Filing at a Glance

Company:	Continental General Insurance Company
Product Name:	Long Term Care
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.002 Non Qualified
Filing Type:	Rate
Date Submitted:	03/08/2018
SERFF Tr Num:	GLTC-131253864
SERFF Status:	Closed-Approved
State Tr Num:	GLTC-131253864
State Status:	Approved
Co Tr Num:	CGI 420 LTC RATE INCREASE FILING, 2017
Implementation Date Requested:	On Approval
Author(s):	Deborah Keeler, Beth Lovaas, Cameron Zima, Eric Coldewey, Huyen Pham, Noah Simonson, Melissa Sample, Elizabeth O'Brien, Sean Zhou, Madison Nahrup
Reviewer(s):	Bill Dismore (primary)
Disposition Date:	09/04/2020
Disposition Status:	Approved
Implementation Date:	

State: *Virginia* **Filing Company:** *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

General Information

Project Name: CGI 420 LTC RATE INCREASE FILING, 2017
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 54.96%

Deemer Date: 09/02/2020
Submitted By: Eric Coldewey

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/04/2020
State Status Changed: 09/04/2020
Created By: Eric Coldewey
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:
Dear Sir or Madam:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the above-referenced Individual Long-Term Care Insurance products. Detailed information regarding the calculation of the current proposed rate increases is given within the enclosed Actuarial Memorandum.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. In addition to a base rate increase, an increase is being requested on the Inflation Guard Rider percentage load. The rate increases will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to inforce policies issued in this state. The above-referenced policy forms are Individual Long-Term Care Insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state. I hope that with this information, your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Stephanie Entzminger, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Company and Contact

Filing Contact Information

Stephanie Entzminger, Senior Actuarial Analyst I stephanie.entzminger@continental-ins.com

11001 Lakeline Blvd.
Suite 120
Austin, TX 78717

512-410-0854 [Phone]
512-257-0218 [FAX]

Filing Company Information

Continental General Insurance Company
11001 Lakeline Blvd
Suite 120
Austin, TX 78717
(866) 830-0607 ext. [Phone]

CoCode: 71404
Group Code: 84
Group Name:
FEIN Number: 47-0463747

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Virginia
Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	09/04/2020	09/04/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	07/29/2020	07/29/2020
Info has been requested from company	Bill Dismore	07/16/2020	07/16/2020
Info has been requested from company	Bill Dismore	06/29/2020	06/29/2020
Info has been requested from company	Bill Dismore	06/15/2020	06/15/2020
Info has been requested from company	Bill Dismore	05/08/2020	05/08/2020
Info has been requested from company	Bill Dismore	04/06/2020	04/06/2020
Info has been requested from company	Bill Dismore	01/28/2020	01/28/2020
Info has been requested from company	Bill Dismore	12/05/2019	12/05/2019
Info has been requested from company	Bill Dismore	08/28/2019	08/28/2019
Info has been requested from company	Bill Dismore	04/12/2019	04/12/2019

Response Letters

Responded By	Created On	Date Submitted
Noah Simonson	08/03/2020	08/03/2020
Noah Simonson	07/23/2020	07/24/2020
Noah Simonson	07/15/2020	07/15/2020
Noah Simonson	07/15/2020	07/15/2020
Cameron Zima	05/15/2020	05/15/2020
Cameron Zima	05/06/2020	05/06/2020
Cameron Zima	02/25/2020	02/25/2020
Huyen Pham	01/09/2020	01/09/2020
Huyen Pham	09/11/2019	09/11/2019
Eric Coldewey	05/07/2019	05/07/2019

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	02/21/2019	02/21/2019
Info has been requested from company	Bill Dismore	01/17/2019	01/17/2019
Info has been requested from company	Bill Dismore	01/15/2019	01/15/2019
Info has been requested from company	Bill Dismore	10/29/2018	10/29/2018
Info has been requested from company	Bill Dismore	07/09/2018	07/09/2018
Info has been requested from company	Bill Dismore	05/31/2018	05/31/2018
Info has been requested from company	Bill Dismore	04/10/2018	04/10/2018
Info has been requested from company	Bill Dismore	03/30/2018	03/30/2018

Response Letters

Responded By	Created On	Date Submitted
Eric Coldewey	03/04/2019	03/04/2019
Eric Coldewey	02/21/2019	02/21/2019
Eric Coldewey	02/14/2019	02/14/2019
Eric Coldewey	11/30/2018	11/30/2018
Eric Coldewey	07/20/2018	07/20/2018
Eric Coldewey	06/13/2018	06/13/2018
Eric Coldewey	06/11/2018	06/11/2018
Eric Coldewey	05/30/2018	05/30/2018

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	CGI - RINC(VA)(0120)	Cameron Zima	05/08/2020	05/08/2020

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Request	Note To Reviewer	Huyen Pham	01/03/2020	01/03/2020
Extension Request	Note To Filer	Bill Dismore	02/19/2019	02/19/2019
Extension Request	Note To Reviewer	Eric Coldewey	02/15/2019	02/15/2019
Actuarial Final Summary & Opinion Report	Reviewer Note	Bill Dismore	08/18/2020	

State: *Virginia*
Filing Company: *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Review Company Response to Objection Letter - 5/07/19	Reviewer Note	Bill Dismore	05/08/2019	
RRS	Reviewer Note	Bill Dismore	03/14/2019	

State: Virginia
Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Disposition

Disposition Date: 09/04/2020
Implementation Date:
Status: Approved

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):
Continental General Insurance Company	54.960%	54.960%	$57,057	31	$103,815	99.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Response to Objection 3/30/2018	Received & Acknowledged	Yes
Supporting Document	Response to Objection 4/10/2018	Received & Acknowledged	Yes
Supporting Document	Response to Objection 5/31/2018	Received & Acknowledged	Yes
Supporting Document	Response to Objection 7/9/2018	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection 10/29/2018	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection 1/15/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection 1/17/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection 2/21/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection 4/12/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection 8/28/2019	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection 12/5/2019	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Dated 01/28/2020	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Sent 04/06/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 05/08/2020	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objections Sent 06/15/2020 and 06/29/2020	Received & Acknowledged	Yes

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to Objection Sent 07/16/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 07/29/2020	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Response to Objection 10/29/2018	Withdrawn	No
Supporting Document	Response to Objection 1/15/2019	Withdrawn	No
Supporting Document	Response to Objection 12/5/2019	Withdrawn	No
Supporting Document	Response to Objection Dated 01/28/2020	Withdrawn	No
Supporting Document	Response to Objection Sent 04/06/2020	Withdrawn	No
Supporting Document	Response to Objections Sent 06/15/2020 and 06/29/2020	Withdrawn	No
Form (revised)	CGI - RINC(VA)(0120)	Approved	Yes
Form (revised)	CGI - RINC(VA)(0120)-CNFO	Approved	Yes
Form (revised)	CGI - RINC(VA)(0120)-BR	Approved	Yes
Form	CGI - RINC(VA)(0120)	Withdrawn	No
Form	CGI - RINC(VA)(0120)	Withdrawn	No
Form	CGI - RINC(VA)(0120)	Withdrawn	No
Form	CGI - RINC(VA)(0120)	Withdrawn	No
Form	CGI - RINC(VA)(0120)	Withdrawn	No
Form	CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO	Withdrawn	No
Form	CGI - RINC(VA)(0518)	Withdrawn	No
Form	CGI - RINC(VA)(0518)	Withdrawn	No
Form	CGI - RINC(VA)(0120)-CNFO	Withdrawn	No
Form	CGI - RINC(VA)(0120)-CNFO	Withdrawn	No
Form	CGI - RINC(VA)(0120)-CNFO	Withdrawn	No
Form	CGI - RINC(VA)(0120)-CNFO	Withdrawn	No
Form	CGI - RINC(VA)(0120)-BR	Withdrawn	No
Form	CGI - RINC(VA)(0120)-BR	Withdrawn	No
Form	CGI - RINC(VA)(0120)-BR	Withdrawn	No
Form	CGI - RINC(VA)(0120)-BR	Withdrawn	No
Rate (revised)	420 Rate Sheets - VA - Revised	Approved	Yes

State: *Virginia*
Filing Company: *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	420 Riders Unaffected by Rate Increase	Received & Acknowledged	Yes
Rate	420 Rate Sheets - VA	Withdrawn	No
Rate	420 Rate Sheets - VA	Withdrawn	No

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/29/2020
Submitted Date	07/29/2020
Respond By Date	08/12/2020

Dear Stephanie Entzminger,

Introduction:

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

Objection 1

- Response to Objection Sent 07/16/2020 (Supporting Document)

Comments: Objection #2. Company's question, "Can the State please confirm that the revised premium rate or rate schedule that they are referring to is simply a document to the policyholder that states what their new premium is and the effective date as a result of coverage changes they have elected in the event of a premium rate revision? If so, would adding a statement similar to the wording above under the If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option? section of the FAQs address the States concern?

Pursuant to the regulation, a general statement similar to, "You have the right to request a revised premium rate or rate schedule." must appear in the policyholder letter. It is not just applicable to lower premiums but also to premium increases. The policyholder has the right to request a revised premium rate or rate schedule. Some policyholders may only require the new premium amount and effective date. Other policyholders may wish to see the rate schedule under which the revised premium was calculated.

