse 1-12 for the month and the last two numbers of a year, from 2015 and beyond.
14. Technology System Coding: Technology system coding may be changed to facilitate electronic distribution and identification of form.

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

November 1, 2015

9100-70000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2016, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.83, beginning with the premium payment that is due January 15, 2016. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may offset this premium increase. Note that all these options may not be of equal value to you.

For more information or assistance, please contact:

- your financial advisor, **Advisor Name**, at **(999) 000-9999**
- an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

November 1, 2015

9100-60000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due January 15, 2016. Note that the new

premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the January 15, 2016 due date.

You have options

We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

You may also consider reducing your Home Care coverage benefits.

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor before you stop paying premiums and reduce your benefit period.

Carefully consider your options

It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than December 15, 2015 to ensure your requested changes are processed before January 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before December 15, 2015, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

November 1, 2015

9100-70000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-70000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2016, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.83, beginning with the premium payment that is due January 15, 2016. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may offset this premium increase. Note that all these options may not be of equal value to you.

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12345 Advisor Name

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Minneapolis, MN 55474
riversource.com

November 1, 2015

9100-60000000-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000000-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

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Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due January 15, 2016. Note that the new

premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the January 15, 2016 due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor before you stop paying premiums and reduce your benefit period.

Carefully consider your options

It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than December 15, 2015 to ensure your requested changes are processed before January 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before December 15, 2015, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

November 1, 2015

9100-60000001-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000001-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective January 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $153.78 to $179.86, beginning with the premium payment that is due January 15, 2016. Note that the new

premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the January 15, 2016 due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $150.00 to $128.00, your monthly premium would be $153.54. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than December 15, 2015 to ensure your requested changes are processed before January 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before December 15, 2015, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

March 1, 2016

9100-60000002-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000002-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective May 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your annual premium payment will increase from $718.70 to $840.90, beginning with the premium payment that is due May 15, 2016. Note that the new

premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the May 15, 2016 due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $114.61 to $98.56, your annual premium would be $723.17. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor before you stop paying premiums and reduce your benefit period.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available

options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than April 15, 2016 to ensure your requested changes are processed before May 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before April 15, 2016, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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70100 Ameriprise Financial Center
Minneapolis, MN 55474
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March 1, 2016

9100-60000003-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000003-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective May 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

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Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your annual premium payment will increase from $718.70 to $840.90, beginning with the premium payment that is due May 15, 2016. Note that the new

premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the May 15, 2016 due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $114.61 to $98.56, your annual premium would be $723.17. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  You may also consider reducing your Home Care coverage benefits.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than April 15, 2016 to ensure your requested changes are processed before May 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before April 15, 2016, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit

change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

July 1, 2016

9100-60000004-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000004-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective September 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your semi-annual premium payment will increase from $708.74 to $829.14, beginning with the premium payment that is due September 15, 2016. Note that the new

premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the September 15, 2016 due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $144.00 to $122.40, your semi-annual premium would be $704.83. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

  Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

  If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

  Please consult with your advisor before you stop paying premiums and reduce your benefit period.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several

documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than August 15, 2016 to ensure your requested changes are processed before September 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before August 15, 2016, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

July 1, 2016

9100-60000005-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000005-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective September 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your semi-annual premium payment will increase from $708.74 to $829.14, beginning with the premium payment that is due September 15, 2016. Note that the new

premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the September 15, 2016 due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $144.00 to $122.40, your semi-annual premium would be $704.83. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

  Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than August 15, 2016 to ensure your requested changes are processed before September 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before August 15, 2016, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

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Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

February 1, 2016

9100-60000006-7 004

JOHN DOE
ADDRESS LINE 1
City, VA 99999-9999

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
9100-60000006-7 004

Dear JOHN DOE,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective April 15, 2016, which is your next policy anniversary date.

Reasons for this increase
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.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance. The Bureau of Insurance has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase. All premium rate increase filings are available for public inspection and may be accessed online through the Bureau of Insurance' website at www.scc.virginia.gov/BOI.

Please note that the company periodically reviews anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the state of Virginia in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy. Prior to this increase, there have been two premium increases approved in Virginia on policies like yours, including a 33.1% increase spread over three years followed by a 13% increase.

Your new premium
When this increase takes effect, your monthly premium payment will increase from $91.88 to $107.40, beginning with the premium payment that is due April 15, 2016. Note that the new

premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the April 15, 2016 due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $185.00 to $157.25, your monthly premium would be $91.37. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor before you stop paying premiums and reduce your benefit period.

Carefully consider your options
It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than March 15, 2016 to ensure your requested changes are processed before April 15, 2016, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before March 15, 2016, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, **Advisor Name**, at **(999) 000-9999**
> an Ameriprise Financial client service representative at **1 (866) 863-9497**, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

12345 Advisor Name

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Rate Review Requirements Checklist
For all Rate Filings for Forms Issued in the Individual and Small Group Markets, Hospital Confinement Indemnity, Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis, and Medicare Supplement

NOTE: This document is intended to assist carriers in preparing rate filings for individual and selected group accident and sickness insurance coverage for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. <u>It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.</u> Note that some regulatory references in the comments column are approximate. Please review the applicable Administrative Code for the full text of the regulation.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
General Filing Requirements				
Transmittal Letter	14 VAC 5-100-40 1	A letter of transmittal must be submitted with each filing.	Cover Letter	
Information about the filing	14 VAC 5-100-70	When submitting an Individual Accident and Sickness form, a company must file the applicable rates, rules and classification of risks with the Commission.	Cover Letter	
Company Name and NAIC No.	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.	Cover Letter	
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for health insurance rate filings. Failure to provide the applicable information will result in a "REJECTED" filing.***		
General Information Filing Description		All submissions must provide a brief summary of the filing, including a statement describing whether the rate or rate manual is new or a revision of an existing rate or rate manual.	Cover Letter	
		Identification of SERFF or state tracking number for the previously approved rate or rate manual.	Cover Letter	
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	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
Rate Changes		(i) Include a statement regarding an increase, decrease, revision of former rates. (ii) Specify the percentage amount(s) of the change(s). (iii) Specify the number of affected policyholders. (iv) Specify the reason for the proposed change(s).	Act Mem Section 16 Act Mem Section 16 Act Mem, Section 20 Act Mem, Section 16	
	14 VAC 5-130-50 B	Include an actuarial memorandum describing the basis on which rates were determined including a description of the calculation of the anticipated loss ratio.	Act Mem, Sections 5, 14, 16	
Individual and Small Group Markets – Uniform Age Rating Curve	14 VAC 5-130- 50 E 1	Premium rates with respect to a particular plan or coverage may only vary by: (a) Whether the plan or coverage covers an individual or family (b) The rating area (c) Age, consistent with the Uniform Age Rating Curve table in 14 VAC 5-130-50 E (d) Tobacco use, except the rate must not vary more than 1.5 to 1. If included in a small group form, employees must be given the option to avoid the tobacco surcharge by participating in certain wellness programs.		
	14 VAC 5-130-50 E 2	A premium rate must not vary by any other factor not described in 14 VAC 5-130-50 E 1.		
	14 VAC 5-130-50 E 3	For family coverage, permitted rating variations must be applied based on the portion of premium attributable to each family member covered under the plan. With respect to family members under age 21, the premiums for no more than the three oldest covered children must be taken into account in determining the total family premium.		
	14 VAC 5-130-50 E 4	The premium charged must not be adjusted more frequently than annually except that the premium rate may be changed to reflect changes to: (i) Family composition of the member or, (ii) Coverage requested by the member.		
Accident and Sickness Insurance Rate Filing Requirements – Filing a Rate for a New Policy Form	14 VAC 5-130-60 A	New rate submission must include: (i) Form number of applicable policy or certificate, application, and endorsements; (ii) Rate Sheet(s); (iii) Unified Rate Review Template *(only for rates applicable in the individual a2nd small group health insurance markets).*		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-60 B	An Actuarial Memorandum that includes:		
	14 VAC 5-130-60 B 1	A description of the type of policy or coverage, including benefits, renewability, general marketing method, and issue age limits.		
	14 VAC 5-130-60 B 2	A description of how rates were determined, including the general description and source of each assumption used.		
	14 VAC 5-130-60 B 3	The estimated average annual premium per policy and per member.		
	14 VAC 5-130-60 B 4	The anticipated loss ratio and a description of how it was calculated.		
	14 VAC 5-130-60 B 5	The minimum anticipated loss ratio presumed reasonable in accordance with 14 VAC 5-130-65.		
	14 VAC 5-130-60 B 6	If the anticipated loss ratio is less than the minimum anticipated loss ratio, include supporting documentation for the use of such premiums.		
	14 VAC 5-130-60 B 7	*For coverage issued in the Individual or Small Group Health Insurance Market:* A certification by a qualified actuary of the actuarial value of each plan of benefits included and the AV calculation summary.		
	14 VAC 5-130-60 B 8	A certification by a qualified actuary that, to the vest of his or her knowledge and judgment, the rate filing is in compliance with the applicable laws and regulations of Virginia and the premiums are reasonable in relation to the benefits provided.		
Reasonableness of benefits in relation to initial premiums	14 VAC 5-130-65 A	Benefits are deemed reasonable in relation to premiums if the anticipated loss ratio of policy form, including riders and endorsements, is at least as great as specified in the table provided, taking into account the qualifications and adjustments in subdivisions 1 through 9 below. The below anticipated loss ratio standards do not apply to a class of business where such standards are in conflict with specific statutes or regulations.		

<table>
<tr><th>REVIEW REQUIREMENTS</th><th>REFERENCE</th><th>COMMENTS</th><th>LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER</th><th>FILER'S NOTES</th></tr>
<tr><td></td><td>14 VAC 5-130-65 A 1</td><td colspan="6">If the expected average annual premium is at least $200 but less than $1,000.</td><td></td><td></td></tr>
<tr><td></td><td></td><td>Type of Coverage</td><td colspan="5">Renewal Clause</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td>OR</td><td>CR</td><td>GR</td><td>NC</td><td>Other</td><td></td><td></td></tr>
<tr><td></td><td></td><td>Hospital Confinement Indemnity</td><td>60%</td><td>55%</td><td>55%</td><td>50%</td><td>60%</td><td></td><td></td></tr>
<tr><td></td><td></td><td>Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis</td><td>60%</td><td>55%</td><td>50%</td><td>45%</td><td>60%</td><td></td><td></td></tr>
<tr><td></td><td>14 VAC 5-130-65 A 2</td><td colspan="6">If the expected average annual premium is $100 or more but less than $200, subtract five percentage points from the numbers in the table.</td><td></td><td></td></tr>
<tr><td></td><td>14 VAC 5-130-65 A 3</td><td colspan="6">If the expected average annual premium is less than $100, subtract 10 percentage points from the numbers in the table.</td><td></td><td></td></tr>
<tr><td></td><td>14 VAC 5-130-65 A 4</td><td colspan="6">If the expected average annual premium is $1,000 or more, add five percentage points to the numbers in the table.</td><td></td><td></td></tr>
<tr><td></td><td>14 VAC 5-130-65 A 5</td><td colspan="6">Group Medicare supplement policies are expected to return to policyholders in the form of aggregate benefits under the policy at least 75% of the aggregate amount of premiums collected.</td><td></td><td></td></tr>
</table>

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-65 A 6	Medicare supplement policies issued prior to July 30, 1992, as a result of solicitation of individuals through the mail or by mass media advertising, which shall include both print and broadcast advertising, are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		
	14 VAC 5-130-65 A 7	Medicare supplement policies issued prior to July 30, 1992, sold on an individual rather than a group basis are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		
	14 VAC 5-130-65 A 8	All health insurance coverage issued in the individual health insurance market shall be originally priced to meet a minimum 75% loss ratio and must be guaranteed renewable or noncancellable.		
	14 VAC 5-130-65 A 9	All health insurance coverage issued in the small group health insurance market must be originally priced to meet a minimum 75% loss ratio and must be guaranteed renewable or noncancellable.		
	14 VAC 5-130-65 B	The average annual premium per policy per member shall be computed by the health insurance issuer based on an anticipated distribution of business by all applicable criteria having a price difference, such as age, sex, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies *(i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation).*		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
All Accident and Sickness Forms; Subscriber Contracts of Hospital, Medical or Surgical Plans; Dental Plans; Optometric Plans; Health Insurance Coverage in the Individual and Small Group Markets; Group Medicare supplement forms and subscriber contracts of hospital, medical or surgical plans – Filing a Rate Revision	14 VAC 5-130-70 A	(i) New Rate Sheet; (ii) All information required by SERFF; and (iii) Unified Rate Review Template (individual and small group health insurance markets).	(i) Act Mem, Exhibit XIV (ii) SERFF	
	14 VAC 5-130-70 B	Actuarial Memorandum	Act Mem	
	14 VAC 5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Act Mem, Section 2	
	14 VAC 5-130-70 B 2	The scope and reason for the premium or rate revision.	Act Mem, Section 16	
	14 VAC 5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Act Mem, Exhibit XIII	
	14 VAC 5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Act Mem, Section 4	
	14 VAC 5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) average overall change, including a detailed explanation of how the change was determined.	Act Mem, Section 17	
	14 VAC 5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* Submit Form 130-A showing historical and projected experience, including: (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through	Act Mem, Exhibits VIII and IX Actual and projected experience are based on historical experience through March 31, 2014, which is the most recent data available.	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and (iii) If blended, provide the credibility factor assigned to the national experience.	Act Mem, Section 14 N/A	
	14 VAC 5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	Act Mem, Section 15	
	14 VAC 5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	Act Mem, Sections 5, 14, 16	
	14 VAC 5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	N/A	
	14 VAC 5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	Act Mem, Section 14, Exhibits VIII and IX Act Mem, Exhibits VIII and IX	
	14 VAC 5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	Act Mem, Exhibit XII	
	14 VAC 5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	N/A	
	14 VAC 5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such members in the year immediately prior to the filing of the rate revision.	Act Mem, Section 20	
	14 VAC 5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Act Mem, Section 21	
	14 VAC 5-130-70 B 15	For coverage issued in the individual or small group health insurance markets, a certification by a qualified actuary of the		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		actuarial value of each plan of benefits included and the AV calculation summary.		
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 A 1	For individual accident and sickness insurance, individual, and group Medicare supplement insurance, and coverage issued in the individual market, with respect to filings of rate revisions for a previously approved form, benefits shall be deemed reasonable in relation to premiums provided the present values of the future and lifetime loss ratios are at least as great as the standards in 14 VAC 5-130-70 B 11.		
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 B	For coverage issued in the small group health insurance market, the anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage must be at least as great as the standards in 14 VAC 5-130-70 B 11.		
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 C	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14 VAC 5-130-65 A, except the average annual premium shall be determined on actual rather than anticipated distribution of business.		
Medicare Supplement Requirements		*Applicable requirements for Medicare Supplement insurance rate filings in addition to the above:*		
Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.		
Pre-Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 3	For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet: (a) The originally filed anticipated loss ratio when combined with the actual experience since inception; (b) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and (c) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.		
Annual Rate and Experience Filing	14 VAC 5-170-120 C	An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.		
Actuarial Certification for Medicare Supplement Rate Revision Filings	14 VAC 5-170-120 C	For annual rate and experience filings, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at: www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and 6. The premiums are reasonable in relation to the benefits provided.		
Actuarial Certification for Medicare Supplement Rate Revision Filings	14 VAC 5-170-130 B	For proposed rate changes, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuary Standards Board including the data qualify standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.		
Chance in the Rating Structure or Methodology of a Medicare Supplement Form	14 VAC 5-170-130 D 3	A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements: (a) The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. (b) The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.		
For Coverage in the Individual and Small Group Health Insurance Markets Risk Pools and Index Rates	14 VAC 5-130-81 A & B	The claims experience of all enrollees in all health benefit plans are members of a single risk pool. *(Not applicable to grandfathered coverage).*		
	14 VAC 5-130-81 C	Each plan year or policy year, as applicable, a health insurance issuer shall: 1. Establish an index rate based on the total combined claim costs for providing essential health benefits within the single risk pool of the individual or small group market; 2. The index rate may be adjusted on a market-wide basis based on the total expected market-wide payments and charges under the risk adjustment and reinsurance		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		programs in this Commonwealth, and 3. The premium rate for all of the health insurance issuer's plans shall use the applicable index rate, as adjusted in accordance with subsection D of this section.		
	14 VAC 5-130-81 D	A health insurance issuer may vary premium rates for a particular plan from its index rate for a relevant state market based only on the following actuarially justified plan-specific factors: 1. The actuarial value and cost-sharing design on the plan. 2. The plan's provider network, delivery system characteristics, and utilization management practices. 3. The benefits provided under the plan that are in addition to the essential health benefits. These additional benefits shall be pooled with similar benefits within a single risk pool and the claims experience from those benefits shall be utilized to determine rate variations for plans that offer those benefits in addition to essential health benefits. 4. Administrative costs, excluding health benefit exchange user fees. 5. With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.		

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 rate revisions. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

I hereby certify that I have reviewed the attached rate revision filing and determined that it is in compliance with the rate revision checklist.

Signed: Anju Gupta-Lavey Digitally signed by Anju Gupta-Lavey DN: cn=Anju Gupta-Lavey, o, ou, email=anju.x.gupta-lavey@ampf.com, c=US Date: 2014.09.09 15:40:30 -05'00'

Name (please print): Anju Gupta-Lavey

Company Name: RiverSource Life Insurance Company

Date: 09/09/2014 Phone No: ( ) (612) 671-2909 FAX No: ( ) (612) 671-3880

E-Mail Address: anju.x.gupta-lavey@ampf.com

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

September 2014

Policy form 30160A-VA is an individual policy form providing benefits to individuals for confinement in a nursing home with home care services. This form was issued in Virginia from March 15, 1998 to December 15, 2000. It was updated with endorsement form 32100 for applications received starting May 19, 2000; this memorandum does not apply to policies with the endorsement.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

2. Description of Benefits

This is a federally tax qualified, individually underwritten policy form that provides comprehensive long term care coverage. Benefits are payable for nursing home and assisted living facility (ALF) care, home and community care, adult day care, respite care, caregiver training, and case management services. Equipment purchase benefits are also included with a lifetime maximum of 50 times the home and community care daily maximum benefit amount. Benefits may be payable for other supplies and services if they are specified in an alternate plan of care agreed to by the insured, the insured's physician and RiverSource Life Insurance Company ("RiverSource Life").

This policy reimburses expenses incurred by the insured subject to the amount of coverage purchased. The facility care daily maximum benefit (FCDMB) is elected by the proposed insured at the time of application. This facility care daily maximum benefit amount is applied to nursing home, ALF, bed reservation, respite care, and alternative plan of care benefits. The home and community care daily maximum benefit amount is also elected by the proposed insured at the time of application and is a percentage (50%, 75%, or 100%) of the facility care daily maximum benefit amount. The home and community care daily maximum benefit amount is applied to home care and adult day care.

A lifetime maximum benefit amount is also elected at the time of application. This establishes the maximum amount that will be paid under the policy for the combined total of all benefit payments. The choices are 730 x FCDMB, 1,460 x FCDMB, 2,190 x FCDMB, and unlimited.

INFLATION PROTECTION
At the time of application the proposed insured can elect no benefit increase, the simple benefit increase option, or the compound benefit increase option. The simple benefit increase option will increase the daily maximum benefit amounts (both facility and home and community care amounts) by 5% of the original daily maximum benefit amount each year starting with the second policy year and continuing for the life of the policy, while the compound benefit increase option will increase the previous year's daily maximum benefit amounts (both the facility and home and community care amounts) by 5% each year starting with the second policy year and continuing for the life of the policy. The increasing benefits apply even when the policy is in claim status. Also, the remaining

lifetime maximum benefit amount, before the increase, will increase each policy year by the same percentage that the facility care daily maximum benefit amount increases. When the total amount paid under a policy is equal to the current lifetime maximum benefit amount, the policy is terminated.

DEDUCTIBLE PERIOD
Benefit payments commence after a deductible period of 20 or 90 days of service, depending on the plan initially chosen. Satisfaction of the deductible period begins with the first day on which benefit eligibility is established and expenses are incurred for which payment would be made if there were no deductible period. Only days in which services are used are credited toward satisfaction of the deductible period. These days do not need to be consecutive, but they must occur within a continuous period of three times the number of days in the deductible period. Only one deductible period needs to be satisfied during the lifetime of the policy.

The deductible period applies to all policy benefits except caregiver training, case management, equipment purchase, and respite care. Days for which the only expenses incurred are expenses that are not subject to the deductible period will not be used to satisfy the deductible period.

BENEFIT ELIGIBILITY AND CONDITIONS
A licensed health care practitioner must certify the following eligibility conditions at least annually. Benefit eligibility is based on the following: (a) the insured being unable to perform at least 2 or more of the following 5 activities of daily living (ADLs): (1) eating, (2) toileting, (3) transferring, (4) dressing, and (5) continence, without substantial assistance for a period of at least 90 days due to a loss of functional capacity, or (b) severe cognitive impairment requiring substantial supervision, or (c) the insured having a level of disability similar to that described in (a) above, based on standards established by the Secretary of the Treasury.

A Medicare non-duplication provision excludes benefits that otherwise would be paid but for the application of a Medicare deductible or coinsurance amount.

FACILITY CARE BENEFITS
Facility care benefits are payable for nursing home confinement, whether skilled, intermediate, or custodial levels of care are received. Hospital confinement is not a prerequisite for benefit entitlement. Once benefit eligibility is established and the deductible period is satisfied, expenses incurred as a resident inpatient in a nursing home will be reimbursed up to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Facility care benefits are also payable for stays in a qualified ALF. A qualified ALF is one that has a minimum of 8 inpatients and has a 24-hour awake, trained, and ready to respond staff. Once benefit eligibility is established and the deductible period is satisfied, expenses incurred as a resident inpatient in an ALF will be reimbursed up to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Premium payments will be waived during extended nursing home and ALF stays. This waiver begins after 90 days of confinement (including during the deductible period) in a nursing home or ALF. These days do not need to be consecutive, but they must occur within a continuous period of 180 days. The waiver stops once nursing home and ALF benefits cease. Home or community care benefit days do not have premiums waived and are not counted towards satisfying the waiver of premium deductible period.

If a temporary hospitalization is required during a period of confinement in a nursing home or ALF, and there is a charge to reserve a bed in the facility, this policy will pay the facility care daily maximum benefit amount for up to 21 days per policy year. These days also count towards satisfying the deductible period.

HOME CARE BENEFITS
Home care benefits covered at 100% of the home and community care daily maximum benefit amount are services provided by a nurse, a licensed physical, occupational or speech therapist, a home health aide, a personal care attendant, and adult day care. Home care benefits covered at 80% of the home and community care daily maximum benefit amount are homemaker and chore services. These expenses will be reimbursed subject to the percent of the home and community care daily maximum benefit amount listed above on the day expenses are incurred.

ADDITIONAL BENEFITS
Benefits in this section do not count against either the facility or home and community care daily maximum benefit amounts. They are, however, deducted from the lifetime maximum benefit amount, except for certain case management services described below. These expenses are not subject to the deductible period and they may not be used to satisfy the deductible period.

Expenses incurred for the first 14 days of respite care received during a policy year will be reimbursed subject to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Pre-approved equipment purchase expenses will be reimbursed up to a lifetime maximum of 50 times the home and community care daily maximum benefit amount. This equipment must be expected to help the insured remain in their home for at least 90 days.

Caregiver training expenses will be reimbursed up to a lifetime maximum of 5 times the home and community care daily maximum benefit amount.

The initial assessment fee for case management services is reimbursable, but to the extent it exceeds 5 times the facility care daily maximum benefit amount, it will be deducted from the lifetime maximum benefit amount. Other fees charged for case management services are reimbursable, but to the extent they exceed 2 times the facility care daily maximum benefit amount per use, they are deducted from the lifetime maximum benefit amount.

NONFORFEITURE BENEFIT RIDER
At issue, the insured has the option to select a nonforfeiture benefit rider. The nonforfeiture benefit rider provides a reduced lifetime maximum benefit amount upon lapse. The facility and home and community care daily maximum benefit amounts will continue at the same level as of the date of lapse, regardless of whether a benefit increase option was selected by the insured at issue.

The nonforfeiture benefit will begin if the policy terminates due to nonpayment of premium after the policy and rider have been inforce for at least 3 years. The reduced lifetime maximum benefit amount is determined as the sum of all premiums paid at the time of lapse, including the premiums for the nonforfeiture benefit rider. The reduced lifetime maximum benefit amount will not be less than 30 times the facility care daily maximum benefit amount at the time of lapse. However, in no case will the sum of the benefits paid during the premium paying period and the reduced lifetime maximum benefit amount exceed the lifetime maximum benefit amount at time of lapse.

The provisions for the benefit are at least as favorable as those prescribed by the 1996 NAIC Model Regulation.

3. Renewability

This policy form is guaranteed renewable for life.

4. Applicability

This filing is applicable to inforce policies only, except for those issued with endorsement form 32100 (applications received on or after May 19, 2000), as this policy form is no longer being sold in the market.

5. Actuarial Assumptions

Exhibit I provides a comparison of the original pricing assumptions and the current assumptions used in this filing for mortality, lapses, morbidity and interest.

Exhibits II, III, IV and V provide experience analysis summaries for morbidity, mortality and lapse in support of the current rate increase assumptions.

The following discussion describes the actuarial assumptions used in the current rate increase analysis and summarizes our experience analysis in support of these current rate increase assumptions as well as the company's management of this block of business. We believe the current assumptions are justified by the underlying experience and that the changed assumptions from original pricing (and the prior rate increase filing) are reasonable.

Morbidity:

Expected claim costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor.

Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for nursing home benefits. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on nursing home claims incidence. It was understood that the underwriting process would include an assessment of functional and cognitive abilities if considered appropriate.

Starting in 1990, RiverSource Life also marketed home health care benefit riders. At the time of original pricing, only limited insured experience was available for home and community care benefits. Therefore the expected claim costs for these benefits were derived from general population data with the assistance of RiverSource Life's reinsurer. Both the incidence rates and the length of home care usage for the first two years were determined through analysis of the "1982-1984 National Long Term Care Surveys", which polled elderly people who manifested impairments in ADLs. The home care incidence rates were modified by loading for cognitive impairment as a benefit trigger.

The data from the "1985 National Nursing Home Survey" was used to extrapolate the length of home care usage after the first two years. Additionally, experience data from continuing care retirement communities was used to verify the claim cost assumptions and to provide guidance in translating general population experience to anticipated insured population experience. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on home care claims incidence.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits. The nonforfeiture benefit claim costs were determined by assumptions consistent with those used in establishing premium rates.

It should be recognized that considerable judgment was made with respect to expected claim costs, especially for non-institutional benefits. After using all available data, total expected claim costs were developed that represented reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

Actual-to-expected adjustment factors have been developed from actual emerging experience through anniversaries ending December 2012 and are shown in the following tables:

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A

September 2014

Lifetime Benefit Actual-to-Expected Adjustment Factors

Duration	Age at Issue						
	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.10	0.35	0.65	0.95	1.85	2.05	2.20
2	0.10	0.35	0.65	0.95	1.85	2.05	2.20
3	0.10	0.35	0.65	0.95	1.85	2.05	2.20
4	0.10	0.35	0.65	0.95	1.85	2.05	2.20
5	0.10	0.35	0.65	0.95	1.85	2.05	2.20
6	0.20	0.50	0.90	1.20	1.90	2.05	2.20
7	0.20	0.50	0.90	1.20	1.90	2.05	2.20
8	0.20	0.50	0.90	1.20	1.90	2.05	2.20
9	0.20	0.50	0.90	1.20	1.90	2.05	2.20
10	0.20	0.50	0.90	1.40	1.90	2.05	2.20
11	0.25	0.55	1.10	1.50	1.90	2.05	2.20
12	0.25	0.55	1.10	1.50	1.90	2.05	2.20
13	0.25	0.55	1.10	1.50	1.90	2.05	2.20
14	0.25	0.55	1.10	1.50	1.90	2.05	2.20
15	0.25	0.55	1.10	1.50	1.90	2.05	2.20
16	0.35	0.65	1.10	1.50	1.90	2.05	2.30
17	0.35	0.65	1.10	1.50	1.90	2.05	2.30
18	0.35	0.65	1.10	1.50	1.90	2.05	2.30
19	0.35	0.65	1.10	1.50	1.90	2.05	2.30
20	0.35	0.65	1.10	1.50	1.90	2.05	2.30
21	0.50	0.80	1.15	1.55	1.90	2.05	2.30
22	0.50	0.80	1.15	1.55	1.90	2.05	2.30
23	0.50	0.80	1.15	1.55	1.90	2.05	2.30
24	0.50	0.80	1.15	1.55	1.90	2.05	2.30
25	0.50	0.80	1.15	1.55	1.90	2.05	2.30
26	0.80	0.90	1.20	1.55	1.95	2.05	2.30
27	0.80	0.90	1.20	1.55	1.95	2.05	2.30
28	0.80	0.90	1.20	1.55	1.95	2.05	2.30
29	0.80	0.90	1.20	1.55	1.95	2.05	2.30
30	0.80	0.90	1.20	1.55	1.95	2.05	2.30
31	1.00	1.00	1.20	1.55	2.00	2.05	2.30
32	1.00	1.00	1.20	1.56	2.00	2.05	2.30
33	1.00	1.00	1.20	1.57	2.00	2.05	2.30
34	1.00	1.00	1.20	1.59	2.00	2.05	2.30
35+	1.00	1.00	1.20	1.60	2.00	2.05	2.30

RIVERSOURCE LIFE INSURANCE COMPANY

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Actuarial Memorandum for 30160A

September 2014

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue							
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78-82**	**83+**
1	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
2	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
3	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
4	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
5	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
6	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
7	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
8	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
9	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
10	0.25	0.30	0.65	1.10	1.95	2.35	2.45	2.50
11	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
12	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
13	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
14	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
15	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
16	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
17	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
18	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
19	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
20	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
21	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
22	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
23	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
24	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
25	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
26	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
27	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
28	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
29	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
30	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
31	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
32	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
33	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
34	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
35+	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50

Beginning in 2003, we have taken steps to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible. To reflect these improvements, we have reduced our expected claim costs by 5% for 2004 and later.

We conduct a morbidity study every year to analyze the current actual-to-expected adjustment factors (A/E factors). Our analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available.