Conclusion:

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/16/2020
Submitted Date	07/16/2020
Respond By Date	07/24/2020

Dear Stephanie Entzminger,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: The company name in the top left corner of the first page does not appear as prominent as the text in the letter. Even though it is in a 12-point font, the Times New Roman font differs from the body of the letter which is in Arial 12-point font. Our concern would be addressed if the company made the font type (Arial or Times New Roman) consistent throughout the letter. The company name should remain in bold.

Objection 2

- Response to Objections Sent 06/15/2020 and 06/29/2020 (Supporting Document)

Comments: July 15, 2020 Company Response Letter - Objection #2 - regarding the request to provide additional clarification about the "revised premium rate or rate schedule". Please refer to 14VAC5-200-75 A. 4. b. which states;

4. A general explanation for applying premium rate or rate schedule adjustments that shall include:

a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and

b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;

Our concern would be addressed if language similar to, "You have the right to request a revised premium rate or rate schedule." were included in the policyholder letter.

Objection 3

- Response to Objections Sent 06/15/2020 and 06/29/2020 (Supporting Document)

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: July 15, 2020 Company Response Letter - Objection #3 and #6 - regarding the request to provide further clarification regarding Enclosures.

The items that are included with the policyholder letter are (i) Frequently Asked Questions pages 3 and 4; (ii) Benefit Reduction Form (GI-RINC(VA)(0120)-BR) pages 5 and 6; (iii) Contingent Nonforfeiture Benefit Form (CGI RINC(VA)(0120)-CNFO) page 7; and (iv) self-addressed return envelope.

An example of how the policyholder letter form should read for the Enclosures is provided below:

Enclosures - Frequently Asked Questions, [Benefit Reduction Option Form], Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

In the policyholder letter, the Benefit Reduction Form is optional (variable) in that some policyholders do not have a benefit reduction option. Therefor the Benefit Reduction Form would not appear as an enclosure. Since, the Benefit Reduction Option Form is variable, the Statement of Variability should list and explain the variance.

Items that are not variable, (i.e. "Enclosures", Frequently Asked Questions, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope) should not appear on the Statement of Variability but should be printed on the policyholder letter form (CGI-RINC(VA)(0120).

Objection 4

- Response to Objections Sent 06/15/2020 and 06/29/2020 (Supporting Document)
- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)
Comments: Statement of Variability for CGI-RINC(VA)(0120) and CGI-RINC(VA)(0120) policyholder notification letter.

Enclosures should not be variable on the SOV since it will always be printed on the letter. The variability is to the documents that may or may not be included as an enclosure.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the “Respond by” date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/29/2020
Submitted Date	06/29/2020
Respond By Date	07/15/2020

Dear Stephanie Entzminger,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Frequently Asked Questions - 1st Paragraph

Please correct the VA BOI website url. The correct website is: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

Objection 2

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Pursuant to 14VAC5-200-75 A. 4. b., please include a statement in the policyholder notification letter that they policyholder has a right to a revised rate schedule.

Our concern would be addressed if language similar to, "You have the right to request a revised premium rate schedule. To request one, please contact Customer Service at telephone number xxx-xxx-xxxx."

Objection 3

- Response to Objection Sent 04/06/2020 (Supporting Document)

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

- CGI - RINC(VA)(0120)-CNFO, CGI - RINC(VA)(0120)-CNFO (Form)

- CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-BR (Form)

Comments: 1. [Enclosures] should not be variable on the notification letter. Please remove the brackets and state the enclosures that are to be sent with each letter.

2. Please remove [Enclosures] from the SOV.

3. The Statement of Variability should be expanded to explain the insertion of Frequently Asked Questions, CGI-RINC(VA)(0120)-CNFO and CGI-RINC(VA)(0120)-BR

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the “Respond by” date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/15/2020
Submitted Date	06/15/2020
Respond By Date	07/15/2020

Dear Stephanie Entzminger,

Introduction:

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

Objection 1

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: For compliance with 14VAC5-200-75 A. 2. the company must provide an explanation of potential future premium rate revisions and the policyholder's option(s) in the event of an increase.

We are concerned that the policyholder would not understand the need for a future rate increase since they are receiving one under this current filing to address the claims experience as stated under the section, "Why your premium is increasing:". This addresses the current rate increase. If the premium increase accounts for people living longer and the rising cost of long-term care, the letter should explain why a future increase may be necessary.

Our concerns would be addressed if the company provided an explanation for what would trigger a future rate increase and that options similar to those outlined under, "What options you have:" are available to eligible policyholders if a future increase is approved by the Virginia Bureau of Insurance.

Objection 2

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

- CGI - RINC(VA)(0120)-CNFO, CGI - RINC(VA)(0120)-CNFO (Form)

- CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-BR (Form)

Comments: 1. Please explain why page 4 of CGI - RINC(VA)(0120) is blank.

2. Since the Benefit Reduction Form, CGI - RINC(VA)(0120)-BR, and CGI - RINC(VA)(0120)-CNFO Form are designed to be returned to the company with a signature, the policyholder letter must include a description of these options in the letter itself so that the policyholder retains them. The policyholder letter body may not contain a removable form.

Objection 3

Comments: Statement of Variability for CGI - RINC(VA)(0120)

Please advise if all items sent as an Enclosure are identified on the Statement of Variability. For example, a self-addressed return envelope.

Objection 4

- Response to Objection Sent 05/08/2020 (Supporting Document)

Comments: After considering the objection letter of 6/15/2020, please include updated John Doe letters for each policyholder option. Please ensure that there are no bracketed items that appear within the John Doe letters. This will help us follow the letter in the same format as received by an actual policyholder.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/08/2020
Submitted Date	05/08/2020
Respond By Date	05/20/2020

Dear Stephanie Entzminger,

Introduction:

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

Objection 1

Comments: Form Schedule

It appears that the policyholder letter, CGI-RINC(VA)(1020) has been withdrawn from the form schedule. Please place the most recent version in the Form Schedule that coincides with the company's objection responses 5/06/2020.

Objection 2

- Response to Objection 2/21/2019 (Supporting Document)

Comments: Please update the John Doe version of the policyholder letter and forms to the most current version.

Conclusion:

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

A response to this objection (or request for information if more applicable) is expected by 5/20/2020. If no response by this date, the filing will be DISAPPROVED unless an extension is requested, no longer than 30 days.

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/06/2020
Submitted Date	04/06/2020
Respond By Date	05/06/2020

Dear Stephanie Entzminger,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Pursuant to 14VAC5-200-75 A. 4. the policyholder letter must include a statement that the policyholder has the right to a revised premium rate or rate schedule, if the premium rate or rate schedule is changed.

Objection 2

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: 14VAC5-200-75 A. 2. requires that the policyholder letter contain an explanation of potential future premium rate revisions and the policyholder's option in the event of a premium rate revision.

Objection 3

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: The full and proper corporate name of the insurer must prominently appear on the first page of all forms pursuant to 14VAC5-101-60 2. The corporate name text size should be a least as large as the largest text size in the policyholder letter. Please increase the text size for "Continental General Insurance Company."

Objection 4

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Please explain if the [Template ID] that appears on page 1, upper right corner of the letter is included on the actual letter that is mailed to the policyholder. If it is not included, please remove this from the policyholder letter forms since this would mean the policyholder letter form is not in its final format. If it does appear on the letter that is mailed, please explain the various Template ID numbers that are used and the definition of each in the SOV.

Objection 5

- Certification of Compliance (Supporting Document)

Comments: Please state all the form numbers to which this certification applies. We cannot accept "et al". The certification should list all forms under the Form Schedule tab to which this filing applies.

The Certificate of Compliance must follow the format stated under 14VAC5-101-110.

Objection 6

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: The address, phone, fax numbers should be bracketed in the footer since this same information is bracketed within the letter. Please add an explanation for this to the Statement of Variability as well.

Objection 7

- Response to Objection Dated 01/28/2020 (Supporting Document)

Comments: We are unable to accept the Readability Report as it does not contain the form number to which it is applicable, a statement that attests that the readability score is applicable to the form, nor a signature by an officer of the Company and the date signed . If you revise the readability report to include the missing items we will be able to reconsider this.

Objection 8

- Response to Objection Dated 01/28/2020 (Supporting Document)

Comments: 1) At the top of page 5, [BENEFIT REDUCTION FORM...] is bracketed but the bracketed item is not explained on the Statement of Variability (SOV). Our concern would be addressed if page numbers 5 and 6 were made variable and explained on the SOV.

2) There are a number of bracketed items on page 5 and 6, which contain the Benefit Reduction Form, that are not explained on the SOV. Please check to see if all bracketed items are explained. For example, on page 5 [Rate Increase Effective Date + 120 Days] is missing.

3) The last sentence on page 5 which states, "This rate increase will be effective on your premium due date of [date]." does not have [date] listed on the SOV.

4) Page 6 there are a number of Benefit Reduction Options that are listed as variable as wells as the amount of benefit or number of days (i.e. [xxx.xxx.xx]; $[xxx,xxx.xx] and [xxx Days]. These items need to be added to the SOV and the variances explained.

Objection 9

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: As required in 14VAC5-200-75 D 2(b), provide a disclosure that all premium reduction options may not be of equal value. Since this is a disclosure required by the regulations, the statement should appear more prominent than the surrounding text (i.e. bold text, italics).

Objection 10

- L&H Actuarial Memorandum (Supporting Document)

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Please clarify if any of the active VA policyholders have purchased a Nonforfeiture benefit as a rider that is attached to the policy, pursuant to § 38.2-5210. Nonforfeiture benefit.

If there are active Nonforfeiture Benefit riders, please expand the explanation to include a section pertaining to this rider in the Frequently Asked Questions section of the policyholder notification letter, under "If I choose not to pay future premiums, what happens to my coverage?

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/28/2020
Submitted Date	01/28/2020
Respond By Date	02/27/2020

Dear Stephanie Entzminger,

Introduction:

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

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

Objection 1

- Response to Objection 12/5/2019 (Supporting Document)

Comments: In reviewing the 2nd to last paragraph of the company's 1/09/2020 response letter, please provide the target lifetime loss ratio that is the trigger for future rate increase requests.

Objection 2

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO, CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO (Form)

Comments: Please remove the CGI VA Readability document from the Form Schedule tab and place this under the Supporting Documentation tab. Only forms that are required to be filed and approved should be placed under the Form Schedule.

Objection 3

Comments: Form Schedule

Each form must be listed separately under the Form Schedule.

Objection 4

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO, CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO (Form)

Comments: 1) Continental General Insurance Company address is stated as variable but the variance is not described on the Statement of Variability.

2) A Statement of Variability (SOV) must be created for each form separately and the applicable form number should be appropriately labeled on each SOV.

3) The policyholder notification letter should have [Enclosures] as a variable item following the Signature. The variance for enclosures should be stated on the Statement of Variability and should include Benefit Reduction Form - CGI-RINC(VA)(0120)-BR if applicable and Contingent Nonforfeiture Benefit - CGI-RINC(VA)(0120)-CNFO.

4) The "Contingent Nonforfeiture Benefit Form" does not appear to be correctly labeled. It should be called the "Contingent Nonforfeiture Benefit Option" since the form (CGI-NFBR-END (0317)) is filed SERFF Tr. Number GLTC-132186969.

5) If page numbers are being used, please ensure that any variance to the page number(s) are stated on the Statement of Variability.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/05/2019
Submitted Date	12/05/2019
Respond By Date	01/10/2020

Dear Stephanie Entzminger,

Introduction:

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

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

Objection 1

- Response to Objection 1/15/2019 (Supporting Document)

Comments: We note that the company has two CGI Statement of Variability filed under the Supporting Documentation tab that appear to be for the same form. Please review and withdraw the variability document that is not applicable.

Objection 2

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

Comments: We note that there are two 420 Rate Request Summary (Revised) under Supporting Documentation. Please withdraw the 420 Rate Request Summary (Revised) that was submitted on 5/30/2018.

Objection 3

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: Please provide a Certificate of Readability for the policyholder notification letter.

Objection 4

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

1) The Benefit Reduction Options on pages 5, 6 and 7 are designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. If the Company creates separate forms for the benefit reduction options, please submit these forms under the Form Schedule for review and approval.

2) Clarify if Frequently Asked Questions are a part of the policyholder notification letter or a separate document. If the Company considers this to be a separate document, it must not have the same form number as the policyholder notification letter and should be filed under the Form Schedule for review and approval.

3) Please advise if the Benefit Reduction Options are made a part of the policy. Describe how the policy is updated when a change request is received by the Company from the policyholder.

4) Will the policyholder receive a revised schedule page if a benefit reduction option is elected? If the company has such forms

available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval.

5) Pursuant to 14VAC5-200-75 D 2 C, the policyholder notification form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

6) 14VAC5-200-75 D. 3. requires that the policyholder notification letter to clearly state the driving factors for the premium rate increase. The policyholder notification letter states, the total claims experience for this policy form is significantly in excess of expected levels. Describe the driving factors that causes the total claims experience to be in excess of expected levels and how this impacts the policyholders?

7) Although the policyholder notification letter includes an explanation of the potential for future premium rate revisions as required by 14VAC5-200-75 A 2, it does not state the policyholder's options in the event of a premium rate revision. Please revise the form accordingly.

8) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

9) The policyholder letter form pages should be numbered so that it coincides with the page numbers described on the Statement of Variability.

10) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

11) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

12) Has the company given consideration to making its address and fax number variable in case of a change in the future. Also, it is recommended that the Virginia Bureau of Insurance's webpage address be made variable in the event of a future change.

13) All bracketed items that appear on a form must be listed and the variance explained fully on the Statement of Variability. There are a number of bracketed items that do not appear on the Statement of Variability (examples are [xx]%; $[xxx,xxx.xx]; [Modal], [866-830-0607]; [date]; [W. Travis Simpson Vice President, Operations] etc.).

14) Explain why the Client Services Department hours of operation are not provided.

Objection 5

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Comments: Under "BENEFIT REDUCTION OPTIONS TO REDUCE YOUR PREMIUM" the 4th paragraph states, "...the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy."

Please provide a description of the benefit provided or the specific location within the policy so that the policyholder may review the benefit in order to consider their option(s).

Objection 6

- Response to Objection 1/15/2019 (Supporting Document)

Comments: 1. Please describe the specific triggers that determine the variance to be utilized on pages 1 and 2 of the policyholder notification form so that we understand the variable statement, "There are different methods that a rate increase can be implemented. The approval we receive from the state will determine the paragraph that will be used."

2. Please describe the specific triggers that determine the variance to be utilized on page 3 "Additional Premium Increases" of the policyholder notification form so that we understand the variable statement, "There are different methods that a rate increase can be implemented. The approval we receive from the state will determine the statement that will be used."

3. All bracketed items contained in the policyholder notification letter form must appear on the Statement of Variability. It is suggested that the statement of variability clearly label the location of each bracketed item and contain a clear explanation of all the variances that are applicable.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/28/2019
Submitted Date	08/28/2019
Respond By Date	09/11/2019

Dear Stephanie Entzminger,

Introduction:

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- 420 Rate Sheets - VA, [420, IGR(1), HC/CC] (Rate)

Comments: Please revise the following documents to conform with the company's agreement to make no rate increase on policies with benefit periods less than 5 years; 42% increase on policies without an inflation guard rider when the benefit period is > 5 years; and 99% increase for policies with inflation guard rider and the benefit period is > 5 years.

a. The actuarial memorandum

b. The Rate Request Summary

c. The 420 Rate Sheets under the Rate/Review Schedule

d. The Company Rate Information under the Rate/Rule Schedule

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/12/2019
Submitted Date	04/12/2019
Respond By Date	05/10/2019

Dear Stephanie Entzminger,

Introduction:

In order to continue our evaluation of this rate revision filing, we request additional information as set forth below.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The VA Bureau of Insurance has a concern regarding the proposed rate increase given that only 31 policyholders remain. In addition, the Company's proposed increase request raises the VA cumulative increase total to 410% for policies without inflation and 845% for policies with inflation. The nationwide cumulative pending is much lower at 335% and 512% respectively. We understand that under 14VAC5-200-150 the requested increase is supported. However, in order to determine the appropriateness of the increase we also examine state rate equity, calculations of lifetime loss ratio assuming the requested rates had been in effect from inception of the policy (which are well below 60%). The purpose of the additional tests is to rule out state subsidization and recoupment of prior losses. When the block of business is broken down into benefit periods of less than 5 years and those greater than 5 years, the segments of business with benefit periods of less than 5 years do not support a rate increase.

1) Please provide a detailed explanation of the Company's plans for future rate increases if the proposed rate increase were approved. Provide a description of the lifetime loss ratio to which the Company will manage this block of business going forward and what would trigger a request for an additional rate increase.

2) Provide the Company's response, considering the additional tests performed regarding state rate equity and recoupment of past losses, towards the consideration of revising the rate increase to 0% for policy benefit periods of less than 5 years, 42% for non-inflation policies with benefits greater than 5 years, and 99% for inflation policies with benefit periods greater than 5 years.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/21/2019
Submitted Date	02/21/2019
Respond By Date	03/07/2019

Dear Stephanie Entzminger,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection 1/17/2019 (Supporting Document)

Comments: Please provide a complete version of a "John Doe" policyholder notification letter along with all accompanying documents.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/17/2019
Submitted Date	01/17/2019
Respond By Date	02/22/2019

Dear Stephanie Entzminger,

Introduction:

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

Objection 1

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)
Comments: Policyholder Notification Letter

Benefit Reduction Options To Reduce Your Premium

We have concerns with the first sentence that states, "If you wish to modify your coverage as outlined in the options on the reverse side of this page,..."

Is there a reverse side, or did the Company intend the sentence to read, ".....on the following page,"

Objection 2

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)
Comments: Policyholder Notification Letter

We are concerned that the policyholder is required to sign and return pages or the entire letter in order to notify the Company of a change request. A policyholder should not have to return an explanatory document.

Please review the letter and revise it so that the policyholder is able to retain the explanatory information in the event they are unable to make a photocopy. We could not find any information how to fax or scan and email portions of the letter that are required to be signed and returned.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/15/2019
Submitted Date	01/15/2019
Respond By Date	02/14/2019

Dear Stephanie Entzminger,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: 1) Please note that the Company Logo "Continental General Insurance Company" at the top of the letter must be as prominent, if not more so, than the company name that appears in the first sentence of the first paragraph of the letter. Please revise so that the Company name at the top of the letter is the same font size or larger than the company name in the first sentence.