The morbidity study is performed by comparing actual incurred claims to expected incurred claims, where expected claims reflect the original pricing claim costs adjusted with the company's most recent set of A/E factors. If the resulting cumulative actual-to-expected ratio is near 100% while minimizing the squared error, no changes are made to the A/E factors. However, if the actual-to-expected ratio has shifted away from 100% or the squared error is too high, we develop a new set of A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

Exhibit II displays "expected" experience using our current adjustment factors compared to actual incurred claims. The expected basis shown in the exhibit reflects the currently assumed claim costs. As shown in this exhibit, the total actual-to-expected ratio using the A/E factors described above is 100.1%. This experience is based on 4,167 actual claims (1,496 lifetime and 2,671 non-lifetime). Actual claim counts split by issue age band are also displayed in Exhibit II.

Professional judgment was applied to create factors for periods beyond that for which there is experience. It has been credibly observed on older forms, including 30160A, that experience has been favorable at younger attained ages but much worse than priced for at older attained ages. Thus, we believe A/E factors that increase by duration are appropriate.

Mortality:

Durational mortality selection factors were developed from actual experience on all long-term care ("LTC") forms combined and are applied to the 1983 Individual Annuity Mortality (IAM) Basic table.

Exhibit III is based on deaths on all LTC policies incurred from policy anniversaries in 2000 through policy anniversaries in 2012. The expected basis shown in this exhibit reflects 1983 IAM Basic mortality with the currently assumed selection factors. The selection factors fit the observed data very well with the resulting A/E at or near 100%.

The data was used in the development of the current selection factors, subject to the constraints that the factors must be non-decreasing by duration and cannot exceed 100%.

Selection factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

At the older issue ages, mortality increases to approximately 100% of the table. In general, that has not been the case through duration 23 for younger issue ages, but we expect that it would as insureds reach a very advanced age. For this reason the effect of selection is extended up to duration 34 for younger issue ages. This experience includes 36,342 deaths.

Lapse Rates:
Ultimate lapse rates range from 1.1% to 5.4% based on issue age band and benefit category (lifetime and non-lifetime). In the year of rate increase notification to policyholders, an additional 1.3% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed. Exhibit IV provides the additional lapses and risk amount reductions experienced by the company at different levels of rate increase.

Exhibit V provides the lapse experience across all LTC forms combined from policy anniversaries in 2000 through policy anniversaries in 2012. The expected basis shown in this exhibit reflects the currently assumed lapse rates.

Lapse experience varies by issue age and benefit type (lifetime benefit versus non-lifetime benefit). We applied judgment to the data contained in this exhibit to derive the best estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We also made an effort to reflect that lapse rates seem to increase some at older attained ages. This experience includes 34,804 lapses, including 10,269 in durations 8 and later. The exposure and actual lapses close to the implementation of rate increases are excluded from this analysis. For non-lifetime benefits, lapses include policies that have maximized their benefits.

We have experienced much stronger customer loyalty than anticipated at the time these policy forms were initially priced. The resulting high policy persistency has unfortunately had an adverse impact on loss ratios.

Adverse Selection:
2.0% in the year of rate increase notification to policyholders grading down to 0% in the 3rd year after rate increase notification.

Expenses:
Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2008 and 2012 so that total commissions paid before and after the prior increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

The above assumptions are based on actual inforce experience of RiverSource Life and are deemed reasonable for this particular policy form; they do not include any provision for profit or contingencies.

Exhibit VI provides the assumptions used in the 2007 rate increase filing, and Exhibit VII provides the assumptions used in the 2011 rate increase filing.

6. Marketing Method

This policy form was marketed by agents of RiverSource Life.

7. Underwriting Description

This policy form was 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.

8. Premiums

Premiums are unisex and payable for life. The premiums vary by issue age, the initial amount of the facility and home and community care daily maximum benefit amounts, the maximum lifetime benefit amount, the deductible period, and the Benefit Increase Option.

9. Issue Age Range

The issue ages are from 40 to 79 except for the benefit structures with 90-day deductible period, 2- or 4-year maximum policy benefit, and home and community care daily maximum 50% or 75% of facility care daily maximum, which are issued to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of 3/31/2014) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.0000*AP + 0.0	45.1%
Semi-Annual	0.5020*AP+ 0.4	7.3%
Quarterly	0.2580*AP+ 0.5	7.0%
Monthly	0.0868*AP+ 0.6	40.6%

12. Active Life Reserves

Active life reserves, although they have significant impact, have not been used in this rate increase analysis, except as described in Exhibits X and XI.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for policy form 30160A is shown in Exhibit VIII, and Virginia experience for policy form 30160A-VA is shown in Exhibit IX. Exhibit X shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves and incurred loss ratios by calendar year, and Exhibit XI shows corresponding Virginia experience. These exhibits include any previously implemented rate increases as described in Section 15 of this memorandum.

Please note that RiverSource Life does not consider Virginia-specific experience to be fully credible but is providing it as generally required. The proposed rates have been developed using nationwide experience.

Historical experience is shown by claim incurral year with the loss ratio for each calendar year. The following formula provides an illustration of the historical incurred loss ratio calculation for each calendar year:

$$ILR_j = \frac{\sum_k \sum_t {}_j Pmt_t^k * v^{t-k} + \sum_k ({}_j CR_{ValDate}^k + {}_j IBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

ILR_j = incurred loss ratio for year *j*

${}_j Pmt_t^k$ = claim payments at time *t* on claims incurred at time *k* in year *j*

${}_j CR_{ValDate}^k$ = open claim reserve held on March 31, 2014 for claims incurred at time *k* in year *j*

${}_j IBNR_{ValDate}^k$ = incurred but not reported reserve as of March 31, 2014 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = March 31, 2014

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.045 = 0.956938

A historical annual paid loss ratio is calculated, with and without interest, as historical paid claims divided by historical earned premiums, where paid claims are calculated as the actual claims paid in that year. A historical annual incurred loss ratio is calculated,

with and without interest, as historical incurred claims divided by historical earned premiums. Actual historical incurred claims used in Exhibits VIII, IX, X and XI are determined by discounting claim payments and open claim reserves to the actual original loss date for each claim and by discounting IBNR to the time it is assumed to occur. Actual historical earned premiums used in Exhibits VIII, IX, X and XI are calculated based on the issue and, if appropriate, termination date for each policy. These items are then summed to produce a total for each calendar year. For purposes of accumulating historical experience for a historical or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual paid loss ratio is calculated, with and without interest, as anticipated paid claims divided by anticipated earned premiums. A future annual incurred loss ratio is calculated, with and without interest, as anticipated incurred claims divided by anticipated earned premiums. The anticipated earned premiums, paid claims and incurred claims are projected on a seriatim basis and then summed to produce a total for each calendar year. For purposes of accumulating experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

Lifetime loss ratios in Exhibits VIII and IX are as of March 31, 2014 and are calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of the total for each calendar year occur at 5.0%, an interest rate consistent with that assumed in the determination of premiums at the time of original pricing, and assume mid-year values.

The incurred loss ratio in Exhibits X and XI is defined as the sum of incurred claims and increase in active life reserves divided by earned premiums. The values in these exhibits are shown without interest accumulation.

15. History of Previous Rate Revisions

Two prior increases have been approved and implemented on this form. A 33.1% increase was approved in June 2007 and implemented as three consecutive annual increases of 10% on each contract's next policy anniversary beginning in December 2007. A 13% increase was approved in August 2012 and implemented on each contract's next policy anniversary beginning in December 2012.

The actual and projected premiums in Exhibits VIII and X reflect the accumulated rate increases as approved in Virginia and implemented from 2007 through 2013 on a nationwide basis.

16. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting an increase of 17%.

The primary reason for this rate increase is due to actual voluntary lapse and mortality running less than expected in pricing and actual morbidity experience worse than

expected for older attained ages. A rate increase is considered an effective way to reduce projected losses.

Projected experience assuming this increase is implemented is shown in Exhibits VIII and IX. Exhibit XII provides the demonstration that this rate increase meets the dual-loss ratio standard for individual long-term care policy forms set forth in the NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases, as adopted by the NAIC on December 18, 2013. Please note that, in accordance with standards set forth in 14 VAC 5-130-50(B), the loss ratios in Exhibits VIII and IX are calculated using an interest rate consistent with that assumed in the determination of premiums at the time of original pricing, rather than the maximum valuation interest rate for contract reserves recommended in the Bulletin.

Exhibit XIII provides a side-by-side comparison of the current rates, proposed rates and the percentage increase in the rate. The proposed rates are equal to 1.17 times the current rates, subject to the maximum rate of $999.98. Exhibit XIV provides the proposed rate tables.

17. Virginia Average Annual Premium (Annual Premium Based on March 31, 2014 Inforce)

Before increases: $1,998
After increase: $2,337

These values assume all previously approved premium increases have been implemented.

18. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following a 60-day policyholder notification period.

19. Nationwide Distribution of Business as of 3/31/2014 (based on inforce count)

By Issue Age:

Issue Ages	Percent Distribution
<55	29.3%
55-59	26.1%
60-64	23.8%
65-69	13.2%
70-74	5.6%
75-79	1.8%
>79	0.2%

By Deductible Period:

Deductible Period	Percent Distribution
20-day	18.9%
90-day	81.1%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	3.8%
4-Year	31.0%
6-Year	25.4%
Unlimited	39.8%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	9.3%
Simple	39.9%
Compound	50.8%

20. Number of Policyholders

As of 3/31/2014, the number of policies and annual premium inforce, assuming all premium increases previously approved in Virginia have been implemented in both the state and nationwide, is:

	Number of Insured	Annual Premium
Virginia	1,293	$2,583,602
Nationwide	30,531	$64,616,822

21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, based on the loss ratio standard set forth in 14 VAC 5-200-150(B).

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company
Date: September 9, 2014

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A

Original Pricing Assumptions:

Mortality: 1983 Individual Annuity Mortality Table

Lapse Rates:

Duration	Rate
1	8%
2	7%
3	6%
4+	5%

Morbidity: Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for nursing home benefits. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on nursing home claims incidence. It was understood that the underwriting process would include an assessment of functional and cognitive abilities if considered appropriate.

Starting in 1990, RiverSource Life also marketed home health care benefit riders. At the time of original pricing, only limited insured experience was available for home and community care benefits. Therefore the expected claim costs for these benefits were derived from general population data with the assistance of RiverSource Life's reinsurer. Both the incidence rates and the length of home care usage for the first two years were determined through analysis of the "1982-1984 National Long Term Care Surveys", which polled elderly people who manifested impairments in ADLs. The home care incidence rates were modified by loading for cognitive impairment as a benefit trigger.

The data from the "1985 National Nursing Home Survey" was used to extrapolate the length of home care usage after the first two years. Additionally, experience data from continuing care retirement communities was used to verify the claim cost assumptions and to provide guidance in translating general population experience to anticipated insured population experience. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on home care claims incidence.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits. The nonforfeiture benefit claim costs were determined by assumptions consistent with those used in establishing premium rates.

It should be recognized that considerable judgment was made with respect to expected claim costs, especially for non-institutional benefits. After using all available data, total expected claim costs were developed that represented reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

The following selection factors were used:

Duration	Factor
1	40%
2	50%
3	60%
4	70%
5	80%
6	90%
7+	100%

Interest Rate: 5.0%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A

Current Assumptions:

Mortality: 1983 Individual Annuity Mortality Basic Table with selection consistent with experience

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	67%	71%	78%	74%	88%
12	57%	67%	72%	78%	90%	89%
13	57%	67%	75%	83%	90%	92%
14	57%	68%	77%	89%	90%	95%
15	57%	69%	78%	90%	95%	98%
16	64%	69%	81%	90%	95%	100%
17	67%	69%	81%	91%	100%	100%
18	70%	70%	84%	95%	100%	100%
19	72%	70%	85%	96%	100%	100%
20	72%	73%	86%	97%	100%	100%
21	75%	75%	88%	100%	100%	100%
22	80%	77%	90%	100%	100%	100%
23	80%	80%	95%	100%	100%	100%
24	85%	82%	95%	100%	100%	100%
25	85%	85%	100%	100%	100%	100%
26	85%	90%	100%	100%	100%	100%
27	87%	90%	100%	100%	100%	100%
28	87%	95%	100%	100%	100%	100%
29	90%	95%	100%	100%	100%	100%
30	90%	100%	100%	100%	100%	100%
31	90%	100%	100%	100%	100%	100%
32	95%	100%	100%	100%	100%	100%
33	95%	100%	100%	100%	100%	100%
34	95%	100%	100%	100%	100%	100%
35+	100%	100%	100%	100%	100%	100%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A

Current Assumptions (continued):

Lapse Rates:

Lifetime Benefit

Duration	Issue Age Band		
	<63	63-72	73+
1	6.9%	6.8%	7.0%
2	6.5%	4.5%	3.5%
3	4.8%	3.5%	3.5%
4	3.6%	2.6%	1.9%
5	2.6%	1.9%	1.3%
6	1.9%	1.6%	1.3%
7	1.5%	1.1%	1.3%
8	1.1%	1.1%	1.3%
9	1.1%	1.1%	1.3%
10	0.8%	1.2%	1.3%
11	0.8%	1.0%	1.4%
12	0.7%	0.9%	1.5%
13	0.7%	0.9%	1.5%
14	0.7%	0.9%	1.6%
15	0.7%	0.9%	1.6%
16	0.7%	1.0%	1.7%
17	0.7%	1.1%	1.7%
18	0.7%	1.3%	1.8%
19	0.7%	1.3%	1.8%
20	0.8%	1.3%	1.9%
21	0.8%	1.3%	1.9%
22	0.8%	1.3%	2.0%
23	0.8%	1.3%	2.0%
24	0.9%	1.4%	2.0%
25	0.9%	1.4%	2.0%
26	0.9%	1.4%	2.0%
27	1.0%	1.4%	2.0%
28	1.0%	1.4%	2.0%
29	1.0%	1.4%	2.0%
30	1.0%	1.4%	2.0%
31	1.1%	1.4%	2.0%
32	1.1%	1.4%	2.0%
33	1.1%	1.4%	2.0%
34	1.1%	1.4%	2.0%
35	1.1%	1.4%	2.0%
36+	1.1%	1.4%	2.0%

Non-Lifetime Benefit

Duration	Issue Age Band		
	<63	63-72	73+
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.5%
9	1.2%	1.3%	2.7%
10	1.0%	1.3%	3.4%
11	1.0%	1.5%	3.9%
12	0.9%	1.5%	4.0%
13	0.8%	1.5%	4.4%
14	0.8%	1.5%	4.8%
15	0.7%	1.6%	4.9%
16	0.7%	1.8%	5.4%
17	0.8%	2.0%	5.4%
18	0.8%	2.2%	5.4%
19	0.9%	2.4%	5.4%
20	0.9%	2.6%	5.4%
21	0.9%	2.8%	5.4%
22	0.9%	3.0%	5.4%
23	1.0%	3.2%	5.4%
24	1.2%	3.4%	5.4%
25	1.4%	3.6%	5.4%
26	1.5%	3.8%	5.4%
27	1.6%	4.0%	5.4%
28	2.1%	4.0%	5.4%
29	2.4%	4.0%	5.4%
30	2.6%	4.0%	5.4%
31	2.9%	4.0%	5.4%
32	3.1%	4.0%	5.4%
33	3.2%	4.0%	5.4%
34	3.3%	4.0%	5.4%
35	3.4%	4.0%	5.4%
36+	3.5%	4.0%	5.4%

In the year of rate increase notification to policyholders, an additional 1.3% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed.

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A

Current Assumptions (continued):

Morbidity: Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2012. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.10	0.35	0.65	0.95	1.85	2.05	2.20
2	0.10	0.35	0.65	0.95	1.85	2.05	2.20
3	0.10	0.35	0.65	0.95	1.85	2.05	2.20
4	0.10	0.35	0.65	0.95	1.85	2.05	2.20
5	0.10	0.35	0.65	0.95	1.85	2.05	2.20
6	0.20	0.50	0.90	1.20	1.90	2.05	2.20
7	0.20	0.50	0.90	1.20	1.90	2.05	2.20
8	0.20	0.50	0.90	1.20	1.90	2.05	2.20
9	0.20	0.50	0.90	1.20	1.90	2.05	2.20
10	0.20	0.50	0.90	1.40	1.90	2.05	2.20
11	0.25	0.55	1.10	1.50	1.90	2.05	2.20
12	0.25	0.55	1.10	1.50	1.90	2.05	2.20
13	0.25	0.55	1.10	1.50	1.90	2.05	2.20
14	0.25	0.55	1.10	1.50	1.90	2.05	2.20
15	0.25	0.55	1.10	1.50	1.90	2.05	2.20
16	0.35	0.65	1.10	1.50	1.90	2.05	2.30
17	0.35	0.65	1.10	1.50	1.90	2.05	2.30
18	0.35	0.65	1.10	1.50	1.90	2.05	2.30
19	0.35	0.65	1.10	1.50	1.90	2.05	2.30
20	0.35	0.65	1.10	1.50	1.90	2.05	2.30
21	0.50	0.80	1.15	1.55	1.90	2.05	2.30
22	0.50	0.80	1.15	1.55	1.90	2.05	2.30
23	0.50	0.80	1.15	1.55	1.90	2.05	2.30
24	0.50	0.80	1.15	1.55	1.90	2.05	2.30
25	0.50	0.80	1.15	1.55	1.90	2.05	2.30
26	0.80	0.90	1.20	1.55	1.95	2.05	2.30
27	0.80	0.90	1.20	1.55	1.95	2.05	2.30
28	0.80	0.90	1.20	1.55	1.95	2.05	2.30
29	0.80	0.90	1.20	1.55	1.95	2.05	2.30
30	0.80	0.90	1.20	1.55	1.95	2.05	2.30
31	1.00	1.00	1.20	1.55	2.00	2.05	2.30
32	1.00	1.00	1.20	1.56	2.00	2.05	2.30
33	1.00	1.00	1.20	1.57	2.00	2.05	2.30
34	1.00	1.00	1.20	1.59	2.00	2.05	2.30
35+	1.00	1.00	1.20	1.60	2.00	2.05	2.30

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A

Current Assumptions (continued):

Morbidity (continued):

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue							
Duration	<53	53–57	58–62	63–67	68–72	73–77	78-82	83+
1	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
2	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
3	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
4	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
5	0.10	0.15	0.25	0.50	1.00	1.55	2.10	2.50
6	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
7	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
8	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
9	0.25	0.25	0.50	1.00	1.55	2.00	2.45	2.50
10	0.25	0.30	0.65	1.10	1.95	2.35	2.45	2.50
11	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
12	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
13	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
14	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
15	0.25	0.50	0.85	1.30	1.95	2.45	2.50	2.50
16	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
17	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
18	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
19	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
20	0.35	0.60	0.90	1.30	1.95	2.50	2.50	2.50
21	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
22	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
23	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
24	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
25	0.60	0.80	0.95	1.30	1.95	2.50	2.50	2.50
26	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
27	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
28	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
29	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
30	0.80	0.95	1.05	1.35	1.95	2.50	2.50	2.50
31	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
32	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
33	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
34	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50
35+	1.00	1.05	1.10	1.40	2.00	2.50	2.50	2.50

The following adverse selection factors are used:

Year of Policyholder Notification	With Requested Increase
1	2.0%
2	1.0%
3	0.0%

Interest Rate: 5.0%

EXHIBIT II
RiverSource Life Insurance Company
Nationwide Long Term Care Claim Experience
Policy Years through 2012
Policy Form: 30160A
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION									
	Lifetime Benefit Period			Non-Lifetime Benefit Period			All		
Duration	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
1	2,310,721	1,988,831	116.2%	751,395	2,091,933	35.9%	3,062,117	4,080,764	75.0%
2	1,976,169	2,583,975	76.5%	2,895,869	2,669,773	108.5%	4,872,038	5,253,748	92.7%
3	5,465,474	3,389,858	161.2%	4,397,788	3,523,632	124.8%	9,863,262	6,913,491	142.7%
4	4,191,371	4,328,835	96.8%	3,635,097	4,512,070	80.6%	7,826,469	8,840,905	88.5%
5	6,710,407	5,432,834	123.5%	7,729,534	5,632,934	137.2%	14,439,941	11,065,768	130.5%
6	5,352,020	7,628,219	70.2%	7,893,935	9,821,904	80.4%	13,245,955	17,450,124	75.9%
7	9,482,712	9,273,659	102.3%	10,187,648	11,894,646	85.6%	19,670,361	21,168,305	92.9%
8	8,267,838	10,236,637	80.8%	12,995,567	13,039,794	99.7%	21,263,405	23,276,431	91.4%
9	14,031,174	11,291,755	124.3%	14,942,508	14,302,932	104.5%	28,973,682	25,594,686	113.2%
10	13,374,460	12,819,518	104.3%	18,580,222	18,074,891	102.8%	31,954,681	30,894,408	103.4%
11	13,015,247	14,730,649	88.4%	20,662,566	20,929,652	98.7%	33,677,813	35,660,301	94.4%
12	17,237,613	15,687,307	109.9%	20,026,530	21,929,146	91.3%	37,264,144	37,616,453	99.1%
13	14,001,712	13,566,807	103.2%	20,198,578	17,991,770	112.3%	34,200,290	31,558,577	108.4%
14	4,917,174	6,376,836	77.1%	8,219,885	7,657,759	107.3%	13,137,059	14,034,595	93.6%
15	301,405	193,316	155.9%	343,996	207,999	165.4%	645,401	401,314	160.8%
16	0	9,257	0.0%	0	0	0.0%	0	9,257	0.0%
17	0	9,689	0.0%	0	0	0.0%	0	9,689	0.0%
18	0	10,015	0.0%	0	0	0.0%	0	10,015	0.0%
19	0	10,279	0.0%	0	0	0.0%	0	10,279	0.0%
20	0	10,531	0.0%	0	0	0.0%	0	10,531	0.0%
Total	**120,635,497**	**119,578,807**	**100.9%**	**153,461,118**	**154,280,835**	**99.5%**	**274,096,616**	**273,859,642**	**100.1%**

SPLIT BY ISSUE AGE				
Issue Age	Actual	Expected	A/E	Claim Count
<43	1,249	84,752	1.5%	2
43-47	1,093,805	529,741	206.5%	11
48-52	2,027,166	2,581,418	78.5%	42
53-57	12,265,893	12,415,156	98.8%	175
58-62	32,268,091	34,209,549	94.3%	480
63-67	60,978,016	60,594,849	100.6%	893
68-72	72,008,706	71,014,884	101.4%	1,020
73-77	64,103,228	62,345,884	102.8%	994
78-82	25,654,362	26,745,508	95.9%	471
83+	3,696,100	3,337,899	110.7%	79
Total	**274,096,616**	**273,859,642**	**100.1%**	**4,167**

EXHIBIT III
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2012
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	Actual Deaths	Expected Deaths	A/E	Difference
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	800	101%	11
6	1,130	1,114	101%	16
7	1,470	1,434	103%	36
8	1,731	1,726	100%	5
9	2,157	2,175	99%	(18)
10	2,623	2,643	99%	(20)
11	3,087	3,058	101%	29
12	3,143	3,190	99%	(47)
13	3,099	3,107	100%	(8)
14	2,889	2,926	99%	(37)
15	2,644	2,685	98%	(41)
16	2,455	2,504	98%	(49)
17	2,079	2,093	99%	(14)
18	1,751	1,745	100%	6
19	1,430	1,432	100%	(2)
20	1,110	1,144	97%	(34)
21	854	851	100%	3
22	524	494	106%	30
23	90	80	113%	10
Total	**36,342**	**36,459**	**100%**	**(117)**

SUMMARY BY ISSUE AGE				
Issue Age	Actual Deaths	Expected Deaths	A/E	Difference
<43	22	21	105%	1
43-47	115	126	91%	(11)
48-52	853	852	100%	1
53-57	2,534	2,513	101%	21
58-62	5,821	5,831	100%	(10)
63-67	8,947	9,047	99%	(100)
68-72	9,019	9,023	100%	(4)
73-77	6,112	6,124	100%	(12)
78-82	2,545	2,552	100%	(7)
83+	374	372	101%	2
Total	**36,342**	**36,459**	**100%**	**(117)**

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	Expected Deaths	A/E	Difference
36,342	**36,459**	**100%**	**(117)**

EXHIBIT IV
RiverSource Life Insurance Company
Lapses and Benefit Reductions[1]
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Additional Lapses Due to Rate Increase									
Increase Percent	Average Increase	Year of Increase							Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	
< 10%	6.8%			0.9%	1.5%	1.7%	0.9%	1.2%	1.1%	1.2%
10% - 19.9%	13.6%	0.7%	2.1%	1.4%	1.7%	1.8%	1.4%	1.3%	1.2%	1.5%
20% - 29.9%	24.5%	1.8%	1.7%	1.2%	1.6%	2.5%		4.4%	2.6%	1.8%
30%+	33.6%	2.9%	2.7%	2.4%	2.8%	2.3%	1.4%	1.6%		2.6%
Total	18.2%	2.6%	2.5%	1.3%	1.8%	1.9%	1.4%	1.3%	1.2%	1.8%

Policies Choosing Reduction in Benefits in Relation to Rate Increase Percentage									
Increase Percent	Average Increase	Year of Increase							Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	
< 10%	6.8%			0.3%	0.2%	0.2%	0.4%	0.3%	0.3%	0.2%
10% - 19.9%	13.6%	0.9%	0.8%	0.6%	0.6%	0.7%	0.5%	0.7%	0.6%	0.6%
20% - 29.9%	24.5%	1.8%	1.8%	1.9%	1.5%	2.7%		1.9%	1.1%	1.7%
30%+	33.6%	3.0%	2.7%	2.6%	2.4%	2.3%	1.8%	1.5%	2.6%	2.7%
Total	18.2%	1.6%	1.4%	0.9%	0.8%	0.9%	0.8%	0.9%	0.9%	1.0%

[1] The total percent reduction in benefit is typically no more than the percentage increase in premium.

EXHIBIT V
RiverSource Life Insurance Company
Long-Term Care Lapse Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2012
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

LIFETIME BENEFIT PERIOD

	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
	Actual			Expected	Actual			Expected	Actual			Expected	Actual			Expected
Duration	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses
1	1,352	19,701	6.9%	6.9%	261	3,859	6.8%	6.8%	37	529	7.0%	7.0%	1,650	24,088	6.8%	6.9%
2	1,669	25,851	6.5%	6.5%	265	5,869	4.5%	4.5%	30	856	3.5%	3.5%	1,964	32,576	6.0%	6.1%
3	1,552	32,493	4.8%	4.8%	287	8,144	3.5%	3.5%	42	1,213	3.5%	3.5%	1,881	41,850	4.5%	4.5%
4	1,416	39,280	3.6%	3.6%	265	10,078	2.6%	2.6%	29	1,494	1.9%	1.9%	1,710	50,852	3.4%	3.4%
5	1,270	48,520	2.6%	2.6%	254	13,213	1.9%	1.9%	27	2,028	1.3%	1.3%	1,551	63,762	2.4%	2.4%
6	967	52,208	1.9%	1.9%	255	15,516	1.6%	1.6%	31	2,497	1.2%	1.3%	1,253	70,220	1.8%	1.8%
7	773	52,358	1.5%	1.5%	195	16,645	1.2%	1.1%	48	2,770	1.7%	1.3%	1,016	71,773	1.4%	1.4%
8	550	50,915	1.1%	1.1%	195	17,353	1.1%	1.1%	38	2,869	1.3%	1.3%	783	71,137	1.1%	1.1%
9	498	47,453	1.0%	1.1%	187	17,441	1.1%	1.1%	31	2,893	1.1%	1.3%	716	67,788	1.1%	1.1%
10	371	42,329	0.9%	0.8%	212	17,547	1.2%	1.2%	32	2,935	1.1%	1.3%	615	62,811	1.0%	1.0%
11	331	39,397	0.8%	0.8%	194	18,968	1.0%	1.0%	34	3,279	1.0%	1.4%	559	61,644	0.9%	0.9%
12	217	32,431	0.7%	0.7%	149	17,451	0.9%	0.9%	43	2,942	1.5%	1.5%	409	52,823	0.8%	0.8%
13	182	26,176	0.7%	0.7%	134	15,027	0.9%	0.9%	31	2,387	1.3%	1.5%	347	43,591	0.8%	0.8%
14	148	22,259	0.7%	0.7%	101	12,195	0.8%	0.9%	30	1,780	1.7%	1.6%	279	36,234	0.8%	0.8%
15	106	16,998	0.6%	0.7%	84	9,045	0.9%	0.9%	19	1,209	1.6%	1.6%	209	27,251	0.8%	0.8%
16	81	12,238	0.7%	0.7%	73	6,755	1.1%	1.0%	22	821	2.7%	1.7%	176	19,814	0.9%	0.8%
17	61	9,165	0.7%	0.7%	65	5,796	1.1%	1.1%	15	644	2.3%	1.7%	141	15,604	0.9%	0.9%
18	35	6,338	0.6%	0.7%	57	4,358	1.3%	1.3%	13	437	3.0%	1.8%	105	11,132	0.9%	0.9%
19	25	3,787	0.7%	0.7%	36	2,662	1.4%	1.3%	4	228	1.8%	1.8%	65	6,677	1.0%	0.9%
20	17	2,704	0.6%	0.8%	28	1,993	1.4%	1.3%	3	146	2.1%	1.9%	48	4,843	1.0%	1.0%
21	20	2,375	0.8%	0.8%	22	1,995	1.1%	1.3%	3	131	2.3%	1.9%	45	4,501	1.0%	1.0%
22	21	2,021	1.0%	0.8%	19	1,702	1.1%	1.3%	3	116	2.6%	2.0%	43	3,839	1.1%	1.0%
23	3	308	1.0%	0.8%	3	256	1.2%	1.3%	0	18	0.0%	2.0%	6	582	1.0%	0.0%
All Durations	**11,665**	**587,303**	**2.0%**	**2.0%**	**3,341**	**223,866**	**1.5%**	**1.5%**	**565**	**34,224**	**1.7%**	**1.6%**	**15,571**	**845,393**	**1.8%**	**1.8%**
Durations 8 and later	**2,666**	**316,892**	**0.8%**	**0.8%**	**1,559**	**150,543**	**1.0%**	**1.0%**	**321**	**22,837**	**1.4%**	**1.5%**	**4,546**	**490,271**	**0.9%**	**0.9%**

NON-LIFETIME BENEFIT PERIOD

	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
	Actual			Expected	Actual			Expected	Actual			Expected	Actual			Expected
Duration	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses
1	1,927	27,994	6.9%	6.9%	677	9,598	7.1%	7.1%	116	2,177	5.3%	5.3%	2,720	39,770	6.8%	6.9%
2	2,079	34,647	6.0%	6.0%	644	13,309	4.8%	4.8%	151	3,289	4.6%	4.6%	2,874	51,244	5.6%	5.6%
3	1,599	38,297	4.2%	4.2%	542	16,222	3.3%	3.3%	128	4,194	3.1%	3.1%	2,269	58,713	3.9%	3.9%
4	1,227	39,300	3.1%	3.1%	503	17,424	2.9%	2.9%	134	4,614	2.9%	2.9%	1,864	61,338	3.0%	3.0%
5	975	41,636	2.3%	2.3%	391	19,997	2.0%	2.0%	124	5,566	2.2%	2.2%	1,490	67,199	2.2%	2.2%
6	712	40,884	1.7%	1.7%	408	21,641	1.9%	1.9%	133	6,387	2.1%	2.1%	1,253	68,912	1.8%	1.8%
7	566	37,665	1.5%	1.5%	325	21,705	1.5%	1.6%	149	6,647	2.2%	2.3%	1,040	66,016	1.6%	1.6%
8	431	36,886	1.2%	1.2%	316	22,005	1.4%	1.4%	150	6,595	2.3%	2.5%	897	65,486	1.4%	1.4%
9	386	36,096	1.1%	1.2%	292	21,699	1.3%	1.3%	156	6,334	2.5%	2.7%	834	64,129	1.3%	1.4%
10	278	30,401	0.9%	1.0%	225	20,064	1.1%	1.3%	187	5,878	3.2%	3.4%	690	56,343	1.2%	1.3%
11	224	24,545	0.9%	1.0%	287	19,180	1.5%	1.5%	203	5,650	3.6%	3.9%	714	49,376	1.4%	1.5%
12	192	19,493	1.0%	0.9%	240	16,915	1.4%	1.5%	187	4,761	3.9%	4.0%	619	41,169	1.5%	1.5%
13	130	15,218	0.9%	0.8%	206	14,042	1.5%	1.5%	152	3,694	4.1%	4.4%	488	32,954	1.5%	1.5%
14	89	11,010	0.8%	0.8%	156	10,943	1.4%	1.5%	142	2,649	5.4%	4.8%	387	24,602	1.6%	1.5%
15	53	7,472	0.7%	0.7%	141	7,932	1.8%	1.6%	81	1,717	4.7%	4.9%	275	17,122	1.6%	1.6%
16	42	5,885	0.7%	0.7%	114	6,035	1.9%	1.8%	74	1,217	6.1%	5.4%	230	13,136	1.8%	1.7%
17	37	4,228	0.9%	0.8%	100	4,793	2.1%	2.0%	47	895	5.3%	5.4%	184	9,916	1.9%	1.8%
18	29	2,871	1.0%	0.8%	64	3,472	1.8%	2.2%	32	566	5.7%	5.4%	125	6,908	1.8%	1.9%
19	18	1,937	0.9%	0.9%	54	2,241	2.4%	2.4%	15	303	5.0%	5.4%	87	4,481	1.9%	2.0%
20	16	1,341	1.2%	0.9%	49	1,597	3.1%	2.6%	7	186	3.8%	5.4%	72	3,124	2.3%	2.0%
21	12	978	1.2%	0.9%	48	1,352	3.6%	2.8%	10	154	6.5%	5.4%	70	2,483	2.8%	2.2%
22	4	639	0.6%	0.9%	26	920	2.8%	3.0%	11	85	13.0%	5.4%	41	1,643	2.5%	2.3%
23	2	134	1.5%	1.0%	8	155	5.1%	3.2%	0	7	0.0%	5.4%	10	296	3.4%	0.0%
All Durations	**11,028**	**459,558**	**2.4%**	**2.4%**	**5,816**	**273,242**	**2.1%**	**2.1%**	**2,389**	**73,562**	**3.2%**	**3.3%**	**19,233**	**806,361**	**2.4%**	**2.4%**
Durations 8 and later	**1,943**	**199,135**	**1.0%**	**1.0%**	**2,326**	**153,346**	**1.5%**	**1.5%**	**1,454**	**40,688**	**3.6%**	**3.7%**	**5,723**	**393,169**	**1.5%**	**1.5%**

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions

Policy Form: 30160A

Prior 2007 Rate Increase Filing Assumptions:

Mortality: 1983 Individual Annuity Mortality Basic Table with selection consistent with experience.