2) Please explain why the sentence that appears at the end of the third paragraph, "[This adjustment is effective on your premium due date of [date]." along with the Premium Adjustment chart that follows, is variable? It would appear that the premium adjustment should be sent to each policyholder.

Objection 2

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: Statement of Variability

Please ensure that all bracketed language appears on the Statement of Variability. As an example, there is no Statement of Variability entry for:
- [Template ID]
- [Date]
- [First Name, Last Name]
- [This adjustment is effective on your premium due date of [date].

Conclusion:

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

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

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

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

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/29/2018
Submitted Date	10/29/2018
Respond By Date	11/30/2018

Dear Stephanie Entzminger,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection 3/30/2018 (Supporting Document)
Comments: Policyholder Notification - CGI-RI-NOTICE

1) Since the policyholder notification letter and change request form are required to be filed for review, they should be moved under the Form Schedule" section. If the Company intends to use a previously approved policyholder letter form, please provide the SERFF tracking number for the approved letter.

2) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

3) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

4) The policyholder notification letter states, However, the total claims experience for this policy form is significantly in excess of expected levels. Please provide a description, in consumer-friendly language, of the reasons for the rate increase. Provide an description of the expected levels and the results and cause(s) of those increase(s).

5) Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

6) Please include a statement of variability for the policyholder notification letter.

7) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

8) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

9) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.

10) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

Conclusion:

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

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/09/2018
Submitted Date	07/09/2018
Respond By Date	07/23/2018

Dear Stephanie Entzminger,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please address the following requests no later than the date above.

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

Objection 1

- Response to Objection 4/10/2018 (Supporting Document)

Comments: 1) Please provide the exhibits in Excel format so that analysis can be performed on the data.

2) Please explain why the company is unable to split the projections by lifetime vs. limited benefit periods.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you for your courtesy and prompt response.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/31/2018
Submitted Date	05/31/2018
Respond By Date	06/29/2018

Dear Stephanie Entzminger,

Introduction:

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

Objection 1

Comments: Please explain the delay in requesting this rate increase. In the 2017 Annual Report submitted under SERFF GLTC-130623422, the actuary certified on June 30, 2017 that the premium was not sufficient to cover anticipated costs under best estimate assumptions and, "that a plan of action will be submitted to the commission within 60 days of this certification." The rate increase request was not submitted until 3/08/2018, well beyond 60 days from the actuarial certification that a plan of action would be submitted.

Objection 2

Comments: Objections were sent on 4/10/2018 to which there has been no response. Please advise if the Company still plans to pursue their request for a rate increase.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/10/2018
Submitted Date	04/10/2018
Respond By Date	

Dear Stephanie Entzminger,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia. Our continued review of this submission has led to additional objections as stated below.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

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

Comments: 1.Please provide a copy of the original actuarial memorandum in Virginia, including original pricing assumptions, original anticipated loss ratio, and mix of business.

2.For all projections requested below, please comply with the following:

a.Please remove any policies in paid-up status from all projections, both past and future.

b.Please use the average maximum valuation interest rate for accumulation and discounting, including any discounting of claim reserves back to the incurral year.

c.Please recompute nationwide earned premiums to assume Virginia rate levels (both the past and proposed rate changes in Virginia).

3.For each of the four subsets of the business corresponding to the combinations of (up to 5 year/>5 year benefit periods) and (with/without inflation rider), please provide (in Excel format) the following six nationwide projections (24 total):

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

c.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection

d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

e.original assumptions and original premiums from inception

f.actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception

4.For each of the four subsets of the business above, please provide the active life reserves on a nationwide basis.

5.Please specify whether waived premiums are included in earned premiums and incurred claims; provide the waived premium amounts and impact on requested increase.

6.Please show both the claim reserve and the paid claims separately in the projections. Please specify whether the claim reserves are fixed at the time of the claim or adjusted over time to reflect experience as it emerges. Please provide a sufficiency analysis of the actual runout experience of historical claims over time versus the claim reserves that were assumed.

7.Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

8.Appendix D-1 shows that the implied voluntary lapse rate is significantly higher in the ultimate durations than the assumptions. Since this assumption greatly impacts the projected loss ratio, please explain why an overly conservative assumption is appropriate, and provide sensitivity projections with assumed lapses at experience levels.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Bill Dismore
Insurance Market Examiner

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/30/2018
Submitted Date	03/30/2018
Respond By Date	

Dear Stephanie Entzminger,

Introduction:

We have conducted an initial review or this filing. The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Objection 1

Comments: Rate/Rule Schedule

Please list all affected rider and endorsement form numbers in the "Affected Form Numbers:" section of the Rate/Rule Schedule.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)
Comments: Please revise the actuarial certification to comply with 14VAC5-200-77 B. 2.

Objection 3

Comments: Please explain what steps the company has taken to minimize rate increases on this block of business.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)
Comments: 1) Please provide an explanation of the reserve basis and justification for the reserve levels.

2) Appendix D: Morbidity Study:
Please explain why a 4.5% interest was used in the morbidity study. Previous filing (SERFF # UTAC-126231841) used a 5% interest rate and this rate is cited in the actuarial memorandum. Actual claims experience to current assumptions should be consistent using the 5% interest rate.

Objection 5

Comments: Provide the following for both the policy (420) and inflation guard rider (IGR):

1) In which states has the company requested rate increases on this block?

2) How do the rate changes requested in Virginia compare with those requested in other states?

3) What is the current status of the rate request in these states?

Objection 6

- L&H Actuarial Memorandum (Supporting Document)
Comments: 1) Please identify the amount of Active Life reserves related to these policies.

2) For the next 10 years, provide the projected loss ratio using the following formula:

[(Paid Claims + IBNP* + IBNR**) - Active Life Reserves] divided by Projected Earned Premiums = Projected Loss Ratio

(*) Incurred claims But Not Paid
(**) Incurred claims But Not Reported

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a comparison of the differences in the assumptions used in this filing and the previous filing (SERFF # UTAC-126231841 approved 6/12/2011) to explain the need for an additional rate increase.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Re-state the nationwide experience using the Virginia original approved rates.

2) 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.

Objection 9

Comments: Please provide the policyholder notification letter pursuant to 14VAC5-200-75.

Objection 10

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

Comments: Rate Request Summary

Please expand the narrative in the "Summary of Key Information" so that any person reviewing this filing would understand the reason for the rate increase and its driving factors. Below is an example of what we would consider user friendly language:

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily terminates his policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Sincerely,

Bill Dismore
Insurance Market Examiner

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/03/2020
Submitted Date	08/03/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Sent 07/29/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection Sent 07/16/2020 (Supporting Document)

Comments: Objection #2. Company's question, "Can the State please confirm that the revised premium rate or rate schedule that they are referring to is simply a document to the policyholder that states what their new premium is and the effective date as a result of coverage changes they have elected in the event of a premium rate revision? If so, would adding a statement similar to the wording above under the If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option? section of the FAQs address the States concern?

Pursuant to the regulation, a general statement similar to, "You have the right to request a revised premium rate or rate schedule." must appear in the policyholder letter. It is not just applicable to lower premiums but also to premium increases. The policyholder has the right to request a revised premium rate or rate schedule. Some policyholders may only require the new premium amount and effective date. Other policyholders may wish to see the rate schedule under which the revised premium was calculated.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 07/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 18 - Response.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 08/03/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 07/24/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI-RINC(VA)(0120).pdf*	*Date Submitted: 05/08/2020 By:*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form	*CGI-RI-NOTICE2*			

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 08/03/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
					Number:				
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf	Date Submitted: 08/03/2020 By: Cameron Zima
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)‐CNFO.pdf*	*Date Submitted: 07/24/2020 By: Cameron Zima*
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 08/03/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)‐CNFO.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI-RINC(VA)(0120)-CNFO.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf	Date Submitted: 08/03/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120)‐BR.pdf*	*Date Submitted: 07/24/2020 By: Cameron Zima*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120)‐BR.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI-RINC(VA)(0120)-BR.pdf*	*Date Submitted: 05/06/2020 By: Cameron*

State: *Virginia* **Filing Company:** *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 08/03/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
									Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/23/2020
Submitted Date	07/24/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Sent 07/16/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: The company name in the top left corner of the first page does not appear as prominent as the text in the letter. Even though it is in a 12-point font, the Times New Roman font differs from the body of the letter which is in Arial 12-point font. Our concern would be addressed if the company made the font type (Arial or Times New Roman) consistent throughout the letter. The company name should remain in bold.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objections Sent 06/15/2020 and 06/29/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 15 - Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf* *CGI 420 Series VA Objection 16 - Response.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objections Sent 06/15/2020 and 06/29/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 15 - Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf* *CGI 420 Series VA Objection 16 - Response.pdf*

Satisfied - Item:	Response to Objection Sent 07/16/2020
Comments:	
Attachment(s):	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf CGI 420 Series VA Objection 17 - Response.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI-RINC(VA)(0120).pdf*	*Date Submitted: 05/08/2020 By:*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI -*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI -*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form	*CGI-RI-NOTICE2*			

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
	RINC(VA)(0120)-CNFO	*RINC(VA)(0120)-CNFO*			*Number:*				
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf	Date Submitted: 07/24/2020 By: Cameron Zima
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)‐CNFO.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI-RINC(VA)(0120)-CNFO.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
2	*CGI - RINC(VA)(0120)-*	*CGI - RINC(VA)(0120)-*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)*	*Date Submitted: 02/25/2020*

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
	CNFO	*CNFO*						*– CNFO.pdf*	*By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf	Date Submitted: 07/24/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120)‐BR.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI-RINC(VA)(0120)-BR.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Sent 07/16/2020" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- *Response to Objections Sent 06/15/2020 and 06/29/2020 (Supporting Document)*

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Comments: July 15, 2020 Company Response Letter - Objection #2 - regarding the request to provide additional clarification about the "revised premium rate or rate schedule". Please refer to 14VAC5-200-75 A. 4. b. which states;

4. A general explanation for applying premium rate or rate schedule adjustments that shall include:

a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and

b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;

Our concern would be addressed if language similar to, "You have the right to request a revised premium rate or rate schedule." were included in the policyholder letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objections Sent 06/15/2020 and 06/29/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 15 - Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf* *CGI 420 Series VA Objection 16 - Response.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objections Sent 06/15/2020 and 06/29/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 15 - Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf* *CGI 420 Series VA Objection 16 - Response.pdf*

Satisfied - Item:	Response to Objection Sent 07/16/2020
Comments:	
Attachment(s):	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf CGI 420 Series VA Objection 17 - Response.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI-RINC(VA)(0120).pdf*	*Date Submitted: 05/08/2020 By:*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI -*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI -*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form	*CGI-RI-NOTICE2*			

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
	RINC(VA)(0120)-CNFO	*RINC(VA)(0120)-CNFO*			*Number:*				
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf	Date Submitted: 07/24/2020 By: Cameron Zima
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)‐CNFO.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI-RINC(VA)(0120)-CNFO.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
2	*CGI - RINC(VA)(0120)-*	*CGI - RINC(VA)(0120)-*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)*	*Date Submitted: 02/25/2020*

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
	CNFO	*CNFO*						*– CNFO.pdf*	*By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf	Date Submitted: 07/24/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120)‐BR.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI-RINC(VA)(0120)-BR.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached under the heading "Response to Objection Sent 07/16/2020" on the Supporting Documentation tab.

Related Objection 3

Applies To:

- *CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)*

- Response to Objections Sent 06/15/2020 and 06/29/2020 (Supporting Document)

Comments: July 15, 2020 Company Response Letter - Objection #3 and #6 - regarding the request to provide further clarification regarding Enclosures.

The items that are included with the policyholder letter are (i) Frequently Asked Questions pages 3 and 4; (ii) Benefit Reduction Form (GI-RINC(VA)(0120)-BR) pages 5 and 6; (iii) Contingent Nonforfeiture Benefit Form (CGI RINC(VA)(0120)-CNFO) page 7; and (iv) self-addressed return envelope.

An example of how the policyholder letter form should read for the Enclosures is provided below:

Enclosures - Frequently Asked Questions, [Benefit Reduction Option Form], Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

In the policyholder letter, the Benefit Reduction Form is optional (variable) in that some policyholders do not have a benefit reduction option. Therefor the Benefit Reduction Form would not appear as an enclosure. Since, the Benefit Reduction Option Form is variable, the Statement of Variability should list and explain the variance.

Items that are not variable, (i.e. "Enclosures", Frequently Asked Questions, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope) should not appear on the Statement of Variability but should be printed on the policyholder letter form (CGI-RINC(VA)(0120).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objections Sent 06/15/2020 and 06/29/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 15 - Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf* *CGI 420 Series VA Objection 16 - Response.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objections Sent 06/15/2020 and 06/29/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 15 - Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf* *CGI 420 Series VA Objection 16 - Response.pdf*

Satisfied - Item:	Response to Objection Sent 07/16/2020
Comments:	
Attachment(s):	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf CGI 420 Series VA Objection 17 - Response.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI-RINC(VA)(0120).pdf*	*Date Submitted: 05/08/2020 By:*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI -*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI -*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form	*CGI-RI-NOTICE2*			

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
	RINC(VA)(0120)-CNFO	*RINC(VA)(0120)-CNFO*			*Number:*				
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf	Date Submitted: 07/24/2020 By: Cameron Zima
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)‐CNFO.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI-RINC(VA)(0120)-CNFO.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
2	*CGI - RINC(VA)(0120)-*	*CGI - RINC(VA)(0120)-*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)*	*Date Submitted: 02/25/2020*

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
	CNFO	*CNFO*						*– CNFO.pdf*	*By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf	Date Submitted: 07/24/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120)‐BR.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI-RINC(VA)(0120)-BR.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please find our response attached under the heading "Response to Objection Sent 07/16/2020" on the Supporting Documentation tab.

Related Objection 4

Applies To:

- *CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)*

- *Response to Objections Sent 06/15/2020 and 06/29/2020 (Supporting Document)*

Comments: Statement of Variability for CGI-RINC(VA)(0120) and CGI-RINC(VA)(0120) policyholder notification letter.

Enclosures should not be variable on the SOV since it will always be printed on the letter. The variability is to the documents that may or may not be included as an enclosure.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objections Sent 06/15/2020 and 06/29/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 15 - Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf* *CGI 420 Series VA Objection 16 - Response.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objections Sent 06/15/2020 and 06/29/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 15 - Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf* *CGI 420 Series VA Objection 16 - Response.pdf*

Satisfied - Item:	Response to Objection Sent 07/16/2020
Comments:	
Attachment(s):	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf CGI 420 Series VA Objection 17 - Response.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI-RINC(VA)(0120).pdf*	*Date Submitted: 05/08/2020 By:*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI -*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI -*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form	*CGI-RI-NOTICE2*			

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
	RINC(VA)(0120)-CNFO	*RINC(VA)(0120)-CNFO*			*Number:*				
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf	Date Submitted: 07/24/2020 By: Cameron Zima
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)‐CNFO.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI-RINC(VA)(0120)-CNFO.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
2	*CGI - RINC(VA)(0120)-*	*CGI - RINC(VA)(0120)-*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120)*	*Date Submitted: 02/25/2020*

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/24/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
	CNFO	*CNFO*						*– CNFO.pdf*	*By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf	Date Submitted: 07/24/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120)‐BR.pdf*	*Date Submitted: 07/15/2020 By: Noah Simonson*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI-RINC(VA)(0120)-BR.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/15/2020
Submitted Date	07/15/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objections Sent 06/15/2020 and 06/29/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Frequently Asked Questions - 1st Paragraph

Please correct the VA BOI website url. The correct website is: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf VA Readability Compliance Certification - CGI 420.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Sent 04/06/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 13 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *VA Readability Compliance Certification - CGI 420.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf VA Readability Compliance Certification - CGI 420.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Sent 04/06/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 13 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *VA Readability Compliance Certification - CGI 420.pdf*

Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI-RINC(VA)(0120).pdf*	*Date Submitted: 05/08/2020 By:*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced	*CGI-RI-*			

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	*CGI-RI-NOTICE2*			
					Form Number:	*NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI-RINC(VA)(0120)-CNFO.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI-RINC(VA)(0120)-BR.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	*CGI-RI-NOTICE2*			
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objections Sent 06/15/2020 and 06/29/2020" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Pursuant to 14VAC5-200-75 A. 4. b., please include a statement in the policyholder notification letter that they policyholder has a right to a revised rate schedule.

Our concern would be addressed if language similar to, "You have the right to request a revised premium rate schedule. To request one, please contact Customer Service at telephone number xxx-xxx-xxxx."

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf VA Readability Compliance Certification - CGI 420.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Sent 04/06/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 13 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *VA Readability Compliance Certification - CGI 420.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf VA Readability Compliance Certification - CGI 420.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Sent 04/06/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 13 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *VA Readability Compliance Certification - CGI 420.pdf*

Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI-RINC(VA)(0120).pdf*	*Date Submitted: 05/08/2020 By:*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced	*CGI-RI-*			

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	*CGI-RI-NOTICE2*			
					Form Number:	*NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI-RINC(VA)(0120)-CNFO.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI-RINC(VA)(0120)-BR.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	*CGI-RI-NOTICE2*			
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached under the heading "Response to Objections Sent 06/15/2020 and 06/29/2020" on the Supporting Documentation tab.

Related Objection 3

Applies To:

- *CGI - RINC(VA)(0120)-CNFO, CGI - RINC(VA)(0120)-CNFO (Form)*
- *CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-BR (Form)*
- *Response to Objection Sent 04/06/2020 (Supporting Document)*
- *CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)*

Comments: 1. [Enclosures] should not be variable on the notification letter. Please remove the brackets and state the enclosures that are to be sent with each letter.

2. Please remove [Enclosures] from the SOV.

3. The Statement of Variability should be expanded to explain the insertion of Frequently Asked Questions, CGI-RINC(VA)(0120)-CNFO and CGI-RINC(VA)(0120)-BR

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf VA Readability Compliance Certification - CGI 420.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Sent 04/06/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 13 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *VA Readability Compliance Certification - CGI 420.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf VA Readability Compliance Certification - CGI 420.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Sent 04/06/2020*
Comments:	
Attachment(s):	*CGI 420 Series VA Objection 13 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf* *VA Readability Compliance Certification - CGI 420.pdf*

Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI-RINC(VA)(0120).pdf*	*Date Submitted: 05/08/2020 By:*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced	*CGI-RI-*			

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	*CGI-RI-NOTICE2*			
					Form Number:	*NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI-RINC(VA)(0120)-CNFO.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI-RINC(VA)(0120)-BR.pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
Previous Version									

State: *Virginia* **Filing Company:** *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
					Replaced Form Number:	*CGI-RI-NOTICE2*			
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Simonson

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/15/2020
Submitted Date	07/15/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objections Sent 06/15/2020 and 06/29/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- *CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)*

Comments: For compliance with 14VAC5-200-75 A. 2. the company must provide an explanation of potential future premium rate revisions and the policyholder's option(s) in the event of an increase.