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	20%
2	25%	25%	40%	30%	25%	25%
3	35%	35%	45%	50%	35%	35%
4	45%	45%	45%	50%	35%	35%
5	50%	50%	45%	50%	40%	40%
6	55%	55%	55%	60%	70%	75%
7	55%	55%	55%	65%	75%	75%
8	55%	55%	60%	65%	75%	75%
9	80%	80%	75%	80%	85%	85%
10	80%	80%	75%	80%	85%	85%
11	85%	85%	75%	85%	85%	95%
12	85%	85%	85%	90%	90%	100%
13	90%	90%	85%	90%	90%	100%
14	95%	95%	85%	90%	95%	100%
15	95%	95%	90%	95%	100%	100%
16	95%	95%	90%	95%	100%	100%
17	95%	95%	95%	95%	100%	100%
18	95%	95%	100%	100%	100%	100%
19	95%	95%	100%	100%	100%	100%
20+	100%	100%	100%	100%	100%	100%

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions

Policy Form: 30160A

Prior 2007 Rate Increase Filing Assumptions (cont):

Lapse Rates:

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	5.9%	4.2%	3.6%
2	5.4%	3.8%	2.6%
3	4.4%	3.5%	2.6%
4	4.4%	2.0%	1.5%
5	3.2%	1.5%	1.6%
6	1.8%	1.3%	1.0%
7	1.9%	1.0%	1.0%
8	1.0%	1.0%	1.0%
9	0.9%	1.1%	1.3%
10	0.9%	1.0%	1.3%
11	0.9%	0.9%	1.3%
12	0.9%	0.9%	1.3%
13	0.9%	0.9%	1.3%
14	0.9%	0.9%	1.3%
15	0.9%	0.9%	1.3%
16	0.9%	0.9%	1.3%
17	0.9%	1.0%	1.3%
18	0.9%	1.1%	1.3%
19	0.9%	1.1%	1.3%
20	0.9%	1.1%	1.3%
21	0.9%	1.1%	1.3%
22	0.9%	1.1%	1.3%
23	0.9%	1.1%	1.3%
24	0.9%	1.1%	1.3%
25	0.9%	1.1%	1.3%
26	0.9%	1.1%	1.3%
27	1.0%	1.1%	1.3%
28	1.0%	1.1%	1.3%
29	1.0%	1.1%	1.3%
30	1.0%	1.1%	1.3%
31	1.0%	1.1%	1.3%
32	1.0%	1.1%	1.3%
33	1.0%	1.1%	1.3%
34	1.0%	1.1%	1.3%
35	1.0%	1.1%	1.3%
36	1.0%	1.1%	1.3%
37	1.0%	1.1%	1.3%
38	1.0%	1.1%	1.3%
39	1.0%	1.1%	1.3%
40	1.0%	1.1%	1.3%
41	1.0%	1.1%	1.3%
42	1.0%	1.1%	1.3%
43+	1.0%	1.1%	1.3%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.2%	5.4%	4.4%
2	4.8%	3.4%	2.8%
3	3.8%	3.0%	3.1%
4	3.4%	2.6%	3.0%
5	2.4%	2.1%	1.8%
6	1.7%	1.3%	1.8%
7	1.0%	1.0%	1.3%
8	1.0%	1.3%	1.5%
9	1.2%	1.3%	3.0%
10	1.2%	1.3%	3.5%
11	1.2%	1.3%	4.0%
12	1.2%	1.3%	4.2%
13	1.2%	1.3%	4.3%
14	1.2%	1.3%	4.4%
15	1.2%	1.6%	4.5%
16	1.2%	1.8%	4.5%
17	1.2%	2.0%	4.5%
18	1.2%	2.6%	4.5%
19	1.2%	2.8%	4.5%
20	1.2%	3.0%	4.5%
21	1.2%	3.5%	4.5%
22	1.2%	3.7%	4.5%
23	1.2%	3.8%	4.5%
24	1.2%	3.9%	4.5%
25	1.4%	4.0%	4.5%
26	1.5%	4.0%	4.5%
27	1.6%	4.0%	4.5%
28	2.1%	4.0%	4.5%
29	2.4%	4.0%	4.5%
30	2.6%	4.0%	4.5%
31	2.9%	4.0%	4.5%
32	3.1%	4.0%	4.5%
33	3.2%	4.0%	4.5%
34	3.3%	4.0%	4.5%
35	3.4%	4.0%	4.5%
36	3.5%	4.0%	4.5%
37	3.5%	4.0%	4.5%
38	3.5%	4.0%	4.5%
39	3.5%	4.0%	4.5%
40	3.5%	4.0%	4.5%
41	3.5%	4.0%	4.5%
42	3.5%	4.0%	4.5%
43+	3.5%	4.0%	4.5%

In the year of rate increase notification to policyholders, an additional 5.0% of inforce policyholders is assumed to lapse.

EXHIBIT VI
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions

Policy Form: 30160A

Prior 2007 Rate Increase Filing Assumptions (cont):

Morbidity: Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending September 2005. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue					
Duration	<63	63-67	68-72	73-77	78-82	83+
1	0.30	0.60	2.00	2.50	2.50	2.50
2	0.30	0.60	2.00	2.50	2.50	2.00
3	0.30	0.60	2.00	2.50	2.50	1.55
4	0.30	0.60	1.70	2.00	2.00	1.55
5	0.30	0.85	1.40	2.00	2.00	1.55
6	0.40	0.85	1.30	2.00	2.00	1.55
7	0.40	0.85	1.30	1.80	2.00	1.55
8	0.60	0.85	1.30	1.55	1.55	1.55
9	0.60	0.85	1.30	1.55	1.55	1.55
10+	0.85	0.85	1.30	1.55	1.55	1.55

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue				
Duration	<63	63-67	68-72	73-77	78+
1	0.10	0.40	0.70	1.20	2.60
2	0.10	0.40	0.70	1.20	2.60
3	0.20	0.40	0.70	1.40	2.60
4	0.20	0.40	0.70	1.50	2.60
5	0.20	0.40	1.20	1.65	2.60
6	0.30	0.60	1.20	1.80	2.30
7	0.30	0.60	1.20	1.80	2.30
8	0.40	0.60	1.20	1.80	2.00
9	0.40	0.60	1.30	1.80	2.00
10	0.60	0.80	1.55	1.80	2.00
11	0.60	0.80	1.55	1.80	2.00
12	0.60	0.80	1.55	1.80	2.00
13	0.60	0.80	1.55	1.80	2.00
14	0.60	0.85	1.55	1.80	2.00
15	0.80	1.05	1.55	1.80	2.00
16	0.80	1.05	1.55	1.80	2.00
17	0.90	1.05	1.55	1.80	2.00
18	0.90	1.05	1.55	1.80	2.00
19	0.85	1.05	1.55	1.80	2.00
20+	1.00	1.05	1.55	1.80	2.00

An adverse selection assumption of 5% in the year of the rate increase notification to policyholders grading down to 0% in the 6th year after rate increase notification was also assumed.

Interest Rate: 5.0%

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2011 Rate Increase Assumptions

Policy Form: 30160A

Prior 2011 Rate Increase Filing Assumptions:

Mortality: 1983 Individual Annuity Mortality Basic Table with selection consistent with experience.

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	65%	70%	75%	85%
10	60%	65%	70%	75%	75%	85%
11	60%	70%	70%	80%	75%	85%
12	60%	70%	70%	80%	90%	90%
13	60%	70%	75%	85%	90%	95%
14	60%	75%	75%	90%	90%	95%
15	60%	75%	80%	90%	95%	95%
16	75%	75%	80%	90%	95%	100%
17	75%	75%	80%	95%	100%	100%
18	75%	75%	80%	95%	100%	100%
19	75%	80%	80%	95%	100%	100%
20	75%	80%	90%	95%	100%	100%
21	75%	80%	90%	100%	100%	100%
22	80%	85%	90%	100%	100%	100%
23	80%	85%	95%	100%	100%	100%
24	85%	90%	95%	100%	100%	100%
25	90%	90%	100%	100%	100%	100%
26	90%	90%	100%	100%	100%	100%
27	90%	90%	100%	100%	100%	100%
28	90%	95%	100%	100%	100%	100%
29	90%	95%	100%	100%	100%	100%
30	90%	100%	100%	100%	100%	100%
31	90%	100%	100%	100%	100%	100%
32	95%	100%	100%	100%	100%	100%
33	95%	100%	100%	100%	100%	100%
34	95%	100%	100%	100%	100%	100%
35+	100%	100%	100%	100%	100%	100%

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2011 Rate Increase Assumptions

Policy Form: 30160A

Prior 2011 Rate Increase Filing Assumptions (cont):

Lapse Rates:

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	6.8%	7.0%
2	6.5%	4.5%	3.5%
3	4.8%	3.5%	3.5%
4	3.6%	2.6%	1.9%
5	2.6%	1.9%	1.3%
6	1.9%	1.6%	1.3%
7	1.5%	1.1%	1.3%
8	1.1%	1.1%	1.3%
9	1.1%	1.1%	1.3%
10	0.8%	1.1%	1.3%
11	0.7%	0.9%	1.4%
12	0.7%	0.9%	1.5%
13	0.7%	0.9%	1.5%
14	0.7%	0.9%	1.6%
15	0.7%	0.9%	1.6%
16	0.7%	1.0%	1.7%
17	0.7%	1.1%	1.7%
18	0.7%	1.2%	1.8%
19	0.7%	1.2%	1.8%
20	0.8%	1.2%	1.9%
21	0.8%	1.3%	1.9%
22	0.8%	1.3%	2.0%
23	0.8%	1.4%	2.0%
24	0.9%	1.4%	2.0%
25	0.9%	1.4%	2.0%
26	0.9%	1.4%	2.0%
27	1.0%	1.4%	2.0%
28	1.0%	1.4%	2.0%
29	1.0%	1.4%	2.0%
30	1.0%	1.4%	2.0%
31	1.1%	1.4%	2.0%
32	1.1%	1.4%	2.0%
33	1.1%	1.4%	2.0%
34	1.1%	1.4%	2.0%
35	1.1%	1.4%	2.0%
36+	1.1%	1.4%	2.0%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.5%
9	1.2%	1.3%	2.7%
10	1.0%	1.3%	3.4%
11	1.0%	1.5%	3.9%
12	0.9%	1.5%	4.0%
13	0.8%	1.5%	4.4%
14	0.8%	1.5%	4.8%
15	0.7%	1.6%	4.9%
16	0.7%	1.8%	5.4%
17	0.8%	2.0%	5.4%
18	0.8%	2.2%	5.4%
19	0.9%	2.4%	5.4%
20	0.9%	2.6%	5.4%
21	0.9%	2.8%	5.4%
22	0.9%	3.0%	5.4%
23	1.0%	3.2%	5.4%
24	1.2%	3.4%	5.4%
25	1.4%	3.6%	5.4%
26	1.5%	3.8%	5.4%
27	1.6%	4.0%	5.4%
28	2.1%	4.0%	5.4%
29	2.4%	4.0%	5.4%
30	2.6%	4.0%	5.4%
31	2.9%	4.0%	5.4%
32	3.1%	4.0%	5.4%
33	3.2%	4.0%	5.4%
34	3.3%	4.0%	5.4%
35	3.4%	4.0%	5.4%
36+	3.5%	4.0%	5.4%

In the year of rate increase notification to policyholders, an additional 2.0% of inforce policyholders is assumed to lapse, and a 0.8% reduction in benefits due to election of reduced benefit options is also assumed.

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2011 Rate Increase Assumptions

Policy Form: 30160A

Prior 2011 Rate Increase Filing Assumptions (cont):

Morbidity: Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2010. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.05	0.15	0.50	0.80	1.80	2.50	2.10
2	0.05	0.20	0.50	0.90	2.10	2.50	2.10
3	0.05	0.20	0.60	1.00	2.15	2.50	2.10
4	0.05	0.30	0.60	1.00	2.15	2.50	2.10
5	0.05	0.35	0.60	1.05	2.05	2.50	2.10
6	0.25	0.40	0.70	1.05	1.90	2.30	2.10
7	0.25	0.40	0.70	1.10	1.85	2.20	2.10
8	0.25	0.45	0.70	1.10	1.75	2.10	2.10
9	0.25	0.45	0.80	1.15	1.70	2.00	2.15
10	0.25	0.45	0.90	1.15	1.70	1.95	2.15
11	0.25	0.50	0.95	1.20	1.70	1.80	2.15
12	0.30	0.50	0.95	1.20	1.70	1.70	2.15
13	0.30	0.55	0.95	1.20	1.70	1.70	2.15
14	0.30	0.55	0.95	1.20	1.70	1.75	2.15
15	0.30	0.55	0.95	1.25	1.75	1.80	2.15
16	0.35	0.60	0.95	1.30	1.75	1.80	2.15
17	0.35	0.65	0.95	1.30	1.75	1.80	2.15
18	0.35	0.70	0.95	1.30	1.75	1.80	2.15
19	0.35	0.75	0.95	1.30	1.75	1.80	2.15
20	0.35	0.80	1.00	1.30	1.75	1.80	2.15
21	0.50	0.80	1.00	1.30	1.75	1.80	2.15
22	0.50	0.85	1.00	1.30	1.75	1.80	2.15
23	0.50	0.85	1.00	1.30	1.75	1.80	2.15
24	0.50	0.85	1.00	1.30	1.75	1.80	2.15
25	0.50	0.85	1.00	1.30	1.75	1.80	2.15
26	0.75	0.90	1.05	1.30	1.75	1.80	2.15
27	0.75	0.90	1.05	1.30	1.75	1.80	2.15
28	0.75	0.90	1.05	1.30	1.75	1.80	2.15
29	0.75	0.95	1.05	1.30	1.75	1.80	2.15
30	1.00	1.00	1.05	1.30	1.75	1.80	2.15
31	1.00	1.00	1.05	1.30	1.75	1.80	2.15
32	1.00	1.00	1.05	1.30	1.75	1.80	2.15
33	1.00	1.00	1.05	1.30	1.75	1.80	2.15
34	1.00	1.00	1.05	1.30	1.75	1.80	2.15
35+	1.00	1.00	1.05	1.35	1.80	1.85	2.15

EXHIBIT VII
RiverSource Life Insurance Company
Prior 2011 Rate Increase Assumptions

Policy Form: 30160A

Prior 2011 Rate Increase Filing Assumptions (cont):

Morbidity (continued):

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue							
Duration	<53	53–57	58–62	63–67	68–72	73–77	78-82	83+
1	0.10	0.10	0.20	0.40	0.70	0.90	1.50	3.50
2	0.10	0.10	0.30	0.40	1.20	1.60	2.00	3.50
3	0.10	0.10	0.30	0.40	1.20	1.65	2.50	3.50
4	0.10	0.10	0.35	0.50	1.40	1.70	2.50	3.50
5	0.10	0.20	0.35	0.70	1.40	1.80	2.50	3.50
6	0.10	0.20	0.35	0.90	1.50	1.80	2.45	2.80
7	0.25	0.30	0.35	1.00	1.55	1.80	2.40	2.60
8	0.25	0.30	0.40	1.00	1.60	1.80	2.35	2.40
9	0.25	0.35	0.45	1.10	1.60	1.85	2.30	2.20
10	0.25	0.35	0.45	1.10	1.60	1.85	2.30	2.20
11	0.25	0.35	0.45	1.15	1.65	1.85	2.20	2.20
12	0.30	0.40	0.50	1.15	1.65	1.85	2.20	2.20
13	0.30	0.40	0.60	1.20	1.65	1.85	2.20	2.20
14	0.30	0.40	0.60	1.20	1.65	1.85	2.20	2.20
15	0.30	0.40	0.80	1.20	1.65	1.85	2.20	2.20
16	0.30	0.50	0.80	1.20	1.65	1.85	2.20	2.20
17	0.35	0.60	0.80	1.20	1.65	1.85	2.20	2.20
18	0.35	0.60	0.80	1.20	1.65	1.85	2.20	2.20
19	0.40	0.60	0.85	1.20	1.65	1.85	2.20	2.20
20	0.40	0.70	0.90	1.20	1.65	1.85	2.20	2.20
21	0.50	0.80	0.95	1.25	1.65	1.90	2.20	2.20
22	0.60	0.80	0.95	1.25	1.65	1.90	2.20	2.20
23	0.60	0.85	0.95	1.25	1.65	1.90	2.20	2.20
24	0.70	0.85	0.95	1.25	1.65	1.90	2.20	2.20
25	0.75	0.85	1.00	1.30	1.70	1.90	2.20	2.20
26	0.80	0.90	1.00	1.30	1.70	1.90	2.20	2.20
27	0.80	0.90	1.00	1.30	1.70	1.90	2.20	2.20
28	0.85	0.95	1.05	1.30	1.70	1.90	2.20	2.20
29	0.90	0.95	1.05	1.30	1.70	1.90	2.20	2.20
30	0.90	1.05	1.10	1.30	1.70	1.90	2.20	2.20
31	0.90	1.05	1.10	1.30	1.70	1.90	2.20	2.20
32	0.90	1.05	1.10	1.30	1.70	1.90	2.20	2.20
33	0.90	1.05	1.10	1.30	1.70	1.90	2.20	2.20
34	0.90	1.05	1.10	1.30	1.70	1.90	2.20	2.20
35+	1.00	1.05	1.10	1.30	1.70	1.90	2.20	2.20

The following adverse selection factors are used:

Year of Policyholder Notification *	Without Current Requested Increase	With Current Requested Increase
1	0.0%	2.8%
2	0.0%	1.8%
3	0.0%	0.8%
4	0.0%	0.0%

* For currently requested increase

Interest Rate: 5.0%

EXHIBIT VIII
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	420	48,936	0	0	0.0%	0.0%	110,803	0	0	0.0%	0.0%	5.00%	2.2642
	1998	13,882	8,484,810	605	227,638	0.0%	2.7%	18,296,735	1,305	490,880	0.0%	2.7%	5.00%	2.1564
	1999	35,115	36,838,818	183,316	2,099,777	0.5%	5.7%	75,656,779	376,481	4,312,362	0.5%	5.7%	5.00%	2.0537
	2000	44,448	64,450,464	725,867	5,039,141	1.1%	7.8%	126,060,467	1,419,744	9,856,197	1.1%	7.8%	5.00%	1.9559
	2001	43,584	67,438,269	1,815,171	6,848,015	2.7%	10.2%	125,623,236	3,381,280	12,756,404	2.7%	10.2%	5.00%	1.8628
	2002	42,906	66,533,508	3,343,169	10,559,187	5.0%	15.9%	118,036,055	5,931,064	18,732,888	5.0%	15.9%	5.00%	1.7741
	2003	41,096	64,638,102	5,504,774	12,395,792	8.5%	19.2%	109,212,804	9,300,889	20,943,982	8.5%	19.2%	5.00%	1.6896
Historical	2004	40,002	62,389,962	7,907,140	15,482,148	12.7%	24.8%	100,394,608	12,723,750	24,913,049	12.7%	24.8%	5.00%	1.6091
Experience	2005	39,014	60,590,071	10,890,772	14,846,765	18.0%	24.5%	92,855,542	16,690,334	22,752,976	18.0%	24.5%	5.00%	1.5325
	2006	38,169	59,035,329	13,120,464	26,748,631	22.2%	45.3%	86,164,636	19,149,889	39,040,793	22.2%	45.3%	5.00%	1.4595
	2007	37,373	57,516,492	17,011,214	26,923,281	29.6%	46.8%	79,950,311	23,646,294	37,424,478	29.6%	46.8%	5.00%	1.3900
	2008	36,071	57,274,131	20,953,181	26,991,880	36.6%	47.1%	75,822,304	27,738,849	35,733,174	36.6%	47.1%	5.00%	1.3238
	2009	34,743	60,095,048	25,122,272	38,216,906	41.8%	63.6%	75,768,355	31,674,378	48,184,205	41.8%	63.6%	5.00%	1.2608
	2010	33,666	63,502,212	31,012,806	43,739,315	48.8%	68.9%	76,251,559	37,239,251	52,520,863	48.8%	68.9%	5.00%	1.2008
	2011	32,714	63,430,614	37,600,729	41,827,685	59.3%	65.9%	72,538,653	42,999,840	47,833,747	59.3%	65.9%	5.00%	1.1436
	2012	31,738	61,375,274	43,625,184	50,375,432	71.1%	82.1%	66,845,891	47,513,667	54,865,591	71.1%	82.1%	5.00%	1.0891
	2013	30,723	63,353,773	49,883,200	49,416,294	78.7%	78.0%	65,714,992	51,742,365	51,258,058	78.7%	78.0%	5.00%	1.0373
	1/2014-3/2014	30,531	15,977,279	9,829,927	13,939,084	61.5%	87.2%	16,075,019	9,890,061	14,024,355	61.5%	87.2%	5.00%	1.0061
	4/2014-12/2014	29,677	47,550,483	40,468,515	39,440,349	85.1%	82.9%	46,688,395	39,734,823	38,725,297	85.1%	82.9%	5.00%	0.9819
	2015	28,549	60,813,716	48,542,504	54,774,612	79.8%	90.1%	57,215,661	45,670,477	51,533,862	79.8%	90.1%	5.00%	0.9408
	2016	27,389	57,829,857	54,695,896	57,095,310	94.6%	98.7%	51,817,469	49,009,336	51,159,290	94.6%	98.7%	5.00%	0.8960
	2017	26,203	54,833,465	60,512,476	59,506,735	110.4%	108.5%	46,792,955	51,639,223	50,780,959	110.4%	108.5%	5.00%	0.8534
	2018	24,994	51,843,132	65,044,036	62,262,269	125.5%	120.1%	42,134,390	52,863,140	50,602,319	125.5%	120.1%	5.00%	0.8127
	2019	23,764	48,863,746	67,891,734	66,024,004	138.9%	135.1%	37,821,865	52,550,043	51,104,370	138.9%	135.1%	5.00%	0.7740
Projected	2020	22,512	45,897,988	71,032,543	69,753,384	154.8%	152.0%	33,834,560	52,362,967	51,420,011	154.8%	152.0%	5.00%	0.7372
Future	2021	21,242	42,951,820	73,858,779	72,083,394	172.0%	167.8%	30,154,987	51,853,694	50,607,258	172.0%	167.8%	5.00%	0.7021
Experience	2022	19,949	40,027,689	76,415,798	73,913,839	190.9%	184.7%	26,763,863	51,094,180	49,421,286	190.9%	184.7%	5.00%	0.6686
	2023	18,635	37,122,870	78,704,187	76,154,835	212.0%	205.1%	23,639,622	50,118,356	48,494,944	212.0%	205.1%	5.00%	0.6368
	2024	17,318	34,253,019	81,150,621	80,054,209	236.9%	233.7%	20,773,446	49,215,458	48,550,517	236.9%	233.7%	5.00%	0.6065
	2025	16,011	31,448,979	84,084,662	83,802,916	267.4%	266.5%	18,164,646	48,566,540	48,403,806	267.4%	266.5%	5.00%	0.5776
	2026	14,712	28,722,964	87,002,070	84,806,003	302.9%	295.3%	15,800,118	47,858,675	46,650,648	302.9%	295.3%	5.00%	0.5501
	2027	13,427	26,074,916	89,360,199	84,922,820	342.7%	325.7%	13,660,441	46,815,096	44,490,388	342.7%	325.7%	5.00%	0.5239
	2028	12,170	23,517,847	91,173,030	85,118,173	387.7%	361.9%	11,734,107	45,490,308	42,469,269	387.7%	361.9%	5.00%	0.4989
	2029	10,955	21,074,244	92,603,439	86,587,714	439.4%	410.9%	10,014,175	44,003,812	41,145,227	439.4%	410.9%	5.00%	0.4752
	2030	9,789	18,756,936	94,040,633	87,717,149	501.4%	467.7%	8,488,594	42,558,806	39,697,065	501.4%	467.7%	5.00%	0.4526
	2031	8,683	16,577,595	95,013,524	85,969,060	573.1%	518.6%	7,145,064	40,951,519	37,053,289	573.1%	518.6%	5.00%	0.4310
	2032	7,651	14,555,041	94,966,041	83,311,247	652.5%	572.4%	5,974,598	38,981,956	34,197,860	652.5%	572.4%	5.00%	0.4105
	2033	6,689	12,691,434	93,965,556	79,987,470	740.4%	630.2%	4,961,542	36,734,546	31,270,005	740.4%	630.2%	5.00%	0.3909
	2034	5,800	10,980,124	91,987,814	75,938,687	837.8%	691.6%	4,088,123	34,248,929	28,273,513	837.8%	691.6%	5.00%	0.3723
	2035	4,992	9,428,535	89,119,958	71,477,647	945.2%	758.1%	3,343,271	31,601,112	25,345,312	945.2%	758.1%	5.00%	0.3546
	2036	4,266	8,040,249	85,515,949	66,739,838	1063.6%	830.1%	2,715,236	28,879,204	22,538,408	1063.6%	830.1%	5.00%	0.3377
	2037	3,620	6,808,424	81,323,669	61,799,890	1194.5%	907.7%	2,189,754	26,155,665	19,876,344	1194.5%	907.7%	5.00%	0.3216
	2038	3,048	5,724,511	76,696,069	56,743,463	1339.8%	991.2%	1,753,468	23,492,682	17,381,023	1339.8%	991.2%	5.00%	0.3063
	2039	2,547	4,778,305	71,745,291	51,660,462	1501.5%	1081.1%	1,393,940	20,929,729	15,070,529	1501.5%	1081.1%	5.00%	0.2917
	2040	2,112	3,958,778	66,573,629	46,619,131	1681.7%	1177.6%	1,099,872	18,496,226	12,952,246	1681.7%	1177.6%	5.00%	0.2778
	2041	1,737	3,254,658	61,275,640	41,689,708	1882.7%	1280.9%	861,186	16,213,600	11,031,141	1882.7%	1280.9%	5.00%	0.2646
	2042	1,416	2,654,668	55,939,332	36,934,156	2107.2%	1391.3%	668,979	14,096,769	9,307,445	2107.2%	1391.3%	5.00%	0.2520
	2043	1,145	2,147,717	50,649,257	32,414,226	2358.3%	1509.2%	515,454	12,155,871	7,779,446	2358.3%	1509.2%	5.00%	0.2400
	2044	918	1,723,075	45,481,817	28,170,643	2639.6%	1634.9%	393,847	10,395,886	6,439,030	2639.6%	1634.9%	5.00%	0.2286
	2045	729	1,370,521	40,500,071	24,243,612	2955.1%	1768.9%	298,346	8,816,378	5,277,542	2955.1%	1768.9%	5.00%	0.2177
	2046	574	1,080,453	35,759,942	20,660,918	3309.7%	1912.2%	224,002	7,413,818	4,283,460	3309.7%	1912.2%	5.00%	0.2073
	2047	447	843,980	31,304,854	17,424,416	3709.2%	2064.6%	166,643	6,181,124	3,440,440	3709.2%	2064.6%	5.00%	0.1974
	2048	345	652,998	27,165,098	14,534,554	4160.1%	2225.8%	122,794	5,108,316	2,733,180	4160.1%	2225.8%	5.00%	0.1880
	2049	263	500,232	23,361,172	11,984,587	4670.1%	2395.8%	89,588	4,183,809	2,146,349	4670.1%	2395.8%	5.00%	0.1791
	2050	198	379,242	19,903,476	9,762,604	5248.2%	2574.2%	64,685	3,394,821	1,665,151	5248.2%	2574.2%	5.00%	0.1706
	2051	148	284,400	16,795,395	7,854,228	5905.6%	2761.7%	46,199	2,728,279	1,275,857	5905.6%	2761.7%	5.00%	0.1624
	2052	109	210,851	14,032,761	6,235,168	6655.3%	2957.1%	32,620	2,170,963	964,623	6655.3%	2957.1%	5.00%	0.1547
	2053	79	154,454	11,604,769	4,882,166	7513.4%	3160.9%	22,757	1,709,844	719,337	7513.4%	3160.9%	5.00%	0.1473
	2054	57	111,720	9,495,803	3,769,032	8499.6%	3373.6%	15,677	1,332,485	528,884	8499.6%	3373.6%	5.00%	0.1403
	2055	40	79,741	7,685,945	2,867,159	9638.6%	3595.6%	10,657	1,027,161	383,171	9638.6%	3595.6%	5.00%	0.1336
	2056	28	56,122	6,151,605	2,147,316	10961.1%	3826.2%	7,143	782,962	273,305	10961.1%	3826.2%	5.00%	0.1273
	2057	19	38,914	4,866,826	1,581,847	12506.6%	4065.0%	4,717	589,941	191,746	12506.6%	4065.0%	5.00%	0.1212
	2058	13	26,555	3,804,387	1,144,483	14326.4%	4309.9%	3,066	439,196	132,124	14326.4%	4309.9%	5.00%	0.1154
	2059	9	17,809	2,936,857	811,725	16490.9%	4557.9%	1,958	322,899	89,247	16490.9%	4557.9%	5.00%	0.1099
	2060	6	11,716	2,237,608	563,107	19098.7%	4806.3%	1,227	234,304	58,964	19098.7%	4806.3%	5.00%	0.1047
	2061	4	7,543	1,681,498	381,130	22292.2%	5052.8%	752	167,688	38,008	22292.2%	5052.8%	5.00%	0.0997
	2062	2	4,739	1,245,433	251,322	26280.5%	5303.3%	450	118,287	23,870	26280.5%	5303.3%	5.00%	0.0950
	2063	1	2,894	908,557	160,806	31394.5%	5556.5%	262	82,182	14,546	31394.5%	5556.5%	5.00%	0.0905
	Past		932,973,093	278,529,792	385,676,971	29.9%	41.3%	1,381,378,748	341,419,438	495,644,002	24.7%	35.9%		
	Future		780,741,669	2,578,276,726	2,174,733,523	330.2%	278.5%	533,717,172	1,221,543,089	1,108,011,914	228.9%	207.6%		
	Lifetime		1,713,714,762	2,856,806,518	2,560,410,494	166.7%	149.4%	1,915,095,920	1,562,962,527	1,603,655,916	81.6%	83.7%		