We are concerned that the policyholder would not understand the need for a future rate increase since they are receiving one under this current filing to address the claims experience as stated under the section, "Why your premium is increasing:". This addresses the current rate increase. If the premium increase accounts for people living longer and the rising cost of long-term care, the letter should explain why a future increase may be necessary.

Our concerns would be addressed if the company provided an explanation for what would trigger a future rate increase and that options similar to those outlined under, "What options you have:" are available to eligible policyholders if a future increase is approved by the Virginia Bureau of Insurance.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objections Sent 06/15/2020 and 06/29/2020" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- *CGI - RINC(VA)(0120)-CNFO, CGI - RINC(VA)(0120)-CNFO (Form)*
- *CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-BR (Form)*
- *CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)*

Comments: 1. Please explain why page 4 of CGI - RINC(VA)(0120) is blank.

2. Since the Benefit Reduction Form, CGI - RINC(VA)(0120)-BR, and CGI - RINC(VA)(0120)-CNFO Form are designed to be returned to the company with a signature, the policyholder letter must include a description of these options in the letter itself so that the policyholder retains them. The policyholder letter body may not contain a removable form.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached under the heading "Response to Objections Sent 06/15/2020 and 06/29/2020" on the Supporting Documentation tab.

Related Objection 3

Comments: Statement of Variability for CGI - RINC(VA)(0120)

Please advise if all items sent as an Enclosure are identified on the Statement of Variability. For example, a self-addressed return envelope.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please find our response attached under the heading "Response to Objections Sent 06/15/2020 and 06/29/2020" on the Supporting Documentation tab.

Related Objection 4

Applies To:

- Response to Objection Sent 05/08/2020 (Supporting Document)

Comments: After considering the objection letter of 6/15/2020, please include updated John Doe letters for each policyholder option. Please ensure that there are no bracketed items that appear within the John Doe letters. This will help us follow the letter in the same format as received by an actual policyholder.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Simonson

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/15/2020
Submitted Date	05/15/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 05/08/2020".

Related Objection 1

Comments: Form Schedule

It appears that the policyholder letter, CGI-RINC(VA)(1020) has been withdrawn from the form schedule. Please place the most recent version in the Form Schedule that coincides with the company's objection responses 5/06/2020.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 05/08/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 14 - VA Response.pdf CGI-RINC(VA)(0120) - John Doe.pdf CGI-RINC(VA)(0120)-BR - John Doe.pdf CGI-RINC(VA)(0120)-CNFO - John Doe.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.05 - John Doe.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 05/08/2020".

Related Objection 2

Applies To:

- Response to Objection 2/21/2019 (Supporting Document)

Comments: Please update the John Doe version of the policyholder letter and forms to the most current version.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 05/08/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 14 - VA Response.pdf CGI-RINC(VA)(0120) - John Doe.pdf CGI-RINC(VA)(0120)-BR - John Doe.pdf CGI-RINC(VA)(0120)-CNFO - John Doe.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.05 - John Doe.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/06/2020
Submitted Date	05/06/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 1

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Pursuant to 14VAC5-200-75 A. 4. the policyholder letter must include a statement that the policyholder has the right to a revised premium rate or rate schedule, if the premium rate or rate schedule is changed.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 2

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: 14VAC5-200-75 A. 2. requires that the policyholder letter contain an explanation of potential future premium rate revisions and the policyholder's option in the event of a premium rate revision.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

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Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
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Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 3

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: The full and proper corporate name of the insurer must prominently appear on the first page of all forms pursuant to 14VAC5-101-60 2. The corporate name text size should be a least as large as the largest text size in the policyholder letter. Please increase the text size for "Continental General Insurance Company."

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 4

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Please explain if the [Template ID] that appears on page 1, upper right corner of the letter is included on the actual letter that is mailed to the policyholder. If it is not included, please remove this from the policyholder letter forms since this would mean the policyholder letter form is not in its final format. If it does appear on the letter that is mailed, please explain the various Template ID numbers that are used and the definition of each in the SOV.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 5

Applies To:

- Certification of Compliance (Supporting Document)

Comments: Please state all the form numbers to which this certification applies. We cannot accept "et al". The certification should list all forms under the Form Schedule tab to which this filing applies.

The Certificate of Compliance must follow the format stated under 14VAC5-101-110.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 6

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: The address, phone, fax numbers should be bracketed in the footer since this same information is bracketed within the letter. Please add an explanation for this to the Statement of Variability as well.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 7

Applies To:

- Response to Objection Dated 01/28/2020 (Supporting Document)

Comments: We are unable to accept the Readability Report as it does not contain the form number to which it is applicable, a statement that attests that the readability score is applicable to the form, nor a signature by an officer of the Company and the date signed . If you revise the readability report to include the missing items we will be able to reconsider this.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 8

Applies To:

- *Response to Objection Dated 01/28/2020 (Supporting Document)*

State:	*Virginia*	**Filing Company:**	*Continental General Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*CGI 420 LTC RATE INCREASE FILING, 2017/*		

Comments: 1) At the top of page 5, [BENEFIT REDUCTION FORM...] is bracketed but the bracketed item is not explained on the Statement of Variability (SOV). Our concern would be addressed if page numbers 5 and 6 were made variable and explained on the SOV.

2) There are a number of bracketed items on page 5 and 6, which contain the Benefit Reduction Form, that are not explained on the SOV. Please check to see if all bracketed items are explained. For example, on page 5 [Rate Increase Effective Date + 120 Days] is missing.

3) The last sentence on page 5 which states, "This rate increase will be effective on your premium due date of [date]." does not have [date] listed on the SOV.

4) Page 6 there are a number of Benefit Reduction Options that are listed as variable as wells as the amount of benefit or number of days (i.e. [xxx.xxx.xx]; $[xxx,xxx.xx] and [xxx Days]. These items need to be added to the SOV and the variances explained.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 9

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 9

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: As required in 14VAC5-200-75 D 2(b), provide a disclosure that all premium reduction options may not be of equal value. Since this is a disclosure required by the regulations, the statement should appear more prominent than the surrounding text (i.e. bold text, italics).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Response 10

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/06/2020".

Related Objection 10

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120) (Form)

Comments: Please clarify if any of the active VA policyholders have purchased a Nonforfeiture benefit as a rider that is attached to the policy, pursuant to § 38.2-5210. Nonforfeiture benefit.

If there are active Nonforfeiture Benefit riders, please expand the explanation to include a section pertaining to this rider in the Frequently Asked Questions section of the policyholder notification letter, under "If I choose not to pay future premiums, what happens to my coverage?

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*420 Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 12/5/2019*
Comments:	
Attachment(s):	*CGI Statement of Variability (VA) Revised 2020.01.pdf* *420 Objection 11 Response - VA.pdf*

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Dated 01/28/2020*
Comments:	
Attachment(s):	*CGI VA Readability.pdf* *420 Objection 12 - VA Response.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf* *CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf*

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

	VA Readability Compliance Certification - CGI 420.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI-RINC(VA)(0120)-CNFO.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf	Date Submitted: 05/06/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	*CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Other*	*CNFO Page*			*CGI – RINC(VA)(0120) – CNFO.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI-RINC(VA)(0120)-BR.pdf	Date Submitted: 05/06/2020 By: Cameron Zima
Previous Version									
3	*CGI - RINC(VA)(0120)-BR*	*CGI - RINC(VA)(0120)-BR*	*OTH*	*Other*	*Benefit Reduction Page*			*CGI – RINC(VA)(0120) – BR.pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/25/2020
Submitted Date	02/25/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 01/28/2020".

Related Objection 1

Applies To:

- Response to Objection 12/5/2019 (Supporting Document)

Comments: In reviewing the 2nd to last paragraph of the company's 1/09/2020 response letter, please provide the target lifetime loss ratio that is the trigger for future rate increase requests.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	CGI VA Readability.pdf 420 Objection 12 - VA Response.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	56.900	CGI – RINC(VA)(0120).pdf	Date Submitted: 02/25/2020 By: Cameron Zima
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
2	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120) – CNFO.pdf	Date Submitted: 02/25/2020 By: Cameron Zima
3	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120) – BR.pdf	Date Submitted: 02/25/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 01/28/2020".

Related Objection 2

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO, CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO (Form)

Comments: Please remove the CGI VA Readability document from the Form Schedule tab and place this under the Supporting Documentation tab. Only forms that are required to be filed and approved should be placed under the Form Schedule.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	56.900	CGI – RINC(VA)(0120).pdf	Date Submitted: 02/25/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 01/28/2020".

Related Objection 3

Comments: Form Schedule

Each form must be listed separately under the Form Schedule.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 01/28/2020".

Related Objection 4

Applies To:

- CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO, CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO (Form)

Comments: 1) Continental General Insurance Company address is stated as variable but the variance is not described on the Statement of Variability.

2) A Statement of Variability (SOV) must be created for each form separately and the applicable form number should be appropriately labeled on each SOV.