EXHIBIT VIII
RiverSource Life Insurance Company
Nationwide Experience Projections with 17% Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	420	48,936	0	0	0.0%	0.0%	110,803	0	0	0.0%	0.0%	5.00%	2.2642
	1998	13,882	8,484,810	605	227,638	0.0%	2.7%	18,296,735	1,305	490,880	0.0%	2.7%	5.00%	2.1564
	1999	35,115	36,838,818	183,316	2,099,777	0.5%	5.7%	75,656,779	376,481	4,312,362	0.5%	5.7%	5.00%	2.0537
	2000	44,448	64,450,464	725,867	5,039,141	1.1%	7.8%	126,060,467	1,419,744	9,856,197	1.1%	7.8%	5.00%	1.9559
	2001	43,584	67,438,269	1,815,171	6,848,015	2.7%	10.2%	125,623,236	3,381,280	12,756,404	2.7%	10.2%	5.00%	1.8628
	2002	42,906	66,533,508	3,343,169	10,559,187	5.0%	15.9%	118,036,055	5,931,064	18,732,888	5.0%	15.9%	5.00%	1.7741
	2003	41,096	64,638,102	5,504,774	12,395,792	8.5%	19.2%	109,212,804	9,300,889	20,943,982	8.5%	19.2%	5.00%	1.6896
Historical	2004	40,002	62,389,962	7,907,140	15,482,148	12.7%	24.8%	100,394,608	12,723,750	24,913,049	12.7%	24.8%	5.00%	1.6091
Experience	2005	39,014	60,590,071	10,890,772	14,846,765	18.0%	24.5%	92,855,542	16,690,334	22,752,976	18.0%	24.5%	5.00%	1.5325
	2006	38,169	59,035,329	13,120,464	26,748,631	22.2%	45.3%	86,164,636	19,149,889	39,040,793	22.2%	45.3%	5.00%	1.4595
	2007	37,373	57,516,492	17,011,214	26,923,281	29.6%	46.8%	79,950,311	23,646,294	37,424,478	29.6%	46.8%	5.00%	1.3900
	2008	36,071	57,274,131	20,953,181	26,991,880	36.6%	47.1%	75,822,304	27,738,849	35,733,174	36.6%	47.1%	5.00%	1.3238
	2009	34,743	60,095,048	25,122,272	38,216,906	41.8%	63.6%	75,768,355	31,674,378	48,184,205	41.8%	63.6%	5.00%	1.2608
	2010	33,666	63,502,212	31,012,806	43,739,315	48.8%	68.9%	76,251,559	37,239,251	52,520,863	48.8%	68.9%	5.00%	1.2008
	2011	32,714	63,430,614	37,600,729	41,827,685	59.3%	65.9%	72,538,653	42,999,840	47,833,747	59.3%	65.9%	5.00%	1.1436
	2012	31,738	61,375,274	43,625,184	50,375,432	71.1%	82.1%	66,845,891	47,513,667	54,865,591	71.1%	82.1%	5.00%	1.0891
	2013	30,723	63,353,773	49,883,200	49,416,294	78.7%	78.0%	65,714,992	51,742,365	51,258,058	78.7%	78.0%	5.00%	1.0373
	1/2014-3/2014	30,531	15,977,279	9,829,927	13,939,084	61.5%	87.2%	16,075,019	9,890,061	14,024,355	61.5%	87.2%	5.00%	1.0061
	4/2014-12/2014	29,642	47,550,483	40,468,501	39,435,543	85.1%	82.9%	46,688,395	39,734,809	38,720,579	85.1%	82.9%	5.00%	0.9819
	2015	28,176	65,720,724	48,542,738	54,916,019	73.9%	83.6%	61,832,345	45,670,698	51,666,902	73.9%	83.6%	5.00%	0.9408
	2016	27,031	66,309,164	54,768,842	57,244,484	82.6%	86.3%	59,415,209	49,074,698	51,292,955	82.6%	86.3%	5.00%	0.8960
	2017	25,860	62,873,646	60,539,052	59,045,481	96.3%	93.9%	53,654,163	51,661,902	50,387,341	96.3%	93.9%	5.00%	0.8534
	2018	24,667	59,445,047	64,847,080	61,430,777	109.1%	103.3%	48,312,683	52,703,068	49,926,542	109.1%	103.3%	5.00%	0.8127
	2019	23,453	56,028,975	67,456,984	65,109,340	120.4%	116.2%	43,367,946	52,213,535	50,396,395	120.4%	116.2%	5.00%	0.7740
Projected	2020	22,218	52,628,505	70,384,085	68,755,083	133.7%	130.6%	38,796,086	51,884,944	50,684,094	133.7%	130.6%	5.00%	0.7372
Future	2021	20,964	49,250,469	73,035,913	71,023,703	148.3%	144.2%	34,577,051	51,275,989	49,863,286	148.3%	144.2%	5.00%	0.7021
Experience	2022	19,688	45,897,672	75,460,426	72,800,813	164.4%	158.6%	30,688,732	50,455,386	48,677,079	164.4%	158.6%	5.00%	0.6686
	2023	18,392	42,566,993	77,643,685	74,981,481	182.4%	176.1%	27,106,407	49,443,035	47,747,760	182.4%	176.1%	5.00%	0.6368
	2024	17,092	39,276,380	79,997,743	78,792,465	203.7%	200.6%	23,819,966	48,516,272	47,785,306	203.7%	200.6%	5.00%	0.6065
	2025	15,802	36,061,204	82,837,825	82,455,488	229.7%	228.7%	20,828,625	47,846,378	47,625,544	229.7%	228.7%	5.00%	0.5776
	2026	14,520	32,935,473	85,666,184	83,420,264	260.1%	253.3%	18,117,363	47,123,822	45,888,372	260.1%	253.3%	5.00%	0.5501
	2027	13,252	29,899,125	87,950,934	83,514,953	294.2%	279.3%	15,663,913	46,076,793	43,752,818	294.2%	279.3%	5.00%	0.5239
	2028	12,011	26,967,079	89,705,865	83,687,642	332.6%	310.3%	13,455,083	44,758,274	41,755,513	332.6%	310.3%	5.00%	0.4989
	2029	10,812	24,165,123	91,087,811	85,112,978	376.9%	352.2%	11,482,916	43,283,608	40,444,454	376.9%	352.2%	5.00%	0.4752
	2030	9,661	21,507,974	92,478,414	86,205,356	430.0%	400.8%	9,733,598	41,851,812	39,012,891	430.0%	400.8%	5.00%	0.4526
	2031	8,570	19,009,016	93,414,146	84,472,609	491.4%	444.4%	8,193,024	40,262,176	36,408,308	491.4%	444.4%	5.00%	0.4310
	2032	7,551	16,689,832	93,348,664	81,847,908	559.3%	490.4%	6,850,894	38,318,050	33,597,184	559.3%	490.4%	5.00%	0.4105
	2033	6,602	14,552,902	92,348,353	78,570,778	634.6%	539.9%	5,689,258	36,102,323	30,716,169	634.6%	539.9%	5.00%	0.3909
	2034	5,724	12,590,602	90,389,621	74,583,413	717.9%	592.4%	4,687,736	33,653,889	27,768,917	717.9%	592.4%	5.00%	0.3723
	2035	4,927	10,811,443	87,558,244	70,192,966	809.9%	649.2%	3,833,638	31,047,343	24,889,776	809.9%	649.2%	5.00%	0.3546
	2036	4,211	9,219,535	84,005,538	65,532,451	911.2%	710.8%	3,113,487	28,369,130	22,130,667	911.2%	710.8%	5.00%	0.3377
	2037	3,572	7,807,037	79,876,845	60,675,088	1023.1%	777.2%	2,510,932	25,690,331	19,514,580	1023.1%	777.2%	5.00%	0.3216
	2038	3,008	6,564,144	75,322,390	55,704,886	1147.5%	848.6%	2,010,655	23,071,912	17,062,898	1147.5%	848.6%	5.00%	0.3063
	2039	2,514	5,479,154	70,452,260	50,709,984	1285.8%	925.5%	1,598,394	20,552,522	14,793,253	1285.8%	925.5%	5.00%	0.2917
	2040	2,084	4,539,425	65,366,841	45,757,246	1440.0%	1008.0%	1,261,194	18,160,943	12,712,787	1440.0%	1008.0%	5.00%	0.2778
	2041	1,714	3,732,029	60,158,885	40,915,479	1612.0%	1096.3%	987,499	15,918,105	10,826,280	1612.0%	1096.3%	5.00%	0.2646
	2042	1,398	3,044,037	54,914,694	36,245,363	1804.0%	1190.7%	767,100	13,838,559	9,133,869	1804.0%	1190.7%	5.00%	0.2520
	2043	1,130	2,462,729	49,717,156	31,807,364	2018.8%	1291.5%	591,057	11,932,166	7,633,798	2018.8%	1291.5%	5.00%	0.2400
	2044	906	1,975,803	44,641,144	27,641,311	2259.4%	1399.0%	451,614	10,203,731	6,318,040	2259.4%	1399.0%	5.00%	0.2286
	2045	719	1,571,539	39,748,417	23,786,525	2529.3%	1513.6%	342,105	8,652,752	5,178,040	2529.3%	1513.6%	5.00%	0.2177
	2046	566	1,238,926	35,093,726	20,270,146	2832.6%	1636.1%	256,856	7,275,697	4,202,444	2832.6%	1636.1%	5.00%	0.2073
	2047	441	967,768	30,719,556	17,093,887	3174.3%	1766.3%	191,085	6,065,558	3,375,178	3174.3%	1766.3%	5.00%	0.1974
	2048	340	748,774	26,655,507	14,258,087	3559.9%	1904.2%	140,805	5,012,489	2,681,191	3559.9%	1904.2%	5.00%	0.1880
	2049	259	573,601	22,921,574	11,756,040	3996.1%	2049.5%	102,728	4,105,080	2,105,418	3996.1%	2049.5%	5.00%	0.1791
	2050	196	434,865	19,527,852	9,575,986	4490.6%	2202.1%	74,172	3,330,753	1,633,320	4490.6%	2202.1%	5.00%	0.1706
	2051	146	326,113	16,477,565	7,703,754	5052.7%	2362.3%	52,974	2,676,650	1,251,414	5052.7%	2362.3%	5.00%	0.1624
	2052	108	241,776	13,766,535	6,115,463	5693.9%	2529.4%	37,404	2,129,776	946,104	5693.9%	2529.4%	5.00%	0.1547
	2053	78	177,108	11,384,083	4,788,253	6427.8%	2703.6%	26,095	1,677,328	705,500	6427.8%	2703.6%	5.00%	0.1473
	2054	56	128,106	9,314,820	3,696,398	7271.2%	2885.4%	17,976	1,307,089	518,692	7271.2%	2885.4%	5.00%	0.1403
	2055	40	91,437	7,539,152	2,811,810	8245.2%	3075.1%	12,220	1,007,544	375,775	8245.2%	3075.1%	5.00%	0.1336
	2056	28	64,353	6,033,887	2,105,797	9376.2%	3272.3%	8,191	767,979	268,021	9376.2%	3272.3%	5.00%	0.1273
	2057	19	44,622	4,773,523	1,551,216	10697.7%	3476.3%	5,409	578,631	188,033	10697.7%	3476.3%	5.00%	0.1212
	2058	13	30,450	3,731,328	1,122,290	12254.0%	3685.7%	3,515	430,762	129,562	12254.0%	3685.7%	5.00%	0.1154
	2059	8	20,421	2,880,367	795,963	14104.9%	3897.8%	2,245	316,688	87,514	14104.9%	3897.8%	5.00%	0.1099
	2060	5	13,434	2,194,503	552,160	16335.4%	4110.2%	1,407	229,790	57,818	16335.4%	4110.2%	5.00%	0.1047
	2061	3	8,650	1,649,060	373,712	19064.3%	4320.4%	863	164,453	37,269	19064.3%	4320.4%	5.00%	0.0997
	2062	2	5,434	1,221,376	246,425	22476.6%	4534.9%	516	116,002	23,405	22476.6%	4534.9%	5.00%	0.0950
	2063	1	3,318	890,985	157,670	26853.1%	4752.0%	300	80,593	14,262	26853.1%	4752.0%	5.00%	0.0905
	Past		932,973,093	278,529,792	385,676,971	29.9%	41.3%	1,381,378,748	341,419,438	495,644,002	24.7%	35.9%		
	Future		884,252,419	2,540,910,680	2,141,350,298	287.4%	242.2%	601,363,832	1,206,621,818	1,092,913,315	200.6%	181.7%		
	Lifetime		1,817,225,512	2,819,440,472	2,527,027,269	155.2%	139.1%	1,982,742,580	1,548,041,256	1,588,557,316	78.1%	80.1%		

EXHIBIT IX
RiverSource Life Insurance Company
Virginia Experience Projections with No Increase
Policy Form: 30160A-VA

			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	0	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	5.00%	2.2642
	1998	638	325,592	0	37,202	0.0%	11.4%	702,111	0	80,223	0.0%	11.4%	5.00%	2.1564
	1999	1,574	1,633,272	11,549	0	0.7%	0.0%	3,354,292	23,719	0	0.7%	0.0%	5.00%	2.0537
	2000	1,817	2,575,464	9,314	112,461	0.4%	4.4%	5,037,422	18,217	219,966	0.4%	4.4%	5.00%	1.9559
	2001	1,756	2,575,078	20,365	425,135	0.8%	16.5%	4,796,825	37,936	791,936	0.8%	16.5%	5.00%	1.8628
	2002	1,694	2,489,930	127,145	501,355	5.1%	20.1%	4,417,345	225,566	889,447	5.1%	20.1%	5.00%	1.7741
	2003	1,653	2,412,416	262,304	694,739	10.9%	28.8%	4,076,028	443,190	1,173,834	10.9%	28.8%	5.00%	1.6896
Historical	2004	1,609	2,348,292	297,042	882,584	12.6%	37.6%	3,778,747	477,985	1,420,207	12.6%	37.6%	5.00%	1.6091
Experience	2005	1,581	2,282,486	416,869	738,176	18.3%	32.3%	3,497,957	638,860	1,131,270	18.3%	32.3%	5.00%	1.5325
	2006	1,557	2,232,021	505,539	668,167	22.6%	29.9%	3,257,732	737,856	975,219	22.6%	29.9%	5.00%	1.4595
	2007	1,532	2,192,646	583,495	969,316	26.6%	44.2%	3,047,869	811,083	1,347,389	26.6%	44.2%	5.00%	1.3900
	2008	1,491	2,227,003	766,943	890,736	34.4%	40.0%	2,948,216	1,015,316	1,179,200	34.4%	40.0%	5.00%	1.3238
	2009	1,455	2,348,729	1,031,146	1,653,949	43.9%	70.4%	2,961,297	1,300,078	2,085,313	43.9%	70.4%	5.00%	1.2608
	2010	1,419	2,501,010	1,347,145	1,467,227	53.9%	58.7%	3,003,138	1,617,612	1,761,803	53.9%	58.7%	5.00%	1.2008
	2011	1,386	2,524,669	1,580,865	1,782,896	62.6%	70.6%	2,887,187	1,807,862	2,038,904	62.6%	70.6%	5.00%	1.1436
	2012	1,336	2,443,168	1,671,331	1,948,604	68.4%	79.8%	2,660,937	1,820,303	2,122,291	68.4%	79.8%	5.00%	1.0891
	2013	1,296	2,520,813	1,928,753	1,227,024	76.5%	48.7%	2,614,765	2,000,638	1,272,755	76.5%	48.7%	5.00%	1.0373
	1/2014-3/2014	1,293	637,332	366,193	572,184	57.5%	89.8%	641,231	368,433	575,684	57.5%	89.8%	5.00%	1.0061
	4/2014-12/2014	1,264	1,908,394	1,476,508	1,434,448	77.4%	75.2%	1,873,795	1,449,739	1,408,442	77.4%	75.2%	5.00%	0.9819
	2015	1,223	2,457,617	1,727,193	2,013,758	70.3%	81.9%	2,312,212	1,625,003	1,894,614	70.3%	81.9%	5.00%	0.9408
	2016	1,181	2,355,806	1,936,359	2,124,168	82.2%	90.2%	2,110,880	1,735,042	1,903,325	82.2%	90.2%	5.00%	0.8960
	2017	1,137	2,251,836	2,148,056	2,239,783	95.4%	99.5%	1,921,638	1,833,076	1,911,352	95.4%	99.5%	5.00%	0.8534
	2018	1,092	2,146,367	2,337,427	2,378,285	108.9%	110.8%	1,744,414	1,899,693	1,932,900	108.9%	110.8%	5.00%	0.8127
	2019	1,045	2,039,459	2,502,147	2,592,032	122.7%	127.1%	1,578,597	1,936,730	2,006,303	122.7%	127.1%	5.00%	0.7740
Projected	2020	997	1,931,109	2,685,385	2,774,568	139.1%	143.7%	1,423,553	1,979,582	2,045,325	139.1%	143.7%	5.00%	0.7372
Future	2021	947	1,821,639	2,848,762	2,895,439	156.4%	158.9%	1,278,910	2,000,017	2,032,788	156.4%	158.9%	5.00%	0.7021
Experience	2022	895	1,710,945	2,996,229	2,996,350	175.1%	175.1%	1,143,996	2,003,380	2,003,461	175.1%	175.1%	5.00%	0.6686
	2023	842	1,599,014	3,131,129	3,124,020	195.8%	195.4%	1,018,243	1,993,884	1,989,357	195.8%	195.4%	5.00%	0.6368
	2024	788	1,486,859	3,283,187	3,378,321	220.8%	227.2%	901,736	1,991,156	2,048,852	220.8%	227.2%	5.00%	0.6065
	2025	733	1,375,831	3,463,724	3,572,885	251.8%	259.7%	794,668	2,000,616	2,063,666	251.8%	259.7%	5.00%	0.5776
	2026	678	1,266,277	3,639,946	3,640,362	287.5%	287.5%	696,562	2,002,286	2,002,514	287.5%	287.5%	5.00%	0.5501
	2027	623	1,158,199	3,782,725	3,666,133	326.6%	316.5%	606,771	1,981,739	1,920,658	326.6%	316.5%	5.00%	0.5239
	2028	569	1,052,582	3,894,792	3,710,414	370.0%	352.5%	525,180	1,943,286	1,851,292	370.0%	352.5%	5.00%	0.4989
	2029	516	950,504	4,002,641	3,874,733	421.1%	407.7%	451,666	1,901,997	1,841,217	421.1%	407.7%	5.00%	0.4752
	2030	465	852,373	4,123,169	3,961,746	483.7%	464.8%	385,748	1,865,972	1,792,918	483.7%	464.8%	5.00%	0.4526
	2031	415	759,000	4,215,638	3,910,330	555.4%	515.2%	327,135	1,816,971	1,685,381	555.4%	515.2%	5.00%	0.4310
	2032	369	671,527	4,258,459	3,816,471	634.1%	568.3%	275,650	1,748,025	1,566,597	634.1%	568.3%	5.00%	0.4105
	2033	325	589,848	4,253,947	3,692,828	721.2%	626.1%	230,593	1,663,022	1,443,660	721.2%	626.1%	5.00%	0.3909
	2034	284	513,925	4,203,509	3,540,927	817.9%	689.0%	191,345	1,565,052	1,318,359	817.9%	689.0%	5.00%	0.3723
	2035	246	444,473	4,112,014	3,368,296	925.1%	757.8%	157,606	1,458,082	1,194,367	925.1%	757.8%	5.00%	0.3546
	2036	212	381,787	3,984,370	3,178,485	1043.6%	832.5%	128,932	1,345,544	1,073,392	1043.6%	832.5%	5.00%	0.3377
	2037	181	325,677	3,827,423	2,975,467	1175.2%	913.6%	104,746	1,230,992	956,982	1175.2%	913.6%	5.00%	0.3216
	2038	154	275,838	3,647,643	2,763,693	1322.4%	1001.9%	84,492	1,117,305	846,544	1322.4%	1001.9%	5.00%	0.3063
	2039	130	231,914	3,449,579	2,546,753	1487.4%	1098.1%	67,655	1,006,320	742,946	1487.4%	1098.1%	5.00%	0.2917
	2040	109	193,510	3,237,074	2,326,345	1672.8%	1202.2%	53,763	899,360	646,331	1672.8%	1202.2%	5.00%	0.2778
	2041	90	160,204	3,013,886	2,106,325	1881.3%	1314.8%	42,390	797,477	557,336	1881.3%	1314.8%	5.00%	0.2646
	2042	74	131,558	2,783,910	1,889,973	2116.1%	1436.6%	33,153	701,548	476,275	2116.1%	1436.6%	5.00%	0.2520
	2043	60	107,129	2,551,255	1,680,391	2381.5%	1568.6%	25,711	612,304	403,295	2381.5%	1568.6%	5.00%	0.2400
	2044	49	86,477	2,319,359	1,479,558	2682.1%	1710.9%	19,766	530,141	338,186	2682.1%	1710.9%	5.00%	0.2286
	2045	39	69,174	2,091,144	1,289,027	3023.0%	1863.5%	15,058	455,217	280,606	3023.0%	1863.5%	5.00%	0.2177
	2046	31	54,813	1,869,324	1,111,204	3410.4%	2027.3%	11,364	387,552	230,377	3410.4%	2027.3%	5.00%	0.2073
	2047	24	43,007	1,656,360	947,007	3851.4%	2202.0%	8,492	327,047	186,986	3851.4%	2202.0%	5.00%	0.1974
	2048	19	33,399	1,454,228	797,392	4354.1%	2387.5%	6,281	273,463	149,947	4354.1%	2387.5%	5.00%	0.1880
	2049	14	25,660	1,264,540	662,611	4928.1%	2582.3%	4,596	226,470	118,669	4928.1%	2582.3%	5.00%	0.1791
	2050	11	19,494	1,088,448	543,042	5583.5%	2785.7%	3,325	185,650	92,624	5583.5%	2785.7%	5.00%	0.1706
	2051	8	14,637	926,976	438,935	6333.1%	2998.8%	2,378	150,580	71,302	6333.1%	2998.8%	5.00%	0.1624
	2052	6	10,855	780,848	349,687	7193.4%	3221.4%	1,679	120,802	54,099	7193.4%	3221.4%	5.00%	0.1547
	2053	4	7,946	650,304	274,407	8184.0%	3453.4%	1,171	95,816	40,431	8184.0%	3453.4%	5.00%	0.1473
	2054	3	5,736	535,236	211,893	9331.2%	3694.1%	805	75,106	29,734	9331.2%	3694.1%	5.00%	0.1403
	2055	2	4,081	435,186	160,957	10663.7%	3944.1%	545	58,159	21,511	10663.7%	3944.1%	5.00%	0.1336
	2056	2	2,857	349,399	120,001	12229.6%	4200.2%	364	44,471	15,273	12229.6%	4200.2%	5.00%	0.1273
	2057	1	1,966	276,824	87,640	14080.6%	4457.8%	238	33,556	10,623	14080.6%	4457.8%	5.00%	0.1212
	2058	1	1,327	216,284	62,577	16298.7%	4715.7%	153	24,969	7,224	16298.7%	4715.7%	5.00%	0.1154
	2059	0	877	166,516	43,548	18987.0%	4965.6%	96	18,308	4,788	18987.0%	4965.6%	5.00%	0.1099
	2060	0	565	126,217	29,468	22339.3%	5215.6%	59	13,216	3,086	22339.3%	5215.6%	5.00%	0.1047
	2061	0	355	94,101	19,303	26507.3%	5437.5%	35	9,384	1,925	26507.3%	5437.5%	5.00%	0.0997
	2062	0	215	68,940	12,220	32065.1%	5683.7%	20	6,548	1,161	32065.1%	5683.7%	5.00%	0.0950
	2063	0	126	49,587	7,443	39354.8%	5907.1%	11	4,485	673	39354.8%	5907.1%	5.00%	0.0905
	Past		36,269,920	10,925,998	14,571,755	30.1%	40.2%	53,683,098	13,344,654	19,065,440	24.9%	35.5%		
	Future		33,534,768	113,937,907	96,821,649	339.8%	288.7%	22,568,173	51,146,141	47,219,670	226.6%	209.2%		
	Lifetime		69,804,688	124,863,905	111,393,404	178.9%	159.6%	76,251,271	64,490,795	66,285,110	84.6%	86.9%		