3) The policyholder notification letter should have [Enclosures] as a variable item following the Signature. The variance for enclosures should be stated on the Statement of Variability and should include Benefit Reduction Form - CGI-RINC(VA)(0120)-BR if applicable and Contingent Nonforfeiture Benefit - CGI-RINC(VA)(0120)-CNFO.

4) The "Contingent Nonforfeiture Benefit Form" does not appear to be correctly labeled. It should be called the "Contingent Nonforfeiture Benefit Option" since the form (CGI-NFBR-END (0317)) is filed SERFF Tr. Number GLTC-132186969.

5) If page numbers are being used, please ensure that any variance to the page number(s) are stated on the Statement of Variability.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	56.900	CGI – RINC(VA)(0120).pdf	Date Submitted: 02/25/2020 By: Cameron Zima
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/09/2020
Submitted Date	01/09/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection 1/15/2019 (Supporting Document)

Comments: We note that the company has two CGI Statement of Variability filed under the Supporting Documentation tab that appear to be for the same form. Please review and withdraw the variability document that is not applicable.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 10/29/2018
Comments:	
Attachment(s):	420 Objection 5 Response - VA.pdf CGI RINC(VA)(0518) Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 10/29/2018*
Comments:	
Attachment(s):	*420 Objection 5 Response - VA.pdf* *CGI Statement of Variability.pdf* *CGI RINC(VA)(0518) Certificate of Compliance - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 10/29/2018
Comments:	
Attachment(s):	420 Objection 5 Response - VA.pdf CGI RINC(VA)(0518) Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 10/29/2018*
Comments:	
Attachment(s):	*420 Objection 5 Response - VA.pdf* *CGI Statement of Variability.pdf* *CGI RINC(VA)(0518) Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 1/15/2019
Comments:	
Attachment(s):	420 Objection 6 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 1/15/2019*
Comments:	
Attachment(s):	*420 Objection 6 Response - VA.pdf* *CGI Statement of Variability (VA).pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 10/29/2018
Comments:	
Attachment(s):	420 Objection 5 Response - VA.pdf CGI RINC(VA)(0518) Certificate of Compliance - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 10/29/2018*
Comments:	
Attachment(s):	*420 Objection 5 Response - VA.pdf* *CGI Statement of Variability.pdf* *CGI RINC(VA)(0518) Certificate of Compliance - VA.pdf*

Satisfied - Item:	Response to Objection 1/15/2019
Comments:	
Attachment(s):	420 Objection 6 Response - VA.pdf
Previous Version	
Satisfied - Item:	*Response to Objection 1/15/2019*
Comments:	
Attachment(s):	*420 Objection 6 Response - VA.pdf* *CGI Statement of Variability (VA).pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	CGI Statement of Variability (VA) Revised 2020.01.pdf 420 Objection 11 Response - VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 2

Applies To:

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

Comments: We note that there are two 420 Rate Request Summary (Revised) under Supporting Documentation. Please withdraw the 420 Rate Request Summary (Revised) that was submitted on 5/30/2018.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see the response to the objection on 8/28/2019.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*420 Rate Request Summary (Revised) - VA.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*420 Rate Request Summary - VA.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see the response to the objection on 8/28/2019.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*420 Rate Request Summary (Revised) - VA.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*420 Rate Request Summary - VA.pdf*

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	CGI Statement of Variability (VA) Revised 2020.01.pdf 420 Objection 11 Response - VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached to the Supporting Documentation tab and Form Schedule tab.

Related Objection 3

Applies To:

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: Please provide a Certificate of Readability for the policyholder notification letter.

Changed Items:

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	CGI Statement of Variability (VA) Revised 2020.01.pdf 420 Objection 11 Response - VA.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	56.900	RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please find our response attached to the Supporting Documentation tab and Form Schedule tab.

Related Objection 4

Applies To:

- *CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)*

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Comments: Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

1) The Benefit Reduction Options on pages 5, 6 and 7 are designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. If the Company creates separate forms for the benefit reduction options, please submit these forms under the Form Schedule for review and approval.

2) Clarify if Frequently Asked Questions are a part of the policyholder notification letter or a separate document. If the Company considers this to be a separate document, it must not have the same form number as the policyholder notification letter and should be filed under the Form Schedule for review and approval.

3) Please advise if the Benefit Reduction Options are made a part of the policy. Describe how the policy is updated when a change request is received by the Company from the policyholder.

4) Will the policyholder receive a revised schedule page if a benefit reduction option is elected? If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval.

5) Pursuant to 14VAC5-200-75 D 2 C, the policyholder notification form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

6) 14VAC5-200-75 D. 3. requires that the policyholder notification letter to clearly state the driving factors for the premium rate increase. The policyholder notification letter states, the total claims experience for this policy form is significantly in excess of expected levels. Describe the driving factors that causes the total claims experience to be in excess of expected levels and how this impacts the policyholders?

7) Although the policyholder notification letter includes an explanation of the potential for future premium rate revisions as required by 14VAC5-200-75 A 2, it does not state the policyholder's options in the event of a premium rate revision. Please revise the form accordingly.

8) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

9) The policyholder letter form pages should be numbered so that it coincides with the page numbers described on the Statement of Variability.

10) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

11) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

12) Has the company given consideration to making its address and fax number variable in case of a change in the future. Also, it is recommended that the Virginia Bureau of Insurance's webpage address be made variable in the event of a future change.

13) All bracketed items that appear on a form must be listed and the variance explained fully on the Statement of Variability. There are a number of bracketed items that do not appear on the Statement of Variability (examples are [xx]%; $[xxx,xxx.xx]; [Modal], [866-830-0607]; [date]; [W. Travis Simpson Vice President, Operations] etc.).

14) Explain why the Client Services Department hours of operation are not provided.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	CGI Statement of Variability (VA) Revised 2020.01.pdf 420 Objection 11 Response - VA.pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	56.900	RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 5

Applies To:

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: Under "BENEFIT REDUCTION OPTIONS TO REDUCE YOUR PREMIUM" the 4th paragraph states, "...the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy."

Please provide a description of the benefit provided or the specific location within the policy so that the policyholder may review the benefit in order to consider their option(s).

Changed Items:

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	CGI Statement of Variability (VA) Revised 2020.01.pdf 420 Objection 11 Response - VA.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	56.900	RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 6

Applies To:

- Response to Objection 1/15/2019 (Supporting Document)

Comments: 1. Please describe the specific triggers that determine the variance to be utilized on pages 1 and 2 of the policyholder notification form so that we understand the variable statement, "There are different methods that a rate increase can be implemented. The approval we receive from the state will determine the paragraph that will be used."

2. Please describe the specific triggers that determine the variance to be utilized on page 3 "Additional Premium Increases" of the policyholder notification form so that we understand the variable statement, "There are different methods that a rate increase can be implemented. The approval we receive from the state will determine the statement that will be used."

3. All bracketed items contained in the policyholder notification letter form must appear on the Statement of Variability. It is suggested that the statement of variability clearly label the location of each bracketed item and contain a clear explanation of all the variances that are applicable.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	CGI Statement of Variability (VA) Revised 2020.01.pdf 420 Objection 11 Response - VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Huyen Pham

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/11/2019
Submitted Date	09/11/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*
- *Long Term Care Insurance Rate Request Summary (Supporting Document)*
- *420 Rate Sheets - VA, [420, IGR(1), HC/CC] (Rate)*

Comments: Please revise the following documents to conform with the company's agreement to make no rate increase on policies with benefit periods less than 5 years; 42% increase on policies without an inflation guard rider when the benefit period is > 5 years; and 99% increase for policies with inflation guard rider and the benefit period is > 5 years.

a. The actuarial memorandum

b. The Rate Request Summary

c. The 420 Rate Sheets under the Rate/Review Schedule

d. The Company Rate Information under the Rate/Rule Schedule

Changed Items:

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 8/28/2019
Comments:	
Attachment(s):	420 Objection 10 Response - VA.pdf 420 Actuarial Memorandum - VA - Revised.pdf 420 Appendix A - VA - Revised.pdf 420 Rate Request Summary - VA - Revised.pdf

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	420 Rate Sheets - VA - Revised	420, IGR(1), HC/CC	Revised	Previous State Filing Number: UTAC-126231841 Percent Rate Change Request: 54.96	420 Rate Sheets - VA - Revised.pdf,	09/11/2019 By: Huyen Pham
Previous Version						
1	*420 Rate Sheets - VA*	*420, IGR(1), HC/CC*	*Revised*	*Previous State Filing Number: UTAC-126231841 Percent Rate Change Request: 121.6*	*420 Rate Sheets - VA.pdf,*	*06/11/2018 By: Eric Coldewey*
Previous Version						
1	*420 Rate Sheets - VA*	*420*	*Revised*	*Previous State Filing Number: UTAC-126231841 Percent Rate Change Request: 121.6*	*420 Rate Sheets - VA.pdf,*	*03/08/2018 By: Eric Coldewey*

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

State:	Virginia	**Filing Company:**	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	Long Term Care		
Project Name/Number:	CGI 420 LTC RATE INCREASE FILING, 2017/		

Huyen Pham

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

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

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 4/12/2019 under the Supporting Documentation tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The VA Bureau of Insurance has a concern regarding the proposed rate increase given that only 31 policyholders remain. In addition, the Company's proposed increase request raises the VA cumulative increase total to 410% for policies without inflation and 845% for policies with inflation. The nationwide cumulative pending is much lower at 335% and 512% respectively. We understand that under 14VAC5-200-150 the requested increase is supported. However, in order to determine the appropriateness of the increase we also examine state rate equity, calculations of lifetime loss ratio assuming the requested rates had been in effect from inception of the policy (which are well below 60%). The purpose of the additional tests is to rule out state subsidization and recoupment of prior losses. When the block of business is broken down into benefit periods of less than 5 years and those greater than 5 years, the segments of business with benefit periods of less than 5 years do not support a rate increase.