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			Loss Ratio Demonstration										Interest Rate Factors	
			Without Interest					With Interest					Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Effective Int Rate	Disc / Accum Factor
	1997	0	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	5.00%	2.2642
	1998	638	325,592	0	37,202	0.0%	11.4%	702,111	0	80,223	0.0%	11.4%	5.00%	2.1564
	1999	1,574	1,633,272	11,549	0	0.7%	0.0%	3,354,292	23,719	0	0.7%	0.0%	5.00%	2.0537
	2000	1,817	2,575,464	9,314	112,461	0.4%	4.4%	5,037,422	18,217	219,966	0.4%	4.4%	5.00%	1.9559
	2001	1,756	2,575,078	20,365	425,135	0.8%	16.5%	4,796,825	37,936	791,936	0.8%	16.5%	5.00%	1.8628
	2002	1,694	2,489,930	127,145	501,355	5.1%	20.1%	4,417,345	225,566	889,447	5.1%	20.1%	5.00%	1.7741
	2003	1,653	2,412,416	262,304	694,739	10.9%	28.8%	4,076,028	443,190	1,173,834	10.9%	28.8%	5.00%	1.6896
Historical	2004	1,609	2,348,292	297,042	882,584	12.6%	37.6%	3,778,747	477,985	1,420,207	12.6%	37.6%	5.00%	1.6091
Experience	2005	1,581	2,282,486	416,869	738,176	18.3%	32.3%	3,497,957	638,860	1,131,270	18.3%	32.3%	5.00%	1.5325
	2006	1,557	2,232,021	505,539	668,167	22.6%	29.9%	3,257,732	737,856	975,219	22.6%	29.9%	5.00%	1.4595
	2007	1,532	2,192,646	583,495	969,316	26.6%	44.2%	3,047,869	811,083	1,347,389	26.6%	44.2%	5.00%	1.3900
	2008	1,491	2,227,003	766,943	890,736	34.4%	40.0%	2,948,216	1,015,316	1,179,200	34.4%	40.0%	5.00%	1.3238
	2009	1,455	2,348,729	1,031,146	1,653,949	43.9%	70.4%	2,961,297	1,300,078	2,085,313	43.9%	70.4%	5.00%	1.2608
	2010	1,419	2,501,010	1,347,145	1,467,227	53.9%	58.7%	3,003,138	1,617,612	1,761,803	53.9%	58.7%	5.00%	1.2008
	2011	1,386	2,524,669	1,580,865	1,782,896	62.6%	70.6%	2,887,187	1,807,862	2,038,904	62.6%	70.6%	5.00%	1.1436
	2012	1,336	2,443,168	1,671,331	1,948,604	68.4%	79.8%	2,660,937	1,820,303	2,122,291	68.4%	79.8%	5.00%	1.0891
	2013	1,296	2,520,813	1,928,753	1,227,024	76.5%	48.7%	2,614,765	2,000,638	1,272,755	76.5%	48.7%	5.00%	1.0373
	1/2014-3/2014	1,293	637,332	366,193	572,184	57.5%	89.8%	641,231	368,433	575,684	57.5%	89.8%	5.00%	1.0061
	4/2014-12/2014	1,262	1,908,394	1,476,508	1,434,302	77.4%	75.2%	1,873,795	1,449,739	1,408,298	77.4%	75.2%	5.00%	0.9819
	2015	1,207	2,653,844	1,727,170	2,018,724	65.1%	76.1%	2,496,829	1,624,982	1,899,286	65.1%	76.1%	5.00%	0.9408
	2016	1,165	2,701,300	1,938,752	2,129,253	71.8%	78.8%	2,420,454	1,737,186	1,907,881	71.8%	78.8%	5.00%	0.8960
	2017	1,122	2,582,089	2,148,617	2,222,003	83.2%	86.1%	2,203,464	1,833,554	1,896,179	83.2%	86.1%	5.00%	0.8534
	2018	1,077	2,461,156	2,329,826	2,345,995	94.7%	95.3%	2,000,252	1,893,516	1,906,657	94.7%	95.3%	5.00%	0.8127
	2019	1,031	2,338,574	2,485,596	2,555,512	106.3%	109.3%	1,810,120	1,923,919	1,978,036	106.3%	109.3%	5.00%	0.7740
Projected	2020	984	2,214,338	2,660,526	2,734,275	120.1%	123.5%	1,632,341	1,961,256	2,015,622	120.1%	123.5%	5.00%	0.7372
Future	2021	934	2,088,816	2,816,760	2,852,332	134.8%	136.6%	1,466,485	1,977,550	2,002,524	134.8%	136.6%	5.00%	0.7021
Experience	2022	883	1,961,891	2,958,409	2,950,738	150.8%	150.4%	1,311,787	1,978,092	1,972,963	150.8%	150.4%	5.00%	0.6686
	2023	831	1,833,546	3,088,526	3,075,430	168.4%	167.7%	1,167,591	1,966,755	1,958,415	168.4%	167.7%	5.00%	0.6368
	2024	777	1,704,945	3,236,098	3,324,579	189.8%	195.0%	1,033,999	1,962,598	2,016,259	189.8%	195.0%	5.00%	0.6065
	2025	724	1,577,634	3,411,874	3,514,992	216.3%	222.8%	911,227	1,970,668	2,030,228	216.3%	222.8%	5.00%	0.5776
	2026	670	1,452,013	3,583,639	3,580,489	246.8%	246.6%	798,733	1,971,312	1,969,579	246.8%	246.6%	5.00%	0.5501
	2027	615	1,328,084	3,722,689	3,605,026	280.3%	271.4%	695,773	1,950,287	1,888,644	280.3%	271.4%	5.00%	0.5239
	2028	562	1,206,976	3,831,766	3,647,772	317.5%	302.2%	602,214	1,911,840	1,820,037	317.5%	302.2%	5.00%	0.4989
	2029	509	1,089,927	3,936,802	3,808,454	361.2%	349.4%	517,918	1,870,711	1,809,722	361.2%	349.4%	5.00%	0.4752
	2030	459	977,403	4,054,362	3,893,224	414.8%	398.3%	442,331	1,834,832	1,761,908	414.8%	398.3%	5.00%	0.4526
	2031	410	870,334	4,144,392	3,842,063	476.2%	441.4%	375,120	1,786,263	1,655,957	476.2%	441.4%	5.00%	0.4310
	2032	364	770,031	4,185,681	3,749,270	543.6%	486.9%	316,085	1,718,151	1,539,012	543.6%	486.9%	5.00%	0.4105
	2033	321	676,370	4,180,515	3,627,286	618.1%	536.3%	264,418	1,634,315	1,418,038	618.1%	536.3%	5.00%	0.3909
	2034	280	589,311	4,130,288	3,477,618	700.9%	590.1%	219,412	1,537,790	1,294,788	700.9%	590.1%	5.00%	0.3723
	2035	243	509,671	4,039,790	3,307,658	792.6%	649.0%	180,725	1,432,472	1,172,865	792.6%	649.0%	5.00%	0.3546
	2036	209	437,790	3,913,850	3,120,896	894.0%	712.9%	147,844	1,321,729	1,053,944	894.0%	712.9%	5.00%	0.3377
	2037	179	373,450	3,759,199	2,921,233	1006.6%	782.2%	120,111	1,209,050	939,539	1006.6%	782.2%	5.00%	0.3216
	2038	152	316,300	3,582,192	2,713,035	1132.5%	857.7%	96,885	1,097,257	831,027	1132.5%	857.7%	5.00%	0.3063
	2039	128	265,933	3,387,298	2,499,825	1273.7%	940.0%	77,579	988,152	729,256	1273.7%	940.0%	5.00%	0.2917
	2040	107	221,895	3,178,290	2,283,268	1432.3%	1029.0%	61,649	883,028	634,363	1432.3%	1029.0%	5.00%	0.2778
	2041	89	183,703	2,958,856	2,067,141	1610.7%	1125.3%	48,608	782,916	546,968	1610.7%	1125.3%	5.00%	0.2646
	2042	73	150,856	2,732,819	1,854,662	1811.5%	1229.4%	38,016	688,673	467,377	1811.5%	1229.4%	5.00%	0.2520
	2043	60	122,843	2,504,209	1,648,868	2038.5%	1342.3%	29,482	601,013	395,730	2038.5%	1342.3%	5.00%	0.2400
	2044	48	99,162	2,276,396	1,451,698	2295.6%	1464.0%	22,666	520,321	331,818	2295.6%	1464.0%	5.00%	0.2286
	2045	38	79,321	2,052,245	1,264,669	2587.3%	1594.4%	17,267	446,749	275,303	2587.3%	1594.4%	5.00%	0.2177
	2046	31	62,853	1,834,413	1,090,138	2918.6%	1734.4%	13,031	380,314	226,009	2918.6%	1734.4%	5.00%	0.2073
	2047	24	49,316	1,625,312	928,998	3295.7%	1883.8%	9,737	320,917	183,430	3295.7%	1883.8%	5.00%	0.1974
	2048	19	38,298	1,426,875	782,185	3725.7%	2042.4%	7,202	268,320	147,088	3725.7%	2042.4%	5.00%	0.1880
	2049	14	29,424	1,240,678	649,942	4216.6%	2208.9%	5,270	222,196	116,400	4216.6%	2208.9%	5.00%	0.1791
	2050	11	22,353	1,067,847	532,633	4777.2%	2382.8%	3,813	182,136	90,848	4777.2%	2382.8%	5.00%	0.1706
	2051	8	16,784	909,383	430,503	5418.2%	2565.0%	2,726	147,722	69,932	5418.2%	2565.0%	5.00%	0.1624
	2052	6	12,447	765,989	342,956	6154.0%	2755.3%	1,926	118,504	53,058	6154.0%	2755.3%	5.00%	0.1547
	2053	4	9,111	637,900	269,114	7001.4%	2953.7%	1,342	93,988	39,651	7001.4%	2953.7%	5.00%	0.1473
	2054	3	6,578	525,003	207,799	7981.2%	3159.0%	923	73,670	29,159	7981.2%	3159.0%	5.00%	0.1403
	2055	2	4,679	426,849	157,842	9122.7%	3373.4%	625	57,045	21,094	9122.7%	3373.4%	5.00%	0.1336
	2056	2	3,276	342,692	117,675	10460.7%	3592.0%	417	43,617	14,977	10460.7%	3592.0%	5.00%	0.1273
	2057	1	2,254	271,500	85,938	12045.3%	3812.7%	273	32,910	10,417	12045.3%	3812.7%	5.00%	0.1212
	2058	1	1,522	212,118	61,360	13936.8%	4031.5%	176	24,488	7,084	13936.8%	4031.5%	5.00%	0.1154
	2059	0	1,005	163,303	42,701	16249.1%	4248.9%	110	17,955	4,695	16249.1%	4248.9%	5.00%	0.1099
	2060	0	648	123,778	28,894	19101.5%	4459.0%	68	12,961	3,026	19101.5%	4459.0%	5.00%	0.1047
	2061	0	407	92,281	18,926	22673.5%	4650.1%	41	9,203	1,887	22673.5%	4650.1%	5.00%	0.0997
	2062	0	247	67,605	11,981	27370.4%	4850.6%	23	6,421	1,138	27370.4%	4850.6%	5.00%	0.0950
	2063	0	145	48,626	7,297	33535.2%	5032.4%	13	4,398	660	33535.2%	5032.4%	5.00%	0.0905
	Past		36,269,920	10,925,998	14,571,755	30.1%	40.2%	53,683,098	13,344,654	19,065,440	24.9%	35.5%		
	Future		38,009,247	112,216,092	95,289,172	295.2%	250.7%	25,448,895	50,483,440	46,548,775	198.4%	182.9%		
	Lifetime		74,279,167	123,142,090	109,860,927	165.8%	147.9%	79,131,993	63,828,094	65,614,215	80.7%	82.9%		

EXHIBIT X
RiverSource Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
Policy Form: 30160A

Calendar Year	(a) Earned Premiums[1]	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c) / (a) Incurred Loss Ratio
1997	48,936	0	285,641	583.7%
1998	8,484,810	227,638	5,974,623	73.1%
1999	36,838,818	2,099,777	14,758,229	45.8%
2000	64,450,464	5,039,141	32,325,006	58.0%
2001	67,438,269	6,848,015	52,333,432	87.8%
2002	66,533,508	10,559,187	54,952,979	98.5%
2003	64,638,102	12,395,792	54,833,187	104.0%
2004	62,389,962	15,482,148	54,741,330	112.6%
2005	60,590,071	14,846,765	53,820,581	113.3%
2006	59,035,329	26,748,631	53,271,818	135.5%
2007	57,516,492	26,923,281	69,292,713	167.3%
2008	57,274,131	26,991,880	44,605,519	125.0%
2009	60,095,048	38,216,906	41,908,968	133.3%
2010	63,502,212	43,739,315	45,286,074	140.2%
2011	63,430,614	41,827,685	(12,930,639)	45.6%
2012	61,375,274	50,375,432	34,042,189	137.5%
2013	63,353,773	49,416,294	31,975,323	128.5%
1/2014-3/2014	15,977,279	13,939,084	7,940,383	136.9%
Total	932,973,093	385,676,971	639,417,356	109.9%

[1] Premiums reflect the accumulated rate increases as approved in Virginia and implemented from 2007 through 2013 on a nationwide basis.

EXHIBIT XI
RiverSource Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia Experience, without Interest
Policy Form: 30160A-VA

Calendar Year	(a) Earned Premiums	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c) / (a) Incurred Loss Ratio
1997	0	0	0	0.0%
1998	325,592	37,202	215,377	77.6%
1999	1,633,272	0	497,427	30.5%
2000	2,575,464	112,461	1,466,829	61.3%
2001	2,575,078	425,135	2,225,747	102.9%
2002	2,489,930	501,355	2,249,928	110.5%
2003	2,412,416	694,739	2,207,543	120.3%
2004	2,348,292	882,584	2,188,859	130.8%
2005	2,282,486	738,176	2,172,817	127.5%
2006	2,232,021	668,167	2,177,542	127.5%
2007	2,192,646	969,316	3,460,304	202.0%
2008	2,227,003	890,736	2,122,610	135.3%
2009	2,348,729	1,653,949	2,009,774	156.0%
2010	2,501,010	1,467,227	2,149,268	144.6%
2011	2,524,669	1,782,896	(974,916)	32.0%
2012	2,443,168	1,948,604	1,502,586	141.3%
2013	2,520,813	1,227,024	1,408,862	104.6%
1/2014-3/2014	637,332	572,184	386,828	150.5%
Total	36,269,920	14,571,755	27,467,384	115.9%

EXHIBIT XII
Demonstration of Compliance with Dual-Loss Ratio Standard
For Individual Long-Term Care with Prescribed Factors[1]

Nationwide Experience
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

1a	Accumulated value of past earned premiums	1,381,378,748	x	62.8%	=	867,505,854
1b	Present value of future projected earned premiums at current level	533,717,172	x	62.8%	=	335,174,384
2	Present value of increased portion of future projected earned premiums	67,646,660	x	80.0%	=	54,117,328
3	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2**					**1,256,797,566**
4	**Lifetime Incurred Claims with Rate Increase**					**1,588,557,316**
5	**Test: 4 is not less than 3**					**TRUE**

Virginia Experience
Policy Form: 30160A-VA

1a	Accumulated value of past earned premiums	53,683,098	x	62.8%	=	33,712,985
1b	Present value of future projected earned premiums at current level	22,568,173	x	62.8%	=	14,172,813
2	Present value of increased portion of future projected earned premiums	2,880,722	x	80.0%	=	2,304,578
3	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2**					**50,190,376**
4	**Lifetime Incurred Claims with Rate Increase**					**65,614,215**
5	**Test: 4 is not less than 3**					**TRUE**

[1] As prescribed by NAIC Model Bulletin, where 62.8% is the lifetime loss ratio at the time of original pricing

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									***90 Day Deductible Period***								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
41	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
42	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
43	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
44	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
45	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
46	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
47	73.72	86.28	17%	85.00	99.48	17%	96.26	112.66	17%	61.68	72.18	17%	71.44	83.60	17%	81.22	95.06	17%
48	73.72	86.28	17%	85.00	99.48	17%	96.26	112.66	17%	64.68	75.70	17%	74.46	87.14	17%	84.24	98.58	17%
49	78.22	91.54	17%	90.24	105.62	17%	102.26	119.70	17%	66.18	77.44	17%	76.72	89.80	17%	87.24	102.10	17%
50	78.22	91.54	17%	90.24	105.62	17%	102.26	119.70	17%	69.18	80.96	17%	79.74	93.32	17%	90.24	105.62	17%
51	79.74	93.32	17%	92.50	108.26	17%	105.30	123.24	17%	70.70	82.74	17%	82.00	95.96	17%	93.24	109.14	17%
52	82.74	96.84	17%	95.50	111.78	17%	108.30	126.76	17%	70.70	82.74	17%	82.00	95.96	17%	93.24	109.14	17%
53	84.24	98.58	17%	97.76	114.42	17%	111.30	130.28	17%	75.22	88.02	17%	87.24	102.10	17%	99.26	116.18	17%
54	84.24	98.58	17%	97.76	114.42	17%	111.30	130.28	17%	75.22	88.02	17%	87.24	102.10	17%	99.26	116.18	17%
55	88.76	103.86	17%	103.06	120.62	17%	117.32	137.32	17%	79.74	93.32	17%	92.50	108.26	17%	105.30	123.24	17%
56	96.26	112.66	17%	111.30	130.28	17%	126.34	147.86	17%	82.74	96.84	17%	95.50	111.78	17%	108.30	126.76	17%
57	103.80	121.48	17%	119.58	139.96	17%	135.38	158.44	17%	90.24	105.62	17%	103.80	121.48	17%	117.32	137.32	17%
58	111.30	130.28	17%	127.84	149.64	17%	144.40	168.98	17%	97.76	114.42	17%	112.08	131.16	17%	126.34	147.86	17%
59	118.84	139.08	17%	136.14	159.34	17%	153.40	179.54	17%	102.26	119.70	17%	117.32	137.32	17%	132.34	154.88	17%
60	126.34	147.86	17%	144.40	168.98	17%	162.42	190.10	17%	109.82	128.52	17%	125.58	147.00	17%	141.38	165.46	17%
61	133.88	156.70	17%	152.66	178.66	17%	171.46	200.68	17%	115.82	135.56	17%	131.60	154.00	17%	147.40	172.50	17%
62	141.38	165.46	17%	160.94	188.34	17%	180.48	211.24	17%	120.32	140.82	17%	136.88	160.22	17%	153.40	179.54	17%
63	148.92	174.28	17%	169.22	198.06	17%	189.50	221.78	17%	127.84	149.64	17%	145.16	169.88	17%	162.42	190.10	17%
64	156.42	183.06	17%	177.48	207.72	17%	198.54	232.36	17%	135.38	158.44	17%	153.40	179.54	17%	171.46	200.68	17%
65	165.46	193.64	17%	188.00	220.04	17%	210.56	246.44	17%	142.90	167.24	17%	161.68	189.22	17%	180.48	211.24	17%
66	195.54	228.86	17%	219.58	256.98	17%	243.66	285.16	17%	166.96	195.40	17%	187.26	219.16	17%	207.56	242.92	17%
67	227.14	265.84	17%	253.46	296.64	17%	279.74	327.40	17%	195.54	228.86	17%	218.10	255.26	17%	240.64	281.64	17%
68	258.70	302.78	17%	287.30	336.24	17%	315.86	369.66	17%	221.10	258.76	17%	245.92	287.80	17%	270.72	316.84	17%
69	293.30	343.28	17%	324.12	379.34	17%	354.96	415.42	17%	249.66	292.20	17%	276.74	323.88	17%	303.82	355.56	17%
70	324.88	380.22	17%	357.96	418.94	17%	391.04	457.66	17%	275.24	322.14	17%	304.58	356.48	17%	333.90	390.78	17%
71	354.96	415.42	17%	389.56	455.92	17%	424.14	496.38	17%	302.32	353.84	17%	333.14	389.90	17%	363.98	425.98	17%
72	389.56	455.92	17%	426.40	499.04	17%	463.24	542.16	17%	327.88	383.74	17%	360.96	422.46	17%	394.06	461.18	17%
73	421.12	492.86	17%	460.22	538.64	17%	499.34	584.40	17%	356.46	417.20	17%	391.82	458.58	17%	427.14	499.90	17%
74	452.72	529.86	17%	494.10	578.26	17%	535.44	626.66	17%	382.04	447.12	17%	419.64	491.12	17%	457.22	535.12	17%
75	487.30	570.30	17%	530.94	621.40	17%	574.54	672.40	17%	410.62	480.56	17%	450.46	527.20	17%	490.30	573.82	17%
76	527.94	617.88	17%	576.80	675.06	17%	625.68	732.28	17%	445.20	521.04	17%	490.30	573.82	17%	535.44	626.66	17%
77	568.52	665.36	17%	622.68	728.76	17%	676.82	792.12	17%	479.80	561.54	17%	530.20	620.52	17%	580.54	679.44	17%
78	609.14	712.90	17%	668.56	782.44	17%	727.94	851.96	17%	514.38	602.00	17%	570.04	667.14	17%	625.68	732.28	17%
79	649.76	760.44	17%	714.44	836.14	17%	779.08	911.82	17%	548.98	642.50	17%	609.88	713.78	17%	670.80	785.06	17%

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									***90 Day Deductible Period***								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change1	Current Rate	Proposed Rate	% Rate Change1	Current Rate	Proposed Rate	% Rate Change1	Current Rate	Proposed Rate	% Rate Change1	Current Rate	Proposed Rate	% Rate Change1	Current Rate	Proposed Rate	% Rate Change1
40	117.32	137.32	17%	133.88	156.70	17%	150.40	176.02	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
41	117.32	137.32	17%	133.88	156.70	17%	150.40	176.02	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
42	117.32	137.32	17%	133.88	156.70	17%	150.40	176.02	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
43	117.32	137.32	17%	133.88	156.70	17%	150.40	176.02	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
44	117.32	137.32	17%	133.88	156.70	17%	150.40	176.02	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
45	117.32	137.32	17%	133.88	156.70	17%	150.40	176.02	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
46	120.32	140.82	17%	136.88	160.22	17%	153.40	179.54	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
47	124.84	146.12	17%	142.16	166.38	17%	159.42	186.58	17%	111.30	130.28	17%	126.34	147.86	17%	141.38	165.46	17%
48	129.34	151.36	17%	147.40	172.50	17%	165.46	193.64	17%	114.32	133.80	17%	129.34	151.36	17%	144.40	168.98	17%
49	132.34	154.88	17%	150.40	176.02	17%	168.46	197.16	17%	115.82	135.56	17%	131.60	154.00	17%	147.40	172.50	17%
50	136.88	160.22	17%	155.66	182.18	17%	174.48	204.20	17%	118.84	139.08	17%	134.62	157.58	17%	150.40	176.02	17%
51	141.38	165.46	17%	160.94	188.34	17%	180.48	211.24	17%	123.32	144.34	17%	139.90	163.74	17%	156.42	183.06	17%
52	144.40	168.98	17%	163.96	191.88	17%	183.48	214.76	17%	123.32	144.34	17%	139.90	163.74	17%	156.42	183.06	17%
53	148.92	174.28	17%	169.22	198.06	17%	189.50	221.78	17%	127.84	149.64	17%	145.16	169.88	17%	162.42	190.10	17%
54	153.40	179.54	17%	174.48	204.20	17%	195.54	228.86	17%	130.86	153.16	17%	148.16	173.40	17%	165.46	193.64	17%
55	157.92	184.82	17%	179.74	210.36	17%	201.54	235.88	17%	135.38	158.44	17%	153.40	179.54	17%	171.46	200.68	17%
56	168.46	197.16	17%	191.02	223.56	17%	213.58	249.96	17%	145.90	170.76	17%	164.70	192.76	17%	183.48	214.76	17%
57	179.00	209.48	17%	202.32	236.78	17%	225.62	264.04	17%	156.42	183.06	17%	175.98	205.96	17%	195.54	228.86	17%
58	189.50	221.78	17%	213.58	249.96	17%	237.64	278.12	17%	166.96	195.40	17%	187.26	219.16	17%	207.56	242.92	17%
59	203.06	237.66	17%	227.88	266.68	17%	252.66	295.72	17%	177.48	207.72	17%	198.54	232.36	17%	219.58	256.98	17%
60	213.58	249.96	17%	239.16	279.88	17%	264.72	309.82	17%	192.50	225.30	17%	215.08	251.74	17%	237.64	278.12	17%
61	224.12	262.32	17%	250.44	293.08	17%	276.74	323.88	17%	203.06	237.66	17%	226.38	264.96	17%	249.66	292.20	17%
62	237.64	278.12	17%	264.72	309.82	17%	291.78	341.50	17%	213.58	249.96	17%	237.64	278.12	17%	261.70	306.30	17%
63	248.18	290.44	17%	276.00	323.02	17%	303.82	355.56	17%	224.12	262.32	17%	248.92	291.32	17%	273.74	320.36	17%
64	258.70	302.78	17%	287.30	336.24	17%	315.86	369.66	17%	234.64	274.60	17%	260.22	304.54	17%	285.78	334.46	17%
65	273.74	320.36	17%	303.82	355.56	17%	333.90	390.78	17%	249.66	292.20	17%	276.74	323.88	17%	303.82	355.56	17%
66	317.38	371.42	17%	349.72	409.28	17%	382.04	447.12	17%	285.78	334.46	17%	314.36	367.94	17%	342.90	401.32	17%
67	360.96	422.46	17%	395.56	462.94	17%	430.14	503.42	17%	323.38	378.46	17%	354.20	414.56	17%	385.04	450.64	17%
68	404.60	473.52	17%	441.44	516.64	17%	478.28	559.76	17%	360.96	422.46	17%	394.06	461.18	17%	427.14	499.90	17%
69	448.20	524.56	17%	487.30	570.30	17%	526.42	616.10	17%	401.58	469.98	17%	436.94	511.38	17%	472.28	552.74	17%
70	493.32	577.34	17%	535.44	626.66	17%	577.54	675.92	17%	439.18	514.00	17%	476.80	558.02	17%	514.38	602.00	17%
71	536.96	628.42	17%	581.32	680.34	17%	625.68	732.28	17%	475.28	556.26	17%	514.38	602.00	17%	553.48	647.78	17%
72	580.54	679.44	17%	627.20	734.04	17%	673.80	788.58	17%	515.90	603.78	17%	557.28	652.22	17%	598.60	700.58	17%
73	624.18	730.52	17%	673.06	787.70	17%	721.94	844.92	17%	553.48	647.78	17%	597.12	698.84	17%	640.72	749.86	17%
74	667.78	781.54	17%	718.92	841.40	17%	770.08	901.26	17%	591.10	691.80	17%	636.96	745.48	17%	682.84	799.16	17%
75	715.92	837.90	17%	770.08	901.26	17%	824.20	964.60	17%	631.70	739.32	17%	679.84	795.64	17%	727.94	851.96	17%
76	770.08	901.26	17%	830.24	971.66	17%	890.40	999.98	12%	679.84	795.64	17%	733.96	858.98	17%	788.10	922.36	17%
77	824.20	964.60	17%	890.40	999.98	12%	956.56	999.98	5%	727.94	851.96	17%	788.10	922.36	17%	848.26	992.78	17%
78	878.34	999.98	14%	950.56	999.98	5%	999.98	999.98	0%	776.08	908.30	17%	842.26	985.74	17%	908.42	999.98	10%
79	934.02	999.98	7%	999.98	999.98	0%	999.98	999.98	0%	825.74	966.42	17%	898.66	999.98	11%	971.60	999.98	3%

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	156.42	183.06	17%	175.98	205.96	17%	195.54	228.86	17%	142.90	167.24	17%	160.18	187.48	17%	177.48	207.72	17%
41	156.42	183.06	17%	175.98	205.96	17%	195.54	228.86	17%	142.90	167.24	17%	160.18	187.48	17%	177.48	207.72	17%
42	156.42	183.06	17%	175.98	205.96	17%	195.54	228.86	17%	142.90	167.24	17%	160.18	187.48	17%	177.48	207.72	17%
43	156.42	183.06	17%	175.98	205.96	17%	195.54	228.86	17%	142.90	167.24	17%	160.18	187.48	17%	177.48	207.72	17%
44	156.42	183.06	17%	175.98	205.96	17%	195.54	228.86	17%	142.90	167.24	17%	160.18	187.48	17%	177.48	207.72	17%
45	156.42	183.06	17%	175.98	205.96	17%	195.54	228.86	17%	142.90	167.24	17%	160.18	187.48	17%	177.48	207.72	17%
46	162.42	190.10	17%	182.00	213.00	17%	201.54	235.88	17%	145.90	170.76	17%	163.22	191.02	17%	180.48	211.24	17%
47	169.98	198.92	17%	190.26	222.68	17%	210.56	246.44	17%	150.40	176.02	17%	168.46	197.16	17%	186.50	218.28	17%
48	177.48	207.72	17%	198.54	232.36	17%	219.58	256.98	17%	154.92	181.30	17%	173.72	203.32	17%	192.50	225.30	17%
49	185.00	216.52	17%	206.82	242.06	17%	228.62	267.56	17%	160.94	188.34	17%	179.74	210.36	17%	198.54	232.36	17%
50	195.54	228.86	17%	218.10	255.26	17%	240.64	281.64	17%	165.46	193.64	17%	185.00	216.52	17%	204.56	239.40	17%
51	201.54	235.88	17%	224.12	262.32	17%	246.66	288.68	17%	169.98	198.92	17%	190.26	222.68	17%	210.56	246.44	17%
52	209.08	244.70	17%	232.40	271.98	17%	255.70	299.26	17%	175.98	205.96	17%	196.30	229.74	17%	216.58	253.46	17%
53	216.58	253.46	17%	240.64	281.64	17%	264.72	309.82	17%	180.48	211.24	17%	201.54	235.88	17%	222.58	260.50	17%
54	224.12	262.32	17%	248.92	291.32	17%	273.74	320.36	17%	185.00	216.52	17%	206.82	242.06	17%	228.62	267.56	17%
55	234.64	274.60	17%	260.22	304.54	17%	285.78	334.46	17%	192.50	225.30	17%	215.08	251.74	17%	237.64	278.12	17%
56	248.18	290.44	17%	274.50	321.26	17%	300.80	352.06	17%	206.06	241.18	17%	229.40	268.48	17%	252.66	295.72	17%
57	261.70	306.30	17%	288.78	337.98	17%	315.86	369.66	17%	219.58	256.98	17%	243.66	285.16	17%	267.72	313.32	17%
58	275.24	322.14	17%	303.06	354.70	17%	330.88	387.26	17%	233.14	272.84	17%	257.96	301.90	17%	282.74	330.92	17%
59	288.78	337.98	17%	317.38	371.42	17%	345.94	404.86	17%	246.66	288.68	17%	272.24	318.62	17%	297.80	348.54	17%
60	302.32	353.84	17%	331.66	388.14	17%	360.96	422.46	17%	260.22	304.54	17%	286.54	335.36	17%	312.82	366.12	17%
61	315.86	369.66	17%	345.94	404.86	17%	376.02	440.08	17%	273.74	320.36	17%	300.80	352.06	17%	327.88	383.74	17%
62	329.40	385.50	17%	360.22	421.60	17%	391.04	457.66	17%	287.30	336.24	17%	315.12	368.78	17%	342.90	401.32	17%
63	342.90	401.32	17%	374.52	438.34	17%	406.10	475.28	17%	300.80	352.06	17%	329.40	385.50	17%	357.96	418.94	17%
64	356.46	417.20	17%	388.82	455.06	17%	421.12	492.86	17%	314.36	367.94	17%	343.70	402.24	17%	373.00	436.54	17%
65	373.00	436.54	17%	406.10	475.28	17%	439.18	514.00	17%	329.40	385.50	17%	360.22	421.60	17%	391.04	457.66	17%
66	422.64	494.64	17%	457.98	536.02	17%	493.32	577.34	17%	369.98	433.02	17%	403.08	471.74	17%	436.18	510.48	17%
67	475.28	556.26	17%	512.88	600.26	17%	550.46	644.26	17%	410.62	480.56	17%	445.96	521.94	17%	481.28	563.28	17%
68	524.94	614.36	17%	564.78	661.00	17%	604.62	707.62	17%	451.20	528.08	17%	488.82	572.08	17%	526.42	616.10	17%
69	579.06	677.70	17%	621.92	727.88	17%	664.78	778.02	17%	491.82	575.60	17%	531.68	622.26	17%	571.54	668.88	17%
70	631.70	739.32	17%	676.82	792.12	17%	721.94	844.92	17%	532.44	623.14	17%	574.54	672.40	17%	616.66	721.72	17%
71	681.34	797.42	17%	728.72	852.86	17%	776.08	908.30	17%	573.04	670.66	17%	617.44	722.62	17%	661.78	774.50	17%
72	735.50	860.80	17%	785.86	919.74	17%	836.24	978.70	17%	613.64	718.18	17%	660.28	772.76	17%	706.90	827.34	17%
73	785.10	918.86	17%	837.76	980.46	17%	890.40	999.98	12%	654.28	765.74	17%	703.14	822.92	17%	752.02	880.12	17%
74	837.76	980.46	17%	892.66	999.98	12%	947.56	999.98	6%	694.86	813.24	17%	746.00	873.08	17%	797.14	932.94	17%
75	891.90	999.98	12%	949.82	999.98	5%	999.98	999.98	0%	740.00	866.04	17%	794.12	929.40	17%	848.26	992.78	17%
76	952.08	999.98	5%	999.98	999.98	0%	999.98	999.98	0%	791.12	925.88	17%	851.28	996.30	17%	911.44	999.98	10%
77	999.98	999.98	0%	999.98	999.98	0%	999.98	999.98	0%	842.26	985.74	17%	908.42	999.98	10%	974.60	999.98	3%
78	999.98	999.98	0%	999.98	999.98	0%	999.98	999.98	0%	893.40	999.98	12%	965.58	999.98	4%	999.98	999.98	0%
79	999.98	999.98	0%	999.98	999.98	0%	999.98	999.98	0%	944.52	999.98	6%	999.98	999.98	0%	999.98	999.98	0%

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									***90 Day Deductible Period***								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
41	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
42	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
43	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
44	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
45	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
46	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
47	61.68	72.18	17%	71.44	83.60	17%	81.22	95.06	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
48	61.68	72.18	17%	71.44	83.60	17%	81.22	95.06	17%	52.66	61.64	17%	60.92	71.30	17%	69.18	80.96	17%
49	63.16	73.92	17%	73.72	86.28	17%	84.24	98.58	17%	52.66	61.64	17%	60.92	71.30	17%	69.18	80.96	17%
50	66.18	77.44	17%	76.72	89.80	17%	87.24	102.10	17%	57.16	66.88	17%	66.18	77.44	17%	75.22	88.02	17%
51	67.68	79.22	17%	78.98	92.44	17%	90.24	105.62	17%	57.16	66.88	17%	66.18	77.44	17%	75.22	88.02	17%
52	67.68	79.22	17%	78.98	92.44	17%	90.24	105.62	17%	57.16	66.88	17%	66.18	77.44	17%	75.22	88.02	17%
53	69.18	80.96	17%	81.22	95.06	17%	93.24	109.14	17%	58.66	68.66	17%	68.44	80.08	17%	78.22	91.54	17%
54	69.18	80.96	17%	81.22	95.06	17%	93.24	109.14	17%	58.66	68.66	17%	68.44	80.08	17%	78.22	91.54	17%
55	73.72	86.28	17%	86.50	101.22	17%	99.26	116.18	17%	63.16	73.92	17%	73.72	86.28	17%	84.24	98.58	17%
56	76.72	89.80	17%	89.50	104.74	17%	102.26	119.70	17%	66.18	77.44	17%	76.72	89.80	17%	87.24	102.10	17%
57	84.24	98.58	17%	97.76	114.42	17%	111.30	130.28	17%	70.70	82.74	17%	82.00	95.96	17%	93.24	109.14	17%
58	91.76	107.38	17%	106.06	124.14	17%	120.32	140.82	17%	75.22	88.02	17%	87.24	102.10	17%	99.26	116.18	17%
59	96.26	112.66	17%	111.30	130.28	17%	126.34	147.86	17%	82.74	96.84	17%	95.50	111.78	17%	108.30	126.76	17%
60	103.80	121.48	17%	119.58	139.96	17%	135.38	158.44	17%	87.24	102.10	17%	100.78	117.94	17%	114.32	133.80	17%
61	109.82	128.52	17%	125.58	147.00	17%	141.38	165.46	17%	90.24	105.62	17%	103.80	121.48	17%	117.32	137.32	17%
62	114.32	133.80	17%	130.86	153.16	17%	147.40	172.50	17%	97.76	114.42	17%	112.08	131.16	17%	126.34	147.86	17%
63	121.84	142.60	17%	139.14	162.86	17%	156.42	183.06	17%	102.26	119.70	17%	117.32	137.32	17%	132.34	154.88	17%
64	129.34	151.36	17%	147.40	172.50	17%	165.46	193.64	17%	106.80	125.00	17%	122.58	143.48	17%	138.38	161.94	17%
65	136.88	160.22	17%	155.66	182.18	17%	174.48	204.20	17%	114.32	133.80	17%	130.86	153.16	17%	147.40	172.50	17%
66	157.92	184.82	17%	178.24	208.62	17%	198.54	232.36	17%	132.34	154.88	17%	150.40	176.02	17%	168.46	197.16	17%
67	180.48	211.24	17%	203.06	237.66	17%	225.62	264.04	17%	153.40	179.54	17%	172.98	202.44	17%	192.50	225.30	17%
68	201.54	235.88	17%	225.62	264.04	17%	249.66	292.20	17%	171.46	200.68	17%	192.50	225.30	17%	213.58	249.96	17%
69	224.12	262.32	17%	250.44	293.08	17%	276.74	323.88	17%	194.04	227.10	17%	217.34	254.38	17%	240.64	281.64	17%
70	246.66	288.68	17%	275.24	322.14	17%	303.82	355.56	17%	215.08	251.74	17%	239.90	280.76	17%	264.72	309.82	17%
71	267.72	313.32	17%	297.80	348.54	17%	327.88	383.74	17%	233.14	272.84	17%	259.48	303.66	17%	285.78	334.46	17%
72	290.30	339.76	17%	322.64	377.60	17%	354.96	415.42	17%	255.70	299.26	17%	284.28	332.72	17%	312.82	366.12	17%
73	311.34	364.36	17%	345.20	404.00	17%	379.02	443.60	17%	273.74	320.36	17%	303.82	355.56	17%	333.90	390.78	17%
74	333.90	390.78	17%	369.98	433.02	17%	406.10	475.28	17%	294.80	345.02	17%	326.38	381.98	17%	357.96	418.94	17%
75	359.48	420.72	17%	397.82	465.58	17%	436.18	510.48	17%	317.38	371.42	17%	351.20	411.04	17%	385.04	450.64	17%
76	404.60	473.52	17%	445.96	521.94	17%	487.30	570.30	17%	362.48	424.24	17%	399.32	467.34	17%	436.18	510.48	17%
77	449.72	526.34	17%	494.10	578.26	17%	538.44	630.18	17%	407.62	477.04	17%	447.46	523.68	17%	487.30	570.30	17%
78	494.84	579.14	17%	542.22	634.60	17%	589.58	690.02	17%	452.72	529.86	17%	495.60	580.02	17%	538.44	630.18	17%
79	544.46	637.22	17%	595.60	697.06	17%	646.74	756.94	17%	502.36	587.92	17%	548.98	642.50	17%	595.60	697.06	17%

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
41	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
42	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
43	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
44	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
45	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
46	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
47	91.76	107.38	17%	104.54	122.36	17%	117.32	137.32	17%	75.22	88.02	17%	85.74	100.34	17%	96.26	112.66	17%
48	96.26	112.66	17%	109.82	128.52	17%	123.32	144.34	17%	79.74	93.32	17%	91.02	106.52	17%	102.26	119.70	17%
49	99.26	116.18	17%	112.82	132.04	17%	126.34	147.86	17%	82.74	96.84	17%	94.02	110.04	17%	105.30	123.24	17%
50	103.80	121.48	17%	118.08	138.20	17%	132.34	154.88	17%	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%
51	108.30	126.76	17%	123.32	144.34	17%	138.38	161.94	17%	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%
52	111.30	130.28	17%	126.34	147.86	17%	141.38	165.46	17%	90.24	105.62	17%	102.26	119.70	17%	114.32	133.80	17%
53	115.82	135.56	17%	131.60	154.00	17%	147.40	172.50	17%	94.76	110.90	17%	107.56	125.88	17%	120.32	140.82	17%
54	120.32	140.82	17%	136.88	160.22	17%	153.40	179.54	17%	97.76	114.42	17%	110.56	129.40	17%	123.32	144.34	17%
55	124.84	146.12	17%	142.16	166.38	17%	159.42	186.58	17%	102.26	119.70	17%	115.82	135.56	17%	129.34	151.36	17%
56	132.34	154.88	17%	150.40	176.02	17%	168.46	197.16	17%	109.82	128.52	17%	124.10	145.24	17%	138.38	161.94	17%
57	139.90	163.74	17%	158.68	185.70	17%	177.48	207.72	17%	117.32	137.32	17%	132.34	154.88	17%	147.40	172.50	17%
58	150.40	176.02	17%	169.98	198.92	17%	189.50	221.78	17%	127.84	149.64	17%	143.64	168.10	17%	159.42	186.58	17%
59	157.92	184.82	17%	178.24	208.62	17%	198.54	232.36	17%	135.38	158.44	17%	151.92	177.80	17%	168.46	197.16	17%
60	168.46	197.16	17%	189.50	221.78	17%	210.56	246.44	17%	145.90	170.76	17%	163.22	191.02	17%	180.48	211.24	17%
61	175.98	205.96	17%	197.80	231.50	17%	219.58	256.98	17%	153.40	179.54	17%	171.46	200.68	17%	189.50	221.78	17%
62	183.48	214.76	17%	206.06	241.18	17%	228.62	267.56	17%	160.94	188.34	17%	179.74	210.36	17%	198.54	232.36	17%
63	194.04	227.10	17%	217.34	254.38	17%	240.64	281.64	17%	171.46	200.68	17%	191.02	223.56	17%	210.56	246.44	17%
64	201.54	235.88	17%	225.62	264.04	17%	249.66	292.20	17%	179.00	209.48	17%	199.30	233.26	17%	219.58	256.98	17%
65	213.58	249.96	17%	239.16	279.88	17%	264.72	309.82	17%	191.02	223.56	17%	212.82	249.10	17%	234.64	274.60	17%
66	242.16	283.40	17%	269.98	315.98	17%	297.80	348.54	17%	218.10	255.26	17%	241.42	282.54	17%	264.72	309.82	17%
67	273.74	320.36	17%	303.82	355.56	17%	333.90	390.78	17%	249.66	292.20	17%	275.24	322.14	17%	300.80	352.06	17%
68	305.32	357.36	17%	337.66	395.18	17%	369.98	433.02	17%	278.26	325.66	17%	306.08	358.20	17%	333.90	390.78	17%
69	333.90	390.78	17%	368.50	431.28	17%	403.08	471.74	17%	308.34	360.84	17%	337.66	395.18	17%	366.98	429.50	17%
70	365.48	427.76	17%	402.32	470.86	17%	439.18	514.00	17%	336.90	394.28	17%	368.50	431.28	17%	400.06	468.22	17%
71	397.06	464.70	17%	436.18	510.48	17%	475.28	556.26	17%	368.50	431.28	17%	402.32	470.86	17%	436.18	510.48	17%
72	425.64	498.16	17%	467.02	546.60	17%	508.36	594.96	17%	395.56	462.94	17%	430.92	504.32	17%	466.26	545.70	17%
73	457.22	535.12	17%	500.86	586.18	17%	544.46	637.22	17%	427.14	499.90	17%	464.76	543.96	17%	502.36	587.92	17%
74	488.82	572.08	17%	534.70	625.78	17%	580.54	679.44	17%	455.72	533.38	17%	495.60	580.02	17%	535.44	626.66	17%
75	521.90	610.82	17%	570.78	668.02	17%	619.66	725.24	17%	487.30	570.30	17%	529.42	619.62	17%	571.54	668.88	17%
76	580.54	679.44	17%	633.20	741.08	17%	685.84	802.68	17%	545.98	638.98	17%	591.84	692.66	17%	637.70	746.36	17%
77	642.22	751.64	17%	698.64	817.66	17%	755.02	883.64	17%	607.62	711.14	17%	657.28	769.24	17%	706.90	827.34	17%
78	705.42	825.58	17%	766.32	896.86	17%	827.22	968.14	17%	670.80	785.06	17%	724.94	848.44	17%	779.08	911.82	17%
79	767.06	897.74	17%	831.74	973.42	17%	896.40	999.98	12%	732.46	857.26	17%	790.36	925.02	17%	848.26	992.78	17%

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									***90 Day Deductible Period***								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	124.84	146.12	17%	140.64	164.58	17%	156.42	183.06	17%	103.80	121.48	17%	116.58	136.44	17%	129.34	151.36	17%
41	124.84	146.12	17%	140.64	164.58	17%	156.42	183.06	17%	103.80	121.48	17%	116.58	136.44	17%	129.34	151.36	17%
42	124.84	146.12	17%	140.64	164.58	17%	156.42	183.06	17%	103.80	121.48	17%	116.58	136.44	17%	129.34	151.36	17%
43	124.84	146.12	17%	140.64	164.58	17%	156.42	183.06	17%	103.80	121.48	17%	116.58	136.44	17%	129.34	151.36	17%
44	124.84	146.12	17%	140.64	164.58	17%	156.42	183.06	17%	103.80	121.48	17%	116.58	136.44	17%	129.34	151.36	17%
45	124.84	146.12	17%	140.64	164.58	17%	156.42	183.06	17%	103.80	121.48	17%	116.58	136.44	17%	129.34	151.36	17%
46	124.84	146.12	17%	140.64	164.58	17%	156.42	183.06	17%	106.80	125.00	17%	119.58	139.96	17%	132.34	154.88	17%
47	129.34	151.36	17%	145.90	170.76	17%	162.42	190.10	17%	111.30	130.28	17%	124.84	146.12	17%	138.38	161.94	17%
48	132.34	154.88	17%	148.92	174.28	17%	165.46	193.64	17%	114.32	133.80	17%	127.84	149.64	17%	141.38	165.46	17%
49	136.88	160.22	17%	154.18	180.44	17%	171.46	200.68	17%	118.84	139.08	17%	133.14	155.82	17%	147.40	172.50	17%
50	139.90	163.74	17%	157.18	183.96	17%	174.48	204.20	17%	126.34	147.86	17%	141.38	165.46	17%	156.42	183.06	17%
51	144.40	168.98	17%	162.42	190.10	17%	180.48	211.24	17%	129.34	151.36	17%	144.40	168.98	17%	159.42	186.58	17%
52	147.40	172.50	17%	165.46	193.64	17%	183.48	214.76	17%	133.88	156.70	17%	149.66	175.14	17%	165.46	193.64	17%
53	151.92	177.80	17%	170.72	199.80	17%	189.50	221.78	17%	136.88	160.22	17%	152.66	178.66	17%	168.46	197.16	17%
54	154.92	181.30	17%	173.72	203.32	17%	192.50	225.30	17%	141.38	165.46	17%	157.92	184.82	17%	174.48	204.20	17%
55	159.42	186.58	17%	179.00	209.48	17%	198.54	232.36	17%	148.92	174.28	17%	166.22	194.54	17%	183.48	214.76	17%
56	169.98	198.92	17%	190.26	222.68	17%	210.56	246.44	17%	156.42	183.06	17%	174.48	204.20	17%	192.50	225.30	17%
57	180.48	211.24	17%	201.54	235.88	17%	222.58	260.50	17%	166.96	195.40	17%	185.74	217.40	17%	204.56	239.40	17%
58	194.04	227.10	17%	215.84	252.60	17%	237.64	278.12	17%	177.48	207.72	17%	197.04	230.62	17%	216.58	253.46	17%
59	204.56	239.40	17%	227.14	265.84	17%	249.66	292.20	17%	188.00	220.04	17%	208.32	243.82	17%	228.62	267.56	17%
60	218.10	255.26	17%	241.42	282.54	17%	264.72	309.82	17%	198.54	232.36	17%	219.58	256.98	17%	240.64	281.64	17%
61	228.62	267.56	17%	252.66	295.72	17%	276.74	323.88	17%	209.08	244.70	17%	230.88	270.20	17%	252.66	295.72	17%
62	239.16	279.88	17%	263.96	308.94	17%	288.78	337.98	17%	219.58	256.98	17%	242.16	283.40	17%	264.72	309.82	17%
63	252.66	295.72	17%	278.26	325.66	17%	303.82	355.56	17%	230.14	269.34	17%	253.46	296.64	17%	276.74	323.88	17%
64	263.22	308.06	17%	289.56	338.88	17%	315.86	369.66	17%	240.64	281.64	17%	264.72	309.82	17%	288.78	337.98	17%
65	278.26	325.66	17%	306.08	358.20	17%	333.90	390.78	17%	251.18	293.96	17%	276.00	323.02	17%	300.80	352.06	17%
66	315.86	369.66	17%	345.94	404.86	17%	376.02	440.08	17%	279.74	327.40	17%	306.82	359.08	17%	333.90	390.78	17%
67	354.96	415.42	17%	388.04	454.16	17%	421.12	492.86	17%	309.82	362.60	17%	339.90	397.80	17%	369.98	433.02	17%
68	392.56	459.44	17%	427.90	500.80	17%	463.24	542.16	17%	341.42	399.58	17%	373.78	437.46	17%	406.10	475.28	17%
69	431.66	505.20	17%	470.04	550.12	17%	508.36	594.96	17%	371.50	434.80	17%	406.86	476.16	17%	442.20	517.52	17%
70	469.26	549.22	17%	509.88	596.74	17%	550.46	644.26	17%	404.60	473.52	17%	442.96	518.42	17%	481.28	563.28	17%
71	508.36	594.96	17%	551.98	646.02	17%	595.60	697.06	17%	433.16	506.94	17%	473.78	554.50	17%	514.38	602.00	17%
72	545.98	638.98	17%	591.84	692.66	17%	637.70	746.36	17%	463.24	542.16	17%	506.88	593.22	17%	550.46	644.26	17%
73	585.10	684.76	17%	633.96	741.96	17%	682.84	799.16	17%	494.84	579.14	17%	540.70	632.82	17%	586.58	686.50	17%
74	622.68	728.76	17%	673.80	788.58	17%	724.94	848.44	17%	524.94	614.36	17%	573.80	671.54	17%	622.68	728.76	17%
75	664.78	778.02	17%	718.92	841.40	17%	773.08	904.78	17%	558.02	653.08	17%	609.88	713.78	17%	661.78	774.50	17%
76	727.94	851.96	17%	786.62	920.62	17%	845.26	989.26	17%	621.18	727.00	17%	677.60	793.02	17%	733.96	858.98	17%
77	791.12	925.88	17%	854.28	999.82	17%	917.46	999.98	9%	684.36	800.92	17%	745.26	872.20	17%	806.16	943.50	17%
78	854.28	999.82	17%	921.98	999.98	8%	989.66	999.98	1%	747.52	874.86	17%	812.94	951.44	17%	878.34	999.98	14%
79	917.46	999.98	9%	989.66	999.98	1%	999.98	999.98	0%	810.68	948.80	17%	880.60	999.98	14%	950.56	999.98	5%

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%
41	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%
42	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%
43	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%
44	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%
45	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%
46	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%
47	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%
48	49.66	58.12	17%	57.92	67.78	17%	66.18	77.44	17%	37.60	44.02	17%	44.38	51.96	17%	51.14	59.84	17%
49	52.66	61.64	17%	60.92	71.30	17%	69.18	80.96	17%	40.62	47.54	17%	47.40	55.48	17%	54.14	63.36	17%
50	54.14	63.36	17%	63.16	73.92	17%	72.18	84.48	17%	42.10	49.26	17%	49.66	58.12	17%	57.16	66.88	17%
51	54.14	63.36	17%	63.16	73.92	17%	72.18	84.48	17%	42.10	49.26	17%	49.66	58.12	17%	57.16	66.88	17%
52	57.16	66.88	17%	66.18	77.44	17%	75.22	88.02	17%	45.14	52.84	17%	52.66	61.64	17%	60.16	70.40	17%
53	58.66	68.66	17%	68.44	80.08	17%	78.22	91.54	17%	46.64	54.60	17%	54.92	64.28	17%	63.16	73.92	17%
54	58.66	68.66	17%	68.44	80.08	17%	78.22	91.54	17%	46.64	54.60	17%	54.92	64.28	17%	63.16	73.92	17%
55	63.16	73.92	17%	73.72	86.28	17%	84.24	98.58	17%	51.14	59.84	17%	60.16	70.40	17%	69.18	80.96	17%
56	66.18	77.44	17%	76.72	89.80	17%	87.24	102.10	17%	54.14	63.36	17%	63.16	73.92	17%	72.18	84.48	17%
57	70.70	82.74	17%	82.00	95.96	17%	93.24	109.14	17%	58.66	68.66	17%	68.44	80.08	17%	78.22	91.54	17%
58	75.22	88.02	17%	87.24	102.10	17%	99.26	116.18	17%	63.16	73.92	17%	73.72	86.28	17%	84.24	98.58	17%
59	82.74	96.84	17%	95.50	111.78	17%	108.30	126.76	17%	67.68	79.22	17%	78.98	92.44	17%	90.24	105.62	17%
60	87.24	102.10	17%	100.78	117.94	17%	114.32	133.80	17%	75.22	88.02	17%	87.24	102.10	17%	99.26	116.18	17%
61	91.76	107.38	17%	106.06	124.14	17%	120.32	140.82	17%	78.22	91.54	17%	90.24	105.62	17%	102.26	119.70	17%
62	99.26	116.18	17%	114.32	133.80	17%	129.34	151.36	17%	82.74	96.84	17%	95.50	111.78	17%	108.30	126.76	17%
63	103.80	121.48	17%	119.58	139.96	17%	135.38	158.44	17%	87.24	102.10	17%	100.78	117.94	17%	114.32	133.80	17%
64	108.30	126.76	17%	124.84	146.12	17%	141.38	165.46	17%	91.76	107.38	17%	106.06	124.14	17%	120.32	140.82	17%
65	115.82	135.56	17%	133.14	155.82	17%	150.40	176.02	17%	99.26	116.18	17%	114.32	133.80	17%	129.34	151.36	17%
66	133.88	156.70	17%	152.66	178.66	17%	171.46	200.68	17%	114.32	133.80	17%	130.86	153.16	17%	147.40	172.50	17%
67	153.40	179.54	17%	174.48	204.20	17%	195.54	228.86	17%	132.34	154.88	17%	150.40	176.02	17%	168.46	197.16	17%
68	171.46	200.68	17%	194.04	227.10	17%	216.58	253.46	17%	150.40	176.02	17%	169.98	198.92	17%	189.50	221.78	17%
69	191.02	223.56	17%	215.84	252.60	17%	240.64	281.64	17%	165.46	193.64	17%	186.50	218.28	17%	207.56	242.92	17%
70	210.56	246.44	17%	237.64	278.12	17%	264.72	309.82	17%	185.00	216.52	17%	208.32	243.82	17%	231.62	271.08	17%
71	228.62	267.56	17%	257.22	301.02	17%	285.78	334.46	17%	203.06	237.66	17%	227.88	266.68	17%	252.66	295.72	17%
72	248.18	290.44	17%	279.00	326.54	17%	309.82	362.60	17%	218.10	255.26	17%	244.42	286.06	17%	270.72	316.84	17%
73	266.22	311.58	17%	298.56	349.44	17%	330.88	387.26	17%	236.14	276.36	17%	263.96	308.94	17%	291.78	341.50	17%
74	285.78	334.46	17%	320.38	374.94	17%	354.96	415.42	17%	254.20	297.50	17%	283.54	331.84	17%	312.82	366.12	17%
75	308.34	360.84	17%	345.20	404.00	17%	382.04	447.12	17%	273.74	320.36	17%	305.32	357.36	17%	336.90	394.28	17%
76	350.46	410.16	17%	390.30	456.80	17%	430.14	503.42	17%	315.86	369.66	17%	350.46	410.16	17%	385.04	450.64	17%
77	392.56	459.44	17%	435.44	509.62	17%	478.28	559.76	17%	357.96	418.94	17%	395.56	462.94	17%	433.16	506.94	17%
78	437.70	512.26	17%	483.54	565.92	17%	529.42	619.62	17%	403.08	471.74	17%	443.70	519.30	17%	484.30	566.78	17%
79	481.28	563.28	17%	530.94	621.40	17%	580.54	679.44	17%	446.72	522.82	17%	491.08	574.72	17%	535.44	626.66	17%
80										491.82	575.60	17%	539.22	631.08	17%			
81										533.94	624.92	17%	584.34	683.88	17%			
82										580.54	679.44	17%	634.70	742.84	17%			
83										627.20	734.04	17%	685.10	801.80	17%			
84										673.80	788.58	17%	735.50	860.80	17%			

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
41	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
42	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
43	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
44	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
45	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
46	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
47	75.22	88.02	17%	85.74	100.34	17%	96.26	112.66	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
48	76.72	89.80	17%	88.00	103.00	17%	99.26	116.18	17%	63.16	73.92	17%	72.18	84.48	17%	81.22	95.06	17%
49	79.74	93.32	17%	91.02	106.52	17%	102.26	119.70	17%	64.68	75.70	17%	74.46	87.14	17%	84.24	98.58	17%
50	84.24	98.58	17%	96.26	112.66	17%	108.30	126.76	17%	67.68	79.22	17%	77.48	90.66	17%	87.24	102.10	17%
51	84.24	98.58	17%	96.26	112.66	17%	108.30	126.76	17%	67.68	79.22	17%	77.48	90.66	17%	87.24	102.10	17%
52	87.24	102.10	17%	99.26	116.18	17%	111.30	130.28	17%	69.18	80.96	17%	79.74	93.32	17%	90.24	105.62	17%
53	88.76	103.86	17%	101.52	118.82	17%	114.32	133.80	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
54	91.76	107.38	17%	104.54	122.36	17%	117.32	137.32	17%	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%
55	96.26	112.66	17%	109.82	128.52	17%	123.32	144.34	17%	76.72	89.80	17%	88.00	103.00	17%	99.26	116.18	17%
56	103.80	121.48	17%	118.08	138.20	17%	132.34	154.88	17%	84.24	98.58	17%	96.26	112.66	17%	108.30	126.76	17%
57	111.30	130.28	17%	126.34	147.86	17%	141.38	165.46	17%	91.76	107.38	17%	104.54	122.36	17%	117.32	137.32	17%
58	118.84	139.08	17%	134.62	157.58	17%	150.40	176.02	17%	99.26	116.18	17%	112.82	132.04	17%	126.34	147.86	17%
59	126.34	147.86	17%	142.90	167.24	17%	159.42	186.58	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
60	135.38	158.44	17%	153.40	179.54	17%	171.46	200.68	17%	118.84	139.08	17%	134.62	157.58	17%	150.40	176.02	17%
61	142.90	167.24	17%	161.68	189.22	17%	180.48	211.24	17%	126.34	147.86	17%	142.90	167.24	17%	159.42	186.58	17%
62	150.40	176.02	17%	169.98	198.92	17%	189.50	221.78	17%	133.88	156.70	17%	151.18	176.92	17%	168.46	197.16	17%
63	157.92	184.82	17%	178.24	208.62	17%	198.54	232.36	17%	141.38	165.46	17%	159.42	186.58	17%	177.48	207.72	17%
64	165.46	193.64	17%	186.50	218.28	17%	207.56	242.92	17%	148.92	174.28	17%	167.72	196.28	17%	186.50	218.28	17%
65	177.48	207.72	17%	200.06	234.14	17%	222.58	260.50	17%	160.94	188.34	17%	181.26	212.12	17%	201.54	235.88	17%
66	201.54	235.88	17%	225.62	264.04	17%	249.66	292.20	17%	182.00	213.00	17%	203.80	238.54	17%	225.62	264.04	17%
67	227.14	265.84	17%	253.46	296.64	17%	279.74	327.40	17%	207.56	242.92	17%	231.62	271.08	17%	255.70	299.26	17%
68	255.70	299.26	17%	284.28	332.72	17%	312.82	366.12	17%	231.62	271.08	17%	257.22	301.02	17%	282.74	330.92	17%
69	281.26	329.18	17%	312.08	365.24	17%	342.90	401.32	17%	254.20	297.50	17%	282.00	330.06	17%	309.82	362.60	17%
70	309.82	362.60	17%	342.90	401.32	17%	376.02	440.08	17%	279.74	327.40	17%	309.82	362.60	17%	339.90	397.80	17%
71	335.40	392.54	17%	370.76	433.92	17%	406.10	475.28	17%	303.82	355.56	17%	335.40	392.54	17%	366.98	429.50	17%
72	360.96	422.46	17%	398.58	466.46	17%	436.18	510.48	17%	326.38	381.98	17%	360.22	421.60	17%	394.06	461.18	17%
73	389.56	455.92	17%	429.40	502.56	17%	469.26	549.22	17%	350.46	410.16	17%	385.80	451.54	17%	421.12	492.86	17%
74	415.12	485.82	17%	457.22	535.12	17%	499.34	584.40	17%	376.02	440.08	17%	413.62	484.08	17%	451.20	528.08	17%
75	443.70	519.30	17%	488.06	571.20	17%	532.44	623.14	17%	401.58	469.98	17%	441.44	516.64	17%	481.28	563.28	17%
76	490.30	573.82	17%	538.44	630.18	17%	586.58	686.50	17%	448.20	524.56	17%	491.82	575.60	17%	535.44	626.66	17%
77	539.96	631.94	17%	591.84	692.66	17%	643.72	753.36	17%	497.86	582.66	17%	545.22	638.12	17%	592.60	693.54	17%
78	591.10	691.80	17%	647.52	757.82	17%	703.88	823.80	17%	548.98	642.50	17%	600.86	703.22	17%	652.76	763.94	17%
79	640.72	749.86	17%	700.88	820.28	17%	761.04	890.68	17%	598.60	700.58	17%	654.28	765.74	17%	709.92	830.86	17%
80										649.76	760.44	17%	709.92	830.86	17%			
81										699.38	818.52	17%	763.30	893.32	17%			
82										750.52	878.38	17%	818.96	958.48	17%			
83										801.66	938.24	17%	874.60	999.98	14%			
84										852.78	998.06	17%	930.26	999.98	7%			

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%	99.26	116.18	17%	109.82	128.52	17%	120.32	140.82	17%
41	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%	99.26	116.18	17%	109.82	128.52	17%	120.32	140.82	17%
42	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%	99.26	116.18	17%	109.82	128.52	17%	120.32	140.82	17%
43	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%	99.26	116.18	17%	109.82	128.52	17%	120.32	140.82	17%
44	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%	99.26	116.18	17%	109.82	128.52	17%	120.32	140.82	17%
45	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%	99.26	116.18	17%	109.82	128.52	17%	120.32	140.82	17%
46	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%	99.26	116.18	17%	109.82	128.52	17%	120.32	140.82	17%
47	115.82	135.56	17%	128.60	150.52	17%	141.38	165.46	17%	99.26	116.18	17%	109.82	128.52	17%	120.32	140.82	17%
48	117.32	137.32	17%	130.86	153.16	17%	144.40	168.98	17%	103.80	121.48	17%	115.08	134.68	17%	126.34	147.86	17%
49	120.32	140.82	17%	133.88	156.70	17%	147.40	172.50	17%	103.80	121.48	17%	115.08	134.68	17%	126.34	147.86	17%
50	124.84	146.12	17%	139.14	162.86	17%	153.40	179.54	17%	108.30	126.76	17%	120.32	140.82	17%	132.34	154.88	17%
51	124.84	146.12	17%	139.14	162.86	17%	153.40	179.54	17%	108.30	126.76	17%	120.32	140.82	17%	132.34	154.88	17%
52	127.84	149.64	17%	142.16	166.38	17%	156.42	183.06	17%	108.30	126.76	17%	120.32	140.82	17%	132.34	154.88	17%
53	129.34	151.36	17%	144.40	168.98	17%	159.42	186.58	17%	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%
54	132.34	154.88	17%	147.40	172.50	17%	162.42	190.10	17%	112.82	132.04	17%	125.58	147.00	17%	138.38	161.94	17%
55	136.88	160.22	17%	152.66	178.66	17%	168.46	197.16	17%	117.32	137.32	17%	130.86	153.16	17%	144.40	168.98	17%
56	144.40	168.98	17%	160.94	188.34	17%	177.48	207.72	17%	124.84	146.12	17%	139.14	162.86	17%	153.40	179.54	17%
57	151.92	177.80	17%	169.22	198.06	17%	186.50	218.28	17%	132.34	154.88	17%	147.40	172.50	17%	162.42	190.10	17%
58	163.96	191.88	17%	182.74	213.88	17%	201.54	235.88	17%	139.90	163.74	17%	155.66	182.18	17%	171.46	200.68	17%
59	171.46	200.68	17%	191.02	223.56	17%	210.56	246.44	17%	151.92	177.80	17%	169.22	198.06	17%	186.50	218.28	17%
60	183.48	214.76	17%	204.56	239.40	17%	225.62	264.04	17%	159.42	186.58	17%	177.48	207.72	17%	195.54	228.86	17%
61	191.02	223.56	17%	212.82	249.10	17%	234.64	274.60	17%	166.96	195.40	17%	185.74	217.40	17%	204.56	239.40	17%
62	198.54	232.36	17%	221.10	258.76	17%	243.66	285.16	17%	179.00	209.48	17%	199.30	233.26	17%	219.58	256.98	17%
63	210.56	246.44	17%	234.64	274.60	17%	258.70	302.78	17%	186.50	218.28	17%	207.56	242.92	17%	228.62	267.56	17%
64	218.10	255.26	17%	242.90	284.28	17%	267.72	313.32	17%	194.04	227.10	17%	215.84	252.60	17%	237.64	278.12	17%
65	230.14	269.34	17%	256.46	300.16	17%	282.74	330.92	17%	206.06	241.18	17%	229.40	268.48	17%	252.66	295.72	17%
66	258.70	302.78	17%	287.30	336.24	17%	315.86	369.66	17%	231.62	271.08	17%	257.22	301.02	17%	282.74	330.92	17%
67	290.30	339.76	17%	321.12	375.82	17%	351.94	411.90	17%	260.22	304.54	17%	288.04	337.12	17%	315.86	369.66	17%
68	321.86	376.70	17%	354.96	415.42	17%	388.04	454.16	17%	288.78	337.98	17%	318.86	373.18	17%	348.94	408.38	17%
69	354.96	415.42	17%	391.04	457.66	17%	427.14	499.90	17%	318.86	373.18	17%	351.94	411.90	17%	385.04	450.64	17%
70	386.56	452.42	17%	424.90	497.28	17%	463.24	542.16	17%	347.46	406.64	17%	382.80	448.02	17%	418.12	489.34	17%
71	415.12	485.82	17%	455.72	533.38	17%	496.34	580.88	17%	373.00	436.54	17%	410.62	480.56	17%	448.20	524.56	17%
72	448.20	524.56	17%	491.82	575.60	17%	535.44	626.66	17%	403.08	471.74	17%	443.70	519.30	17%	484.30	566.78	17%
73	479.80	561.54	17%	525.68	615.22	17%	571.54	668.88	17%	431.66	505.20	17%	474.54	555.38	17%	517.38	605.52	17%
74	511.38	598.48	17%	559.50	654.84	17%	607.62	711.14	17%	460.22	538.64	17%	505.36	591.44	17%	550.46	644.26	17%
75	544.46	637.22	17%	595.60	697.06	17%	646.74	756.94	17%	490.30	573.82	17%	538.44	630.18	17%	586.58	686.50	17%
76	592.60	693.54	17%	648.26	758.70	17%	703.88	823.80	17%	538.44	630.18	17%	591.10	691.80	17%	643.72	753.36	17%
77	640.72	749.86	17%	700.88	820.28	17%	761.04	890.68	17%	586.58	686.50	17%	643.72	753.36	17%	700.88	820.28	17%
78	691.86	809.72	17%	756.54	885.40	17%	821.20	961.08	17%	637.70	746.36	17%	699.38	818.52	17%	761.04	890.68	17%
79	740.00	866.04	17%	809.18	947.02	17%	878.34	999.98	14%	685.84	802.68	17%	752.02	880.12	17%	818.18	957.56	17%
80										736.98	862.54	17%	807.68	945.28	17%			
81										785.10	918.86	17%	860.32	999.98	16%			
82										836.24	978.70	17%	915.98	999.98	9%			
83										887.38	999.98	13%	971.60	999.98	3%			
84										938.52	999.98	7%	999.98	999.98	0%			

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
No Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%	27.08	31.70	17%	31.60	36.98	17%	36.10	42.26	17%
41	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%	27.08	31.70	17%	31.60	36.98	17%	36.10	42.26	17%
42	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%	27.08	31.70	17%	31.60	36.98	17%	36.10	42.26	17%
43	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%	27.08	31.70	17%	31.60	36.98	17%	36.10	42.26	17%
44	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%	27.08	31.70	17%	31.60	36.98	17%	36.10	42.26	17%
45	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%	27.08	31.70	17%	31.60	36.98	17%	36.10	42.26	17%
46	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%	27.08	31.70	17%	31.60	36.98	17%	36.10	42.26	17%
47	36.10	42.26	17%	42.10	49.26	17%	48.14	56.36	17%	27.08	31.70	17%	31.60	36.98	17%	36.10	42.26	17%
48	37.60	44.02	17%	44.38	51.96	17%	51.14	59.84	17%	28.58	33.46	17%	33.86	39.62	17%	39.10	45.78	17%
49	37.60	44.02	17%	44.38	51.96	17%	51.14	59.84	17%	28.58	33.46	17%	33.86	39.62	17%	39.10	45.78	17%
50	42.10	49.26	17%	49.66	58.12	17%	57.16	66.88	17%	33.08	38.74	17%	39.10	45.78	17%	45.14	52.84	17%
51	42.10	49.26	17%	49.66	58.12	17%	57.16	66.88	17%	33.08	38.74	17%	39.10	45.78	17%	45.14	52.84	17%
52	42.10	49.26	17%	49.66	58.12	17%	57.16	66.88	17%	33.08	38.74	17%	39.10	45.78	17%	45.14	52.84	17%
53	43.64	51.08	17%	51.92	60.76	17%	60.16	70.40	17%	34.60	40.50	17%	41.36	48.42	17%	48.14	56.36	17%
54	43.64	51.08	17%	51.92	60.76	17%	60.16	70.40	17%	34.60	40.50	17%	41.36	48.42	17%	48.14	56.36	17%
55	48.14	56.36	17%	57.16	66.88	17%	66.18	77.44	17%	39.10	45.78	17%	46.64	54.60	17%	54.14	63.36	17%
56	51.14	59.84	17%	60.16	70.40	17%	69.18	80.96	17%	39.10	45.78	17%	46.64	54.60	17%	54.14	63.36	17%
57	55.66	65.14	17%	65.42	76.56	17%	75.22	88.02	17%	43.64	51.08	17%	51.92	60.76	17%	60.16	70.40	17%
58	60.16	70.40	17%	70.70	82.74	17%	81.22	95.06	17%	48.14	56.36	17%	57.16	66.88	17%	66.18	77.44	17%
59	64.68	75.70	17%	75.98	88.92	17%	87.24	102.10	17%	51.14	59.84	17%	60.16	70.40	17%	69.18	80.96	17%
60	72.18	84.48	17%	84.24	98.58	17%	96.26	112.66	17%	55.66	65.14	17%	65.42	76.56	17%	75.22	88.02	17%
61	75.22	88.02	17%	87.24	102.10	17%	99.26	116.18	17%	60.16	70.40	17%	70.70	82.74	17%	81.22	95.06	17%
62	79.74	93.32	17%	92.50	108.26	17%	105.30	123.24	17%	63.16	73.92	17%	73.72	86.28	17%	84.24	98.58	17%
63	84.24	98.58	17%	97.76	114.42	17%	111.30	130.28	17%	67.68	79.22	17%	78.98	92.44	17%	90.24	105.62	17%
64	88.76	103.86	17%	103.06	120.62	17%	117.32	137.32	17%	72.18	84.48	17%	84.24	98.58	17%	96.26	112.66	17%
65	96.26	112.66	17%	111.30	130.28	17%	126.34	147.86	17%	76.72	89.80	17%	89.50	104.74	17%	102.26	119.70	17%
66	108.30	126.76	17%	124.84	146.12	17%	141.38	165.46	17%	88.76	103.86	17%	103.06	120.62	17%	117.32	137.32	17%
67	120.32	140.82	17%	138.38	161.94	17%	156.42	183.06	17%	100.78	117.94	17%	116.58	136.44	17%	132.34	154.88	17%
68	135.38	158.44	17%	154.92	181.30	17%	174.48	204.20	17%	112.82	132.04	17%	130.10	152.28	17%	147.40	172.50	17%
69	147.40	172.50	17%	168.46	197.16	17%	189.50	221.78	17%	124.84	146.12	17%	143.64	168.10	17%	162.42	190.10	17%
70	163.96	191.88	17%	187.26	219.16	17%	210.56	246.44	17%	136.88	160.22	17%	157.18	183.96	17%	177.48	207.72	17%
71	175.98	205.96	17%	200.80	235.02	17%	225.62	264.04	17%	148.92	174.28	17%	170.72	199.80	17%	192.50	225.30	17%
72	188.00	220.04	17%	214.34	250.86	17%	240.64	281.64	17%	160.94	188.34	17%	184.26	215.64	17%	207.56	242.92	17%
73	203.06	237.66	17%	230.88	270.20	17%	258.70	302.78	17%	172.98	202.44	17%	197.80	231.50	17%	222.58	260.50	17%
74	215.08	251.74	17%	244.42	286.06	17%	273.74	320.36	17%	185.00	216.52	17%	211.34	247.34	17%	237.64	278.12	17%
75	231.62	271.08	17%	263.22	308.06	17%	294.80	345.02	17%	200.06	234.14	17%	227.88	266.68	17%	255.70	299.26	17%
76	261.70	306.30	17%	296.30	346.80	17%	330.88	387.26	17%	230.14	269.34	17%	260.96	305.42	17%	291.78	341.50	17%
77	294.80	345.02	17%	332.40	389.02	17%	369.98	433.02	17%	263.22	308.06	17%	297.06	347.66	17%	330.88	387.26	17%
78	329.40	385.50	17%	370.76	433.92	17%	412.12	482.32	17%	297.80	348.54	17%	335.40	392.54	17%	373.00	436.54	17%
79	359.48	420.72	17%	403.86	472.68	17%	448.20	524.56	17%	327.88	383.74	17%	368.50	431.28	17%	409.10	478.80	17%
80										362.48	424.24	17%	406.86	476.16	17%			
81										395.56	462.94	17%	442.96	518.42	17%			
82										430.14	503.42	17%	481.28	563.28	17%			
83										464.76	543.96	17%	519.64	608.16	17%			
84										499.34	584.40	17%	558.02	653.08	17%			

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
Simple Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%	43.64	51.08	17%	50.40	59.00	17%	57.16	66.88	17%
41	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%	43.64	51.08	17%	50.40	59.00	17%	57.16	66.88	17%
42	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%	43.64	51.08	17%	50.40	59.00	17%	57.16	66.88	17%
43	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%	43.64	51.08	17%	50.40	59.00	17%	57.16	66.88	17%
44	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%	43.64	51.08	17%	50.40	59.00	17%	57.16	66.88	17%
45	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%	43.64	51.08	17%	50.40	59.00	17%	57.16	66.88	17%
46	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%	43.64	51.08	17%	50.40	59.00	17%	57.16	66.88	17%
47	58.66	68.66	17%	66.94	78.34	17%	75.22	88.02	17%	46.64	54.60	17%	53.40	62.50	17%	60.16	70.40	17%
48	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%	48.14	56.36	17%	55.66	65.14	17%	63.16	73.92	17%
49	63.16	73.92	17%	72.18	84.48	17%	81.22	95.06	17%	51.14	59.84	17%	58.66	68.66	17%	66.18	77.44	17%
50	67.68	79.22	17%	77.48	90.66	17%	87.24	102.10	17%	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%
51	67.68	79.22	17%	77.48	90.66	17%	87.24	102.10	17%	55.66	65.14	17%	63.94	74.82	17%	72.18	84.48	17%
52	70.70	82.74	17%	80.48	94.18	17%	90.24	105.62	17%	58.66	68.66	17%	66.94	78.34	17%	75.22	88.02	17%
53	72.18	84.48	17%	82.74	96.84	17%	93.24	109.14	17%	60.16	70.40	17%	69.18	80.96	17%	78.22	91.54	17%
54	75.22	88.02	17%	85.74	100.34	17%	96.26	112.66	17%	63.16	73.92	17%	72.18	84.48	17%	81.22	95.06	17%
55	79.74	93.32	17%	91.02	106.52	17%	102.26	119.70	17%	67.68	79.22	17%	77.48	90.66	17%	87.24	102.10	17%
56	82.74	96.84	17%	94.02	110.04	17%	105.30	123.24	17%	70.70	82.74	17%	80.48	94.18	17%	90.24	105.62	17%
57	90.24	105.62	17%	102.26	119.70	17%	114.32	133.80	17%	78.22	91.54	17%	88.76	103.86	17%	99.26	116.18	17%
58	94.76	110.90	17%	107.56	125.88	17%	120.32	140.82	17%	82.74	96.84	17%	94.02	110.04	17%	105.30	123.24	17%
59	102.26	119.70	17%	115.82	135.56	17%	129.34	151.36	17%	90.24	105.62	17%	102.26	119.70	17%	114.32	133.80	17%
60	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%	94.76	110.90	17%	107.56	125.88	17%	120.32	140.82	17%
61	114.32	133.80	17%	129.34	151.36	17%	144.40	168.98	17%	102.26	119.70	17%	115.82	135.56	17%	129.34	151.36	17%
62	118.84	139.08	17%	134.62	157.58	17%	150.40	176.02	17%	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%
63	126.34	147.86	17%	142.90	167.24	17%	159.42	186.58	17%	114.32	133.80	17%	129.34	151.36	17%	144.40	168.98	17%
64	130.86	153.16	17%	148.16	173.40	17%	165.46	193.64	17%	118.84	139.08	17%	134.62	157.58	17%	150.40	176.02	17%
65	138.38	161.94	17%	156.42	183.06	17%	174.48	204.20	17%	126.34	147.86	17%	142.90	167.24	17%	159.42	186.58	17%
66	153.40	179.54	17%	172.98	202.44	17%	192.50	225.30	17%	138.38	161.94	17%	156.42	183.06	17%	174.48	204.20	17%
67	168.46	197.16	17%	189.50	221.78	17%	210.56	246.44	17%	150.40	176.02	17%	169.98	198.92	17%	189.50	221.78	17%
68	185.00	216.52	17%	208.32	243.82	17%	231.62	271.08	17%	162.42	190.10	17%	183.48	214.76	17%	204.56	239.40	17%
69	200.06	234.14	17%	224.88	263.18	17%	249.66	292.20	17%	174.48	204.20	17%	197.04	230.62	17%	219.58	256.98	17%
70	219.58	256.98	17%	246.66	288.68	17%	273.74	320.36	17%	186.50	218.28	17%	210.56	246.44	17%	234.64	274.60	17%
71	234.64	274.60	17%	263.22	308.06	17%	291.78	341.50	17%	198.54	232.36	17%	224.12	262.32	17%	249.66	292.20	17%
72	249.66	292.20	17%	279.74	327.40	17%	309.82	362.60	17%	210.56	246.44	17%	237.64	278.12	17%	264.72	309.82	17%
73	266.22	311.58	17%	298.56	349.44	17%	330.88	387.26	17%	222.58	260.50	17%	251.18	293.96	17%	279.74	327.40	17%
74	281.26	329.18	17%	315.12	368.78	17%	348.94	408.38	17%	234.64	274.60	17%	264.72	309.82	17%	294.80	345.02	17%
75	300.80	352.06	17%	336.90	394.28	17%	373.00	436.54	17%	246.66	288.68	17%	278.26	325.66	17%	309.82	362.60	17%
76	327.88	383.74	17%	366.98	429.50	17%	406.10	475.28	17%	273.74	320.36	17%	308.34	360.84	17%	342.90	401.32	17%
77	357.96	418.94	17%	400.06	468.22	17%	442.20	517.52	17%	303.82	355.56	17%	341.42	399.58	17%	379.02	443.60	17%
78	385.04	450.64	17%	430.14	503.42	17%	475.28	556.26	17%	330.88	387.26	17%	371.50	434.80	17%	412.12	482.32	17%
79	416.64	487.60	17%	465.52	544.82	17%	514.38	602.00	17%	362.48	424.24	17%	406.86	476.16	17%	451.20	528.08	17%
80										389.56	455.92	17%	436.94	511.38	17%			
81										419.64	491.12	17%	470.04	550.12	17%			
82										451.20	528.08	17%	505.36	591.44	17%			
83										482.80	565.04	17%	540.70	632.82	17%			
84										514.38	602.00	17%	576.06	674.18	17%			

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIII

RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Rates

Comprehensive Reimbursement Policy
FORM: 30160A-VA
Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD
Compound Benefit Increase Option

	20 Day Deductible Period									*90 Day Deductible Period*								
	50% Home Care Percentage			*75% Home Care Percentage*			*100% Home Care Percentage*			*50% Home Care Percentage*			*75% Home Care Percentage*			*100% Home Care Percentage*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%	64.68	75.70	17%	72.98	85.40	17%	81.22	95.06	17%
41	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%	64.68	75.70	17%	72.98	85.40	17%	81.22	95.06	17%
42	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%	64.68	75.70	17%	72.98	85.40	17%	81.22	95.06	17%
43	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%	64.68	75.70	17%	72.98	85.40	17%	81.22	95.06	17%
44	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%	64.68	75.70	17%	72.98	85.40	17%	81.22	95.06	17%
45	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%	64.68	75.70	17%	72.98	85.40	17%	81.22	95.06	17%
46	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%	64.68	75.70	17%	72.98	85.40	17%	81.22	95.06	17%
47	84.24	98.58	17%	94.76	110.90	17%	105.30	123.24	17%	67.68	79.22	17%	75.98	88.92	17%	84.24	98.58	17%
48	84.24	98.58	17%	94.76	110.90	17%	105.30	123.24	17%	72.18	84.48	17%	81.22	95.06	17%	90.24	105.62	17%
49	88.76	103.86	17%	100.02	117.08	17%	111.30	130.28	17%	72.18	84.48	17%	81.22	95.06	17%	90.24	105.62	17%
50	88.76	103.86	17%	100.02	117.08	17%	111.30	130.28	17%	76.72	89.80	17%	86.50	101.22	17%	96.26	112.66	17%
51	93.24	109.14	17%	105.30	123.24	17%	117.32	137.32	17%	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%
52	93.24	109.14	17%	105.30	123.24	17%	117.32	137.32	17%	79.74	93.32	17%	89.50	104.74	17%	99.26	116.18	17%
53	97.76	114.42	17%	110.56	129.40	17%	123.32	144.34	17%	84.24	98.58	17%	94.76	110.90	17%	105.30	123.24	17%
54	97.76	114.42	17%	110.56	129.40	17%	123.32	144.34	17%	87.24	102.10	17%	97.76	114.42	17%	108.30	126.76	17%
55	102.26	119.70	17%	115.82	135.56	17%	129.34	151.36	17%	91.76	107.38	17%	103.06	120.62	17%	114.32	133.80	17%
56	106.80	125.00	17%	121.10	141.72	17%	135.38	158.44	17%	96.26	112.66	17%	108.30	126.76	17%	120.32	140.82	17%
57	114.32	133.80	17%	129.34	151.36	17%	144.40	168.98	17%	100.78	117.94	17%	113.56	132.92	17%	126.34	147.86	17%
58	121.84	142.60	17%	137.64	161.10	17%	153.40	179.54	17%	108.30	126.76	17%	121.84	142.60	17%	135.38	158.44	17%
59	129.34	151.36	17%	145.90	170.76	17%	162.42	190.10	17%	112.82	132.04	17%	127.10	148.76	17%	141.38	165.46	17%
60	136.88	160.22	17%	154.18	180.44	17%	171.46	200.68	17%	120.32	140.82	17%	135.38	158.44	17%	150.40	176.02	17%
61	144.40	168.98	17%	162.42	190.10	17%	180.48	211.24	17%	124.84	146.12	17%	140.64	164.58	17%	156.42	183.06	17%
62	151.92	177.80	17%	170.72	199.80	17%	189.50	221.78	17%	129.34	151.36	17%	145.90	170.76	17%	162.42	190.10	17%
63	159.42	186.58	17%	179.00	209.48	17%	198.54	232.36	17%	136.88	160.22	17%	154.18	180.44	17%	171.46	200.68	17%
64	166.96	195.40	17%	187.26	219.16	17%	207.56	242.92	17%	141.38	165.46	17%	159.42	186.58	17%	177.48	207.72	17%
65	174.48	204.20	17%	195.54	228.86	17%	216.58	253.46	17%	148.92	174.28	17%	167.72	196.28	17%	186.50	218.28	17%
66	195.54	228.86	17%	218.10	255.26	17%	240.64	281.64	17%	163.96	191.88	17%	184.26	215.64	17%	204.56	239.40	17%
67	216.58	253.46	17%	240.64	281.64	17%	264.72	309.82	17%	179.00	209.48	17%	200.80	235.02	17%	222.58	260.50	17%
68	239.16	279.88	17%	265.48	310.70	17%	291.78	341.50	17%	195.54	228.86	17%	219.58	256.98	17%	243.66	285.16	17%
69	260.22	304.54	17%	288.04	337.12	17%	315.86	369.66	17%	210.56	246.44	17%	236.14	276.36	17%	261.70	306.30	17%
70	282.74	330.92	17%	312.82	366.12	17%	342.90	401.32	17%	227.14	265.84	17%	254.96	298.38	17%	282.74	330.92	17%
71	303.82	355.56	17%	335.40	392.54	17%	366.98	429.50	17%	242.16	283.40	17%	271.50	317.74	17%	300.80	352.06	17%
72	324.88	380.22	17%	357.96	418.94	17%	391.04	457.66	17%	257.22	301.02	17%	288.04	337.12	17%	318.86	373.18	17%
73	347.46	406.64	17%	382.80	448.02	17%	418.12	489.34	17%	273.74	320.36	17%	306.82	359.08	17%	339.90	397.80	17%
74	368.50	431.28	17%	405.36	474.40	17%	442.20	517.52	17%	288.78	337.98	17%	323.38	378.46	17%	357.96	418.94	17%
75	391.04	457.66	17%	430.14	503.42	17%	469.26	549.22	17%	308.34	360.84	17%	345.20	404.00	17%	382.04	447.12	17%
76	424.14	496.38	17%	466.26	545.70	17%	508.36	594.96	17%	341.42	399.58	17%	381.28	446.24	17%	421.12	492.86	17%
77	457.22	535.12	17%	502.36	587.92	17%	547.46	640.74	17%	374.52	438.34	17%	417.38	488.48	17%	460.22	538.64	17%
78	490.30	573.82	17%	538.44	630.18	17%	586.58	686.50	17%	407.62	477.04	17%	453.46	530.72	17%	499.34	584.40	17%
79	523.40	612.56	17%	574.54	672.40	17%	625.68	732.28	17%	440.70	515.78	17%	489.56	572.96	17%	538.44	630.18	17%
80										473.78	554.50	17%	525.68	615.22	17%			
81										506.88	593.22	17%	561.76	657.48	17%			
82										539.96	631.94	17%	597.86	699.70	17%			
83										573.04	670.66	17%	633.96	741.96	17%			
84										606.14	709.38	17%	670.04	784.18	17%			

[1] The proposed rates are equal to 1.17 times the current rates, subject to a maximum rate of $999.98

EXHIBIT XIV

RiverSource Life Insurance Company
Annual Premiums with 17% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						Deductible						Deductible					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
41	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
42	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
43	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
44	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
45	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
46	84.48	96.84	109.14	70.40	80.96	91.54	140.82	160.22	179.54	125.00	141.72	158.44	190.10	213.00	235.88	170.76	191.02	211.24
47	86.28	99.48	112.66	72.18	83.60	95.06	146.12	166.38	186.58	130.28	147.86	165.46	198.92	222.68	246.44	176.02	197.16	218.28
48	86.28	99.48	112.66	75.70	87.14	98.58	151.36	172.50	193.64	133.80	151.36	168.98	207.72	232.36	256.98	181.30	203.32	225.30
49	91.54	105.62	119.70	77.44	89.80	102.10	154.88	176.02	197.16	135.56	154.00	172.50	216.52	242.06	267.56	188.34	210.36	232.36
50	91.54	105.62	119.70	80.96	93.32	105.62	160.22	182.18	204.20	139.08	157.58	176.02	228.86	255.26	281.64	193.64	216.52	239.40
51	93.32	108.26	123.24	82.74	95.96	109.14	165.46	188.34	211.24	144.34	163.74	183.06	235.88	262.32	288.68	198.92	222.68	246.44
52	96.84	111.78	126.76	82.74	95.96	109.14	168.98	191.88	214.76	144.34	163.74	183.06	244.70	271.98	299.26	205.96	229.74	253.46
53	98.58	114.42	130.28	88.02	102.10	116.18	174.28	198.06	221.78	149.64	169.88	190.10	253.46	281.64	309.82	211.24	235.88	260.50
54	98.58	114.42	130.28	88.02	102.10	116.18	179.54	204.20	228.86	153.16	173.40	193.64	262.32	291.32	320.36	216.52	242.06	267.56
55	103.86	120.62	137.32	93.32	108.26	123.24	184.82	210.36	235.88	158.44	179.54	200.68	274.60	304.54	334.46	225.30	251.74	278.12
56	112.66	130.28	147.86	96.84	111.78	126.76	197.16	223.56	249.96	170.76	192.76	214.76	290.44	321.26	352.06	241.18	268.48	295.72
57	121.48	139.96	158.44	105.62	121.48	137.32	209.48	236.78	264.04	183.06	205.96	228.86	306.30	337.98	369.66	256.98	285.16	313.32
58	130.28	149.64	168.98	114.42	131.16	147.86	221.78	249.96	278.12	195.40	219.16	242.92	322.14	354.70	387.26	272.84	301.90	330.92
59	139.08	159.34	179.54	119.70	137.32	154.88	237.66	266.68	295.72	207.72	232.36	256.98	337.98	371.42	404.86	288.68	318.62	348.54
60	147.86	168.98	190.10	128.52	147.00	165.46	249.96	279.88	309.82	225.30	251.74	278.12	353.84	388.14	422.46	304.54	335.36	366.12
61	156.70	178.66	200.68	135.56	154.00	172.50	262.32	293.08	323.88	237.66	264.96	292.20	369.66	404.86	440.08	320.36	352.06	383.74
62	165.46	188.34	211.24	140.82	160.22	179.54	278.12	309.82	341.50	249.96	278.12	306.30	385.50	421.60	457.66	336.24	368.78	401.32
63	174.28	198.06	221.78	149.64	169.88	190.10	290.44	323.02	355.56	262.32	291.32	320.36	401.32	438.34	475.28	352.06	385.50	418.94
64	183.06	207.72	232.36	158.44	179.54	200.68	302.78	336.24	369.66	274.60	304.54	334.46	417.20	455.06	492.86	367.94	402.24	436.54
65	193.64	220.04	246.44	167.24	189.22	211.24	320.36	355.56	390.78	292.20	323.88	355.56	436.54	475.28	514.00	385.50	421.60	457.66
66	228.86	256.98	285.16	195.40	219.16	242.92	371.42	409.28	447.12	334.46	367.94	401.32	494.64	536.02	577.34	433.02	471.74	510.48
67	265.84	296.64	327.40	228.86	255.26	281.64	422.46	462.94	503.42	378.46	414.56	450.64	556.26	600.26	644.26	480.56	521.94	563.28
68	302.78	336.24	369.66	258.76	287.80	316.84	473.52	516.64	559.76	422.46	461.18	499.90	614.36	661.00	707.62	528.08	572.08	616.10
69	343.28	379.34	415.42	292.20	323.88	355.56	524.56	570.30	616.10	469.98	511.38	552.74	677.70	727.88	778.02	575.60	622.26	668.88
70	380.22	418.94	457.66	322.14	356.48	390.78	577.34	626.66	675.92	514.00	558.02	602.00	739.32	792.12	844.92	623.14	672.40	721.72
71	415.42	455.92	496.38	353.84	389.90	425.98	628.42	680.34	732.28	556.26	602.00	647.78	797.42	852.86	908.30	670.66	722.62	774.50
72	455.92	499.04	542.16	383.74	422.46	461.18	679.44	734.04	788.58	603.78	652.22	700.58	860.80	919.74	978.70	718.18	772.76	827.34
73	492.86	538.64	584.40	417.20	458.58	499.90	730.52	787.70	844.92	647.78	698.84	749.86	918.86	980.46	999.98	765.74	822.92	880.12
74	529.86	578.26	626.66	447.12	491.12	535.12	781.54	841.40	901.26	691.80	745.48	799.16	980.46	999.98	999.98	813.24	873.08	932.94
75	570.30	621.40	672.40	480.56	527.20	573.82	837.90	901.26	964.60	739.32	795.64	851.96	999.98	999.98	999.98	866.04	929.40	992.78
76	617.88	675.06	732.28	521.04	573.82	626.66	901.26	971.66	999.98	795.64	858.98	922.36	999.98	999.98	999.98	925.88	996.30	999.98
77	665.36	728.76	792.12	561.54	620.52	679.44	964.60	999.98	999.98	851.96	922.36	992.78	999.98	999.98	999.98	985.74	999.98	999.98
78	712.90	782.44	851.96	602.00	667.14	732.28	999.98	999.98	999.98	908.30	985.74	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	760.44	836.14	911.82	642.50	713.78	785.06	999.98	999.98	999.98	966.42	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT XIV

RiverSource Life Insurance Company
Annual Premiums with 17% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						Deductible						Deductible					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
41	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
42	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
43	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
44	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
45	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
46	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	125.00	139.96	154.88
47	72.18	83.60	95.06	59.84	68.66	77.44	107.38	122.36	137.32	88.02	100.34	112.66	151.36	170.76	190.10	130.28	146.12	161.94
48	72.18	83.60	95.06	61.64	71.30	80.96	112.66	128.52	144.34	93.32	106.52	119.70	154.88	174.28	193.64	133.80	149.64	165.46
49	73.92	86.28	98.58	61.64	71.30	80.96	116.18	132.04	147.86	96.84	110.04	123.24	160.22	180.44	200.68	139.08	155.82	172.50
50	77.44	89.80	102.10	66.88	77.44	88.02	121.48	138.20	154.88	102.10	116.18	130.28	163.74	183.96	204.20	147.86	165.46	183.06
51	79.22	92.44	105.62	66.88	77.44	88.02	126.76	144.34	161.94	102.10	116.18	130.28	168.98	190.10	211.24	151.36	168.98	186.58
52	79.22	92.44	105.62	66.88	77.44	88.02	130.28	147.86	165.46	105.62	119.70	133.80	172.50	193.64	214.76	156.70	175.14	193.64
53	80.96	95.06	109.14	68.66	80.08	91.54	135.56	154.00	172.50	110.90	125.88	140.82	177.80	199.80	221.78	160.22	178.66	197.16
54	80.96	95.06	109.14	68.66	80.08	91.54	140.82	160.22	179.54	114.42	129.40	144.34	181.30	203.32	225.30	165.46	184.82	204.20
55	86.28	101.22	116.18	73.92	86.28	98.58	146.12	166.38	186.58	119.70	135.56	151.36	186.58	209.48	232.36	174.28	194.54	214.76
56	89.80	104.74	119.70	77.44	89.80	102.10	154.88	176.02	197.16	128.52	145.24	161.94	198.92	222.68	246.44	183.06	204.20	225.30
57	98.58	114.42	130.28	82.74	95.96	109.14	163.74	185.70	207.72	137.32	154.88	172.50	211.24	235.88	260.50	195.40	217.40	239.40
58	107.38	124.14	140.82	88.02	102.10	116.18	176.02	198.92	221.78	149.64	168.10	186.58	227.10	252.60	278.12	207.72	230.62	253.46
59	112.66	130.28	147.86	96.84	111.78	126.76	184.82	208.62	232.36	158.44	177.80	197.16	239.40	265.84	292.20	220.04	243.82	267.56
60	121.48	139.96	158.44	102.10	117.94	133.80	197.16	221.78	246.44	170.76	191.02	211.24	255.26	282.54	309.82	232.36	256.98	281.64
61	128.52	147.00	165.46	105.62	121.48	137.32	205.96	231.50	256.98	179.54	200.68	221.78	267.56	295.72	323.88	244.70	270.20	295.72
62	133.80	153.16	172.50	114.42	131.16	147.86	214.76	241.18	267.56	188.34	210.36	232.36	279.88	308.94	337.98	256.98	283.40	309.82
63	142.60	162.86	183.06	119.70	137.32	154.88	227.10	254.38	281.64	200.68	223.56	246.44	295.72	325.66	355.56	269.34	296.64	323.88
64	151.36	172.50	193.64	125.00	143.48	161.94	235.88	264.04	292.20	209.48	233.26	256.98	308.06	338.88	369.66	281.64	309.82	337.98
65	160.22	182.18	204.20	133.80	153.16	172.50	249.96	279.88	309.82	223.56	249.10	274.60	325.66	358.20	390.78	293.96	323.02	352.06
66	184.82	208.62	232.36	154.88	176.02	197.16	283.40	315.98	348.54	255.26	282.54	309.82	369.66	404.86	440.08	327.40	359.08	390.78
67	211.24	237.66	264.04	179.54	202.44	225.30	320.36	355.56	390.78	292.20	322.14	352.06	415.42	454.16	492.86	362.60	397.80	433.02
68	235.88	264.04	292.20	200.68	225.30	249.96	357.36	395.18	433.02	325.66	358.20	390.78	459.44	500.80	542.16	399.58	437.46	475.28
69	262.32	293.08	323.88	227.10	254.38	281.64	390.78	431.28	471.74	360.84	395.18	429.50	505.20	550.12	594.96	434.80	476.16	517.52
70	288.68	322.14	355.56	251.74	280.76	309.82	427.76	470.86	514.00	394.28	431.28	468.22	549.22	596.74	644.26	473.52	518.42	563.28
71	313.32	348.54	383.74	272.84	303.66	334.46	464.70	510.48	556.26	431.28	470.86	510.48	594.96	646.02	697.06	506.94	554.50	602.00
72	339.76	377.60	415.42	299.26	332.72	366.12	498.16	546.60	594.96	462.94	504.32	545.70	638.98	692.66	746.36	542.16	593.22	644.26
73	364.36	404.00	443.60	320.36	355.56	390.78	535.12	586.18	637.22	499.90	543.96	587.92	684.76	741.96	799.16	579.14	632.82	686.50
74	390.78	433.02	475.28	345.02	381.98	418.94	572.08	625.78	679.44	533.38	580.02	626.66	728.76	788.58	848.44	614.36	671.54	728.76
75	420.72	465.58	510.48	371.42	411.04	450.64	610.82	668.02	725.24	570.30	619.62	668.88	778.02	841.40	904.78	653.08	713.78	774.50
76	473.52	521.94	570.30	424.24	467.34	510.48	679.44	741.08	802.68	638.98	692.66	746.36	851.96	920.62	989.26	727.00	793.02	858.98
77	526.34	578.26	630.18	477.04	523.68	570.30	751.64	817.66	883.64	711.14	769.24	827.34	925.88	999.82	999.98	800.92	872.20	943.50
78	579.14	634.60	690.02	529.86	580.02	630.18	825.58	896.86	968.14	785.06	848.44	911.82	999.82	999.98	999.98	874.86	951.44	999.98
79	637.22	697.06	756.94	587.92	642.50	697.06	897.74	973.42	999.98	857.26	925.02	992.78	999.98	999.98	999.98	948.80	999.98	999.98

EXHIBIT XIV

RiverSource Life Insurance Company
Annual Premiums with 17% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						Deductible						Deductible					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
41	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
42	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
43	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
44	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
45	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
46	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
47	56.36	65.14	73.92	42.26	49.26	56.36	88.02	100.34	112.66	70.40	80.96	91.54	135.56	150.52	165.46	116.18	128.52	140.82
48	58.12	67.78	77.44	44.02	51.96	59.84	89.80	103.00	116.18	73.92	84.48	95.06	137.32	153.16	168.98	121.48	134.68	147.86
49	61.64	71.30	80.96	47.54	55.48	63.36	93.32	106.52	119.70	75.70	87.14	98.58	140.82	156.70	172.50	121.48	134.68	147.86
50	63.36	73.92	84.48	49.26	58.12	66.88	98.58	112.66	126.76	79.22	90.66	102.10	146.12	162.86	179.54	126.76	140.82	154.88
51	63.36	73.92	84.48	49.26	58.12	66.88	98.58	112.66	126.76	79.22	90.66	102.10	146.12	162.86	179.54	126.76	140.82	154.88
52	66.88	77.44	88.02	52.84	61.64	70.40	102.10	116.18	130.28	80.96	93.32	105.62	149.64	166.38	183.06	126.76	140.82	154.88
53	68.66	80.08	91.54	54.60	64.28	73.92	103.86	118.82	133.80	84.48	96.84	109.14	151.36	168.98	186.58	132.04	147.00	161.94
54	68.66	80.08	91.54	54.60	64.28	73.92	107.38	122.36	137.32	84.48	96.84	109.14	154.88	172.50	190.10	132.04	147.00	161.94
55	73.92	86.28	98.58	59.84	70.40	80.96	112.66	128.52	144.34	89.80	103.00	116.18	160.22	178.66	197.16	137.32	153.16	168.98
56	77.44	89.80	102.10	63.36	73.92	84.48	121.48	138.20	154.88	98.58	112.66	126.76	168.98	188.34	207.72	146.12	162.86	179.54
57	82.74	95.96	109.14	68.66	80.08	91.54	130.28	147.86	165.46	107.38	122.36	137.32	177.80	198.06	218.28	154.88	172.50	190.10
58	88.02	102.10	116.18	73.92	86.28	98.58	139.08	157.58	176.02	116.18	132.04	147.86	191.88	213.88	235.88	163.74	182.18	200.68
59	96.84	111.78	126.76	79.22	92.44	105.62	147.86	167.24	186.58	125.00	141.72	158.44	200.68	223.56	246.44	177.80	198.06	218.28
60	102.10	117.94	133.80	88.02	102.10	116.18	158.44	179.54	200.68	139.08	157.58	176.02	214.76	239.40	264.04	186.58	207.72	228.86
61	107.38	124.14	140.82	91.54	105.62	119.70	167.24	189.22	211.24	147.86	167.24	186.58	223.56	249.10	274.60	195.40	217.40	239.40
62	116.18	133.80	151.36	96.84	111.78	126.76	176.02	198.92	221.78	156.70	176.92	197.16	232.36	258.76	285.16	209.48	233.26	256.98
63	121.48	139.96	158.44	102.10	117.94	133.80	184.82	208.62	232.36	165.46	186.58	207.72	246.44	274.60	302.78	218.28	242.92	267.56
64	126.76	146.12	165.46	107.38	124.14	140.82	193.64	218.28	242.92	174.28	196.28	218.28	255.26	284.28	313.32	227.10	252.60	278.12
65	135.56	155.82	176.02	116.18	133.80	151.36	207.72	234.14	260.50	188.34	212.12	235.88	269.34	300.16	330.92	241.18	268.48	295.72
66	156.70	178.66	200.68	133.80	153.16	172.50	235.88	264.04	292.20	213.00	238.54	264.04	302.78	336.24	369.66	271.08	301.02	330.92
67	179.54	204.20	228.86	154.88	176.02	197.16	265.84	296.64	327.40	242.92	271.08	299.26	339.76	375.82	411.90	304.54	337.12	369.66
68	200.68	227.10	253.46	176.02	198.92	221.78	299.26	332.72	366.12	271.08	301.02	330.92	376.70	415.42	454.16	337.98	373.18	408.38
69	223.56	252.60	281.64	193.64	218.28	242.92	329.18	365.24	401.32	297.50	330.06	362.60	415.42	457.66	499.90	373.18	411.90	450.64
70	246.44	278.12	309.82	216.52	243.82	271.08	362.60	401.32	440.08	327.40	362.60	397.80	452.42	497.28	542.16	406.64	448.02	489.34
71	267.56	301.02	334.46	237.66	266.68	295.72	392.54	433.92	475.28	355.56	392.54	429.50	485.82	533.38	580.88	436.54	480.56	524.56
72	290.44	326.54	362.60	255.26	286.06	316.84	422.46	466.46	510.48	381.98	421.60	461.18	524.56	575.60	626.66	471.74	519.30	566.78
73	311.58	349.44	387.26	276.36	308.94	341.50	455.92	502.56	549.22	410.16	451.54	492.86	561.54	615.22	668.88	505.20	555.38	605.52
74	334.46	374.94	415.42	297.50	331.84	366.12	485.82	535.12	584.40	440.08	484.08	528.08	598.48	654.84	711.14	538.64	591.44	644.26
75	360.84	404.00	447.12	320.36	357.36	394.28	519.30	571.20	623.14	469.98	516.64	563.28	637.22	697.06	756.94	573.82	630.18	686.50
76	410.16	456.80	503.42	369.66	410.16	450.64	573.82	630.18	686.50	524.56	575.60	626.66	693.54	758.70	823.80	630.18	691.80	753.36
77	459.44	509.62	559.76	418.94	462.94	506.94	631.94	692.66	753.36	582.66	638.12	693.54	749.86	820.28	890.68	686.50	753.36	820.28
78	512.26	565.92	619.62	471.74	519.30	566.78	691.80	757.82	823.80	642.50	703.22	763.94	809.72	885.40	961.08	746.36	818.52	890.68
79	563.28	621.40	679.44	522.82	574.72	626.66	749.86	820.28	890.68	700.58	765.74	830.86	866.04	947.02	999.98	802.68	880.12	957.56
80				575.60	631.08					760.44	830.86					862.54	945.28	
81				624.92	683.88					818.52	893.32					918.86	999.98	
82				679.44	742.84					878.38	958.48					978.70	999.98	
83				734.04	801.80					938.24	999.98					999.98	999.98	
84				788.58	860.80					998.06	999.98					999.98	999.98	

EXHIBIT XIV

RiverSource Life Insurance Company
Annual Premiums with 17% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-VA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						Deductible						Deductible					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
41	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
42	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
43	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
44	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
45	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
46	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06
47	42.26	49.26	56.36	31.70	36.98	42.26	68.66	78.34	88.02	54.60	62.50	70.40	98.58	110.90	123.24	79.22	88.92	98.58
48	44.02	51.96	59.84	33.46	39.62	45.78	70.40	80.96	91.54	56.36	65.14	73.92	98.58	110.90	123.24	84.48	95.06	105.62
49	44.02	51.96	59.84	33.46	39.62	45.78	73.92	84.48	95.06	59.84	68.66	77.44	103.86	117.08	130.28	84.48	95.06	105.62
50	49.26	58.12	66.88	38.74	45.78	52.84	79.22	90.66	102.10	65.14	74.82	84.48	103.86	117.08	130.28	89.80	101.22	112.66
51	49.26	58.12	66.88	38.74	45.78	52.84	79.22	90.66	102.10	65.14	74.82	84.48	109.14	123.24	137.32	93.32	104.74	116.18
52	49.26	58.12	66.88	38.74	45.78	52.84	82.74	94.18	105.62	68.66	78.34	88.02	109.14	123.24	137.32	93.32	104.74	116.18
53	51.08	60.76	70.40	40.50	48.42	56.36	84.48	96.84	109.14	70.40	80.96	91.54	114.42	129.40	144.34	98.58	110.90	123.24
54	51.08	60.76	70.40	40.50	48.42	56.36	88.02	100.34	112.66	73.92	84.48	95.06	114.42	129.40	144.34	102.10	114.42	126.76
55	56.36	66.88	77.44	45.78	54.60	63.36	93.32	106.52	119.70	79.22	90.66	102.10	119.70	135.56	151.36	107.38	120.62	133.80
56	59.84	70.40	80.96	45.78	54.60	63.36	96.84	110.04	123.24	82.74	94.18	105.62	125.00	141.72	158.44	112.66	126.76	140.82
57	65.14	76.56	88.02	51.08	60.76	70.40	105.62	119.70	133.80	91.54	103.86	116.18	133.80	151.36	168.98	117.94	132.92	147.86
58	70.40	82.74	95.06	56.36	66.88	77.44	110.90	125.88	140.82	96.84	110.04	123.24	142.60	161.10	179.54	126.76	142.60	158.44
59	75.70	88.92	102.10	59.84	70.40	80.96	119.70	135.56	151.36	105.62	119.70	133.80	151.36	170.76	190.10	132.04	148.76	165.46
60	84.48	98.58	112.66	65.14	76.56	88.02	125.00	141.72	158.44	110.90	125.88	140.82	160.22	180.44	200.68	140.82	158.44	176.02
61	88.02	102.10	116.18	70.40	82.74	95.06	133.80	151.36	168.98	119.70	135.56	151.36	168.98	190.10	211.24	146.12	164.58	183.06
62	93.32	108.26	123.24	73.92	86.28	98.58	139.08	157.58	176.02	125.00	141.72	158.44	177.80	199.80	221.78	151.36	170.76	190.10
63	98.58	114.42	130.28	79.22	92.44	105.62	147.86	167.24	186.58	133.80	151.36	168.98	186.58	209.48	232.36	160.22	180.44	200.68
64	103.86	120.62	137.32	84.48	98.58	112.66	153.16	173.40	193.64	139.08	157.58	176.02	195.40	219.16	242.92	165.46	186.58	207.72
65	112.66	130.28	147.86	89.80	104.74	119.70	161.94	183.06	204.20	147.86	167.24	186.58	204.20	228.86	253.46	174.28	196.28	218.28
66	126.76	146.12	165.46	103.86	120.62	137.32	179.54	202.44	225.30	161.94	183.06	204.20	228.86	255.26	281.64	191.88	215.64	239.40
67	140.82	161.94	183.06	117.94	136.44	154.88	197.16	221.78	246.44	176.02	198.92	221.78	253.46	281.64	309.82	209.48	235.02	260.50
68	158.44	181.30	204.20	132.04	152.28	172.50	216.52	243.82	271.08	190.10	214.76	239.40	279.88	310.70	341.50	228.86	256.98	285.16
69	172.50	197.16	221.78	146.12	168.10	190.10	234.14	263.18	292.20	204.20	230.62	256.98	304.54	337.12	369.66	246.44	276.36	306.30
70	191.88	219.16	246.44	160.22	183.96	207.72	256.98	288.68	320.36	218.28	246.44	274.60	330.92	366.12	401.32	265.84	298.38	330.92
71	205.96	235.02	264.04	174.28	199.80	225.30	274.60	308.06	341.50	232.36	262.32	292.20	355.56	392.54	429.50	283.40	317.74	352.06
72	220.04	250.86	281.64	188.34	215.64	242.92	292.20	327.40	362.60	246.44	278.12	309.82	380.22	418.94	457.66	301.02	337.12	373.18
73	237.66	270.20	302.78	202.44	231.50	260.50	311.58	349.44	387.26	260.50	293.96	327.40	406.64	448.02	489.34	320.36	359.08	397.80
74	251.74	286.06	320.36	216.52	247.34	278.12	329.18	368.78	408.38	274.60	309.82	345.02	431.28	474.40	517.52	337.98	378.46	418.94
75	271.08	308.06	345.02	234.14	266.68	299.26	352.06	394.28	436.54	288.68	325.66	362.60	457.66	503.42	549.22	360.84	404.00	447.12
76	306.30	346.80	387.26	269.34	305.42	341.50	383.74	429.50	475.28	320.36	360.84	401.32	496.38	545.70	594.96	399.58	446.24	492.86
77	345.02	389.02	433.02	308.06	347.66	387.26	418.94	468.22	517.52	355.56	399.58	443.60	535.12	587.92	640.74	438.34	488.48	538.64
78	385.50	433.92	482.32	348.54	392.54	436.54	450.64	503.42	556.26	387.26	434.80	482.32	573.82	630.18	686.50	477.04	530.72	584.40
79	420.72	472.68	524.56	383.74	431.28	478.80	487.60	544.82	602.00	424.24	476.16	528.08	612.56	672.40	732.28	515.78	572.96	630.18
80				424.24	476.16					455.92	511.38					554.50	615.22	
81				462.94	518.42					491.12	550.12					593.22	657.48	
82				503.42	563.28					528.08	591.44					631.94	699.70	
83				543.96	608.16					565.04	632.82					670.66	741.96	
84				584.40	653.08					602.00	674.18					709.38	784.18	

Sample Rate Increase Notification Letter to Clients On Waiver of Premium

<DATE>

Policy Number:
<POLICY NUMBER>

<POLICYOWNER NAME>
<ADDRESS1>
<ADDRESS2>

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
<POLICY NUMBER>

Dear <POLICYOWNER NAME>,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective <EFFECTDATE>, which is your next policy anniversary date.

Your premium payments currently waived
While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase
Rates are being raised on all policies like yours to offset anticipated claims that are higher than expected. 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.

As required, we have filed our request for this premium increase with the appropriate insurance regulators. We periodically review anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy.

Your new premium
When this increase takes effect, your <PREMMODE> premium payment will increase from $<OLDPREMAMT> to $<NEWPREMAMT>, beginning with the premium payment that is due <EFFECTDATE>. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

You have options
Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may offset this premium increase.

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Sample Rate Increase Notification Letter to Clients On Waiver of Premium

For more information or assistance, please contact:

- your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
- an Ameriprise Financial client service representative at **866.863.9497**,

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

<ADVISOR NUMBER AND NAME>

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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132107 E(5/12)

SAMPLE

Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

<DATE>

Policy Number:
<POLICY NUMBER>

<POLICYOWNER NAME>
<ADDRESS1>
<ADDRESS2>

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
<POLICY NUMBER>

Dear <POLICYOWNER NAME>,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective <EFFECTDATE>, which is your next policy anniversary date.

Reasons for this increase
Rates are being raised on all policies like yours to offset anticipated claims that are higher than expected. 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.

As required, we have filed our request for this premium increase with the appropriate insurance regulators. We periodically review anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the future.

It is important to note that the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy.

Your new premium
When this increase takes effect, your <PREMMODE> premium payment will increase from $<OLDPREMAMT> to $<NEWPREMAMT>, beginning with the premium payment that is due <EFFECTDATE>. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the <EFFECTDATE> due date.

You have options
We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

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Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $<NHDBAMT> to $<ALTDBAMT>, your <PREMMODE> premium would be $<ALTPREM>. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.

- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

(Comment: this statement appears only if the client has Home Care coverage through Rider)

You may also consider reducing your Home Care coverage benefits.

(Comment: this statement appears only if the client has a Non-forfeiture option through Rider)

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

(Comment: this statement appears only if the client is eligible for Contingent Benefit Upon Lapse)

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's current daily benefit amount will be locked in at the current level, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor before you stop paying premiums and reduce your benefit period.

Carefully consider your options

It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

SAMPLE

Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

If you decide to keep your present coverage
Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage
Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than <EFFDATE1> to ensure your requested changes are processed before <EFFECTDATE>, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before <EFFDATE1>, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

> your financial advisor, <**Advisor Name**>, at <**phone number**>
> an Ameriprise Financial client service representative at **866.863.9497**

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

<ADVISOR NUMBER AND NAME>

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132106 E(5/12)

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Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

RiverSource Life Insurance Company
70100 Ameriprise Financial Center Minneapolis, MN 55474

Long-Term Care Coverage Change Request Form

<DATE>

<POLICY NUMBER >

<POLICYOWNER NAME>
<ADDRESS1>
<ADDRESS1>

Dear <POLICYOWNER NAME>:

You have options to modify your existing coverage to offset the upcoming premium increase on your policy. If you want to elect one of these options, please indicate your choice in the space provided below and return this form in the enclosed postage-paid envelope to:

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
P.O. Box 10
Minneapolis, MN 55440-8902

If you decide to modify your coverage at this time
Please complete this Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than <EFFDATE1> to ensure your requested changes are processed before <EFFECTDATE>, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before <EFFDATE1>, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the premium, you will receive a refund for any overpaid premium.

Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

Your options
Please indicate your choice by checking one of the options below:

□ Reduce my current daily benefit amount from $<NHDBAMT> to $<ALTDBAMT> which will result in a <PREMMODE> premium of $<ALTPREM> beginning with the premium payment that is due <EFFECTDATE>. I understand that my policy may contain other benefit amounts that will decrease proportionally if I reduce my daily benefit amount.

(Comment: this statement appears only if the client has Home Care coverage through Rider)
Your Home Care coverage and premium will remain unchanged.

(Comment: this statement appears only if the client has Simple Benefit Increase Option)
The Benefit Increase Option on your policy remains intact and will result in an increase of $ALTSIMBIO in your daily benefit amount in one year.

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Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

(Comment: this statement appears only if the client has Compound Benefit Increase Option)
The Benefit Increase Option on your policy of 5% per year will remain intact and will continue to increase your daily benefit amount annually.

(Comment: this statement appears only if the client has a Non-forfeiture option through Rider)
□ Because I purchased the Nonforfeiture Benefit Rider, I want to stop paying premiums and have a reduced lifetime benefit, as described in my policy.

(Comment: this statement appears only if the client eligible for Contingent Benefit Upon Lapse)
□ Because I am eligible for a contingent nonforfeiture benefit upon lapse, I want to stop paying premiums and have a reduced lifetime benefit equal to the greater of (1) 100% of the sum of all premiums paid over the life of the policy, and (2) 30 times my policy's current nursing home daily benefit amount.

□ Please make the following change(s) to my policy:

_____

_____

You will receive a new policy schedule after these changes are processed.

_____ _____
Signature of Policyholder Date

For more information or assistance, please contact:
- your financial advisor, <**Advisor Name**>, at <**phone number**>
- an Ameriprise Financial client service representative at **866.863.9497**,

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

<ADVISOR NUMBER AND NAME>

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
riversource.com

RiverSource

Frequently Asked Questions for RiverSource Life Insurance Company (RiverSource Life) and RiverSource Life Insurance Co. of New York (RiverSource Life of NY) In-Force Long-Term Care Policyowners Affected by the Recent Rate Increase

Q1: Is this a bill?
A: No, this notice is not a bill. This notice does provide important information regarding your upcoming Long Term Care premiums.

Q2: Why are my premiums going up?
A: Premiums are going up on the block of policies similar to yours due to anticipated claims that are higher than expected. It is important that premiums collected by an insurance company bear a relationship to the claims it anticipates paying.

Q3: Are my rates going up because I filed a claim?
A: No. In analyzing the need for a rate increase, claims information is reviewed in aggregate. In other words, we look at the claims experience across all policies like yours. This rate increase in no way reflects on any individual claims you may have submitted.

Q4: But my policy says it is "guaranteed renewable." How can my rates be going up?
A: A policy that is guaranteed renewable means that it cannot be canceled because of a change in your health. It also means that rates can only be changed on your policy if they are changed for all other policies like yours. As long as you pay the premium, it cannot be canceled.

Q5: How do I know that this increase is justified?
A: Insurance is a heavily regulated industry. In order to implement this rate increase, RiverSource Life is required to file a request for approval with each state insurance regulatory authority. RiverSource Life of NY is required to file a request for approval with the State of New York. Included with our request is the necessary actuarial data to support the increase. If the state insurance regulatory authority agrees with our request, it is then approved and implemented. RiverSource Life and RiverSource Life of NY have filed their requests for an increase. (Note: There are a handful of states that are not empowered to actually approve a rate increase. However, RiverSource Life and RiverSource Life of NY still provided these states with the same information concerning our need to increase rates for informational purposes.)

Q6: Will my rates go up again in the future?
A: Future rate increases are possible on all guaranteed renewable long-term care insurance policies no matter which company issued the policy. However, as indicated above, any future rate increase will require state regulatory approval before it can be implemented. It is possible that you will see additional rate increases in the future.

Q7: You indicate that there are options available to me to offset this premium increase. What do you mean by that?
A: At the time you purchased your policy you were presented with several options regarding the exact nature of your benefits under the policy. Your selection of options determined the initial premium that was charged for your policy. In light of this rate increase, you may wish to revisit those options and make an adjustment to your current benefit selections. Doing so could help you lower your premium to a point that it would be comparable to the premium you were paying before the rate increase.

Q8: What options are available to me to offset this premium increase?
A: Each block of long-term care insurance policies which RiverSource Life or RiverSource Life of NY sold had different benefit options. Depending on the option(s) you may have chosen when you purchased your policy, you may want to consider a different option. Listed below are options that may be available to you. You will want to refer to your policy for the specific options that are available to you.

1. Current Daily Benefit Amount: This dollar amount represents the maximum daily benefit we will pay according to your policy. Reducing this amount will reduce the amount that we will pay for covered services received and the premium charged for your policy. Keep in mind that your policy may contain other benefit amounts that will be proportionally decreased if you reduce your daily benefit amount.

2. Elimination Period: This is the number of days that covered services are provided to you but which must be paid for by you before the policy begins to pay benefits. For example, if your policy has a 20-day elimination period, you must be receiving covered services for 20 days before we start paying benefits for services received on or after the 21st day. Increasing the elimination period will reduce your premium.
3. Benefit Period: This is the total period of time for which benefits will be paid during the life of the policy. This period is specified on your policy schedule. Reducing the benefit period will reduce your premium. For example, you may want to consider reducing your benefit period from lifetime to four years.
4. Home Care Coverage: If you have home care coverage, you may be able to reduce these benefits.

Q9: Should I let my policy lapse?

A: Your policy represents a critical component of a sound financial plan. You should always consider one of the options available to reduce your premium before you let this coverage lapse. Please consult with your advisor before making changes to your policy.

Q10: Will I get a refund if I cancel my policy or let my policy lapse?

A: No. Much like other types of insurance (i.e. automobile, homeowners, etc.), your policy does not accumulate any cash value so canceling your policy or letting it lapse will not result in any refund to you. If you cancel your policy, the only refund you will receive is a return of any unearned premium that you may have already paid for the period of time between the time you cancel your policy and your next premium due date. You will not be able to receive any refund of premium that has already been earned by the company.

Q11: Wouldn't it be cheaper for me to get a new policy?

A: It may or it may not. It's important to keep in mind that obtaining a new policy with any carrier will require your application to be underwritten at your current age and at your current health status. Also, as many carriers have also experienced rate increases on existing blocks of long-term care policies, they are increasing the premiums they charge for new policies as well. If you choose to explore the possibility of obtaining a new policy elsewhere, we believe you will find that your existing policy, even with this premium increase, represents a good value compared with obtaining new coverage at current market rates. *If you are considering a new policy, be sure you have an offer of insurance for the new policy before you drop your existing coverage. If you don't pay the increased premium on your existing policy, your policy will lapse.*

Q12: Do I have to do anything if I want to keep my benefits the way they are?

A: No. As long as you continue to pay your premiums, now at the increased rate, when they are due, your policy will remain as it was prior to the rate increase. You only need to take action if you would like to explore the options available to you for reducing your benefits to offset the rate increase.

Q13: My premium is paid by a credit card or a bank authorization. I'd like to keep my current coverage; what will happen to my premium?

A: If your premium is currently being paid by a credit card or a bank authorization, the deduction amount will automatically be increased to the new premium amount. You don't need to take any action.

Q14: My premium is paid by a systematic payout from another Ameriprise Financial account. I'd like to keep my current coverage; what will happen to my premium??

A: If your premium is currently being paid by a systematic payout from another Ameriprise Financial account, you may need to take action:

- **If taxes are not being withheld**, the payout amount will automatically be increased to the new premium amount. You don't need to take any action.
- **If taxes are being withheld**, the gross payout amount may need to be adjusted. Contact your financial advisor or call us at our service center for more information.

Not all policies are available in all states.

Insurance and annuity products are issued by RiverSource Life Insurance Company and in New York, by RiverSource Life Insurance Co. of New York, Albany, New York. These companies are affiliated with Ameriprise Financial Services, Inc. Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuity products in New York.

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