1) Please provide a detailed explanation of the Company's plans for future rate increases if the proposed rate increase were approved. Provide a description of the lifetime loss ratio to which the Company will manage this block of business going forward and what would trigger a request for an additional rate increase.

2) Provide the Company's response, considering the additional tests performed regarding state rate equity and recoupment of past losses, towards the consideration of revising the rate increase to 0% for policy benefit periods of less than 5 years, 42% for non-inflation policies with benefits greater than 5 years, and 99% for inflation policies with benefit periods greater than 5 years.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 4/12/2019
Comments:	
Attachment(s):	420 Objection 9 Response - VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/04/2019
Submitted Date	03/04/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 2/21/2019 under the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection 1/17/2019 (Supporting Document)

Comments: Please provide a complete version of a "John Doe" policyholder notification letter along with all accompanying documents.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 2/21/2019
Comments:	
Attachment(s):	420 Objection 8 Response - VA.pdf Policyholder Notification Letter - John Doe - VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/21/2019
Submitted Date	02/21/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 1/17/2019 under the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: Policyholder Notification Letter

Benefit Reduction Options To Reduce Your Premium

We have concerns with the first sentence that states, "If you wish to modify your coverage as outlined in the options on the reverse side of this page,..."

Is there a reverse side, or did the Company intend the sentence to read, ".....on the following page,"

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 1/17/2019
Comments:	
Attachment(s):	420 Objection 7 Response - VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the response to Objection 1.

Related Objection 2

Applies To:

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: Policyholder Notification Letter

We are concerned that the policyholder is required to sign and return pages or the entire letter in order to notify the Company of a change request. A policyholder should not have to return an explanatory document.

Please review the letter and revise it so that the policyholder is able to retain the explanatory information in the event they are unable to make a photocopy. We could not find any information how to fax or scan and email portions of the letter that are required to be signed and returned.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/14/2019
Submitted Date	02/14/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 1/15/2019 under the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: 1) Please note that the Company Logo "Continental General Insurance Company" at the top of the letter must be as prominent, if not more so, than the company name that appears in the first sentence of the first paragraph of the letter. Please revise so that the Company name at the top of the letter is the same font size or larger than the company name in the first sentence.

2) Please explain why the sentence that appears at the end of the third paragraph, "[This adjustment is effective on your premium due date of [date]." along with the Premium Adjustment chart that follows, is variable? It would appear that the premium adjustment should be sent to each policyholder.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 1/15/2019
Comments:	
Attachment(s):	420 Objection 6 Response - VA.pdf CGI Statement of Variability (VA).pdf

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0518)	CGI - RINC(VA)(0518)	OTH	Revised	Previous Filing Number:	GLTC-128905207		CGI Policyholder Notification Letter – VA (Revised).pdf	Date Submitted: 02/14/2019 By: Eric Coldewey
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see Response to Objection 1.

Related Objection 2

Applies To:

- CGI - RINC(VA)(0518), CGI - RINC(VA)(0518) (Form)

Comments: Statement of Variability

Please ensure that all bracketed language appears on the Statement of Variability. As an example, there is no Statement of Variability entry for:
- [Template ID]
- [Date]
- [First Name, Last Name]
- [This adjustment is effective on your premium due date of [date].

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0518)	CGI - RINC(VA)(0518)	OTH	Revised	Previous Filing Number:	GLTC-128905207		CGI Policyholder Notification Letter – VA (Revised).pdf	Date Submitted: 02/14/2019 By: Eric Coldewey
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

State: Virginia
Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/30/2018
Submitted Date	11/30/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 10/29/2018 under the Supporting Documentation tab.

Related Objection 1

Applies To:

- *Response to Objection 3/30/2018 (Supporting Document)*

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Comments: Policyholder Notification - CGI-RI-NOTICE

1) Since the policyholder notification letter and change request form are required to be filed for review, they should be moved under the Form Schedule" section. If the Company intends to use a previously approved policyholder letter form, please provide the SERFF tracking number for the approved letter.

2) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

3) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

4) The policyholder notification letter states, However, the total claims experience for this policy form is significantly in excess of expected levels. Please provide a description, in consumer-friendly language, of the reasons for the rate increase. Provide an description of the expected levels and the results and cause(s) of those increase(s).

5) Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

6) Please include a statement of variability for the policyholder notification letter.

7) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

8) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

9) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.

10) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 10/29/2018
Comments:	
Attachment(s):	420 Objection 5 Response - VA.pdf CGI Statement of Variability.pdf CGI RINC(VA)(0518) Certificate of Compliance - VA.pdf

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/20/2018
Submitted Date	07/20/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 7/9/2018 under the supporting documentation tab.

Related Objection 1

Applies To:

- Response to Objection 4/10/2018 (Supporting Document)

Comments: 1) Please provide the exhibits in Excel format so that analysis can be performed on the data.

2) Please explain why the company is unable to split the projections by lifetime vs. limited benefit periods.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 7/9/2018
Comments:	
Attachment(s):	420 Objection 4 Response - VA.pdf 420 Objection 4 Response Exhibits - VA.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/13/2018
Submitted Date	06/13/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 5/31/2018 under the Supporting Documentation tab.

Related Objection 1

Comments: Please explain the delay in requesting this rate increase. In the 2017 Annual Report submitted under SERFF GLTC-130623422, the actuary certified on June 30, 2017 that the premium was not sufficient to cover anticipated costs under best estimate assumptions and, "that a plan of action will be submitted to the commission within 60 days of this certification." The rate increase request was not submitted until 3/08/2018, well beyond 60 days from the actuarial certification that a plan of action would be submitted.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 5/31/2018
Comments:	
Attachment(s):	420 Objection 3 Response - VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the response to Objection 1.

Related Objection 2

Comments: Objections were sent on 4/10/2018 to which there has been no response. Please advise if the Company still plans to pursue their request for a rate increase.

State: Virginia
Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Filing Company: Continental General Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/11/2018
Submitted Date	06/11/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 4/10/2018 under the Supporting Documentation tab.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*
- *Long Term Care Insurance Rate Request Summary (Supporting Document)*

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Comments: 1.Please provide a copy of the original actuarial memorandum in Virginia, including original pricing assumptions, original anticipated loss ratio, and mix of business.

2.For all projections requested below, please comply with the following:
a.Please remove any policies in paid-up status from all projections, both past and future.
b.Please use the average maximum valuation interest rate for accumulation and discounting, including any discounting of claim reserves back to the incurral year.
c.Please recompute nationwide earned premiums to assume Virginia rate levels (both the past and proposed rate changes in Virginia).

3.For each of the four subsets of the business corresponding to the combinations of (up to 5 year/>5 year benefit periods) and (with/without inflation rider), please provide (in Excel format) the following six nationwide projections (24 total):
a.current assumptions and current rates
b.current assumptions with the proposed rate increase
c.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection
d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
e.original assumptions and original premiums from inception
f.actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception

4.For each of the four subsets of the business above, please provide the active life reserves on a nationwide basis.

5.Please specify whether waived premiums are included in earned premiums and incurred claims; provide the waived premium amounts and impact on requested increase.

6.Please show both the claim reserve and the paid claims separately in the projections. Please specify whether the claim reserves are fixed at the time of the claim or adjusted over time to reflect experience as it emerges. Please provide a sufficiency analysis of the actual runout experience of historical claims over time versus the claim reserves that were assumed.

7.Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

8.Appendix D-1 shows that the implied voluntary lapse rate is significantly higher in the ultimate durations than the assumptions. Since this assumption greatly impacts the projected loss ratio, please explain why an overly conservative assumption is appropriate, and provide sensitivity projections with assumed lapses at experience levels.

Changed Items:

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 4/10/2018
Comments:	
Attachment(s):	420 Objection 2 Response - VA.pdf 420 Original Memo (1).pdf 420 Original Memo (2).pdf

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	420 Riders Unaffected by Rate Increase	RP(LTC)(10), GPO	Revised	Previous State Filing Number: UTAC-126231841 Percent Rate Change Request:		06/11/2018 By: Eric Coldewey
2	420 Rate Sheets - VA	420, IGR(1), HC/CC	Revised	Previous State Filing Number: UTAC-126231841 Percent Rate Change Request: 121.6	420 Rate Sheets - VA.pdf,	06/11/2018 By: Eric Coldewey
Previous Version						
2	*420 Rate Sheets - VA*	*420*	*Revised*	*Previous State Filing Number: UTAC-126231841 Percent Rate Change Request: 121.6*	*420 Rate Sheets - VA.pdf,*	*03/08/2018 By: Eric Coldewey*

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/30/2018
Submitted Date	05/30/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 3/30/2018 under the Supporting Documentation tab.

Related Objection 1

Comments: Rate/Rule Schedule

Please list all affected rider and endorsement form numbers in the "Affected Form Numbers:" section of the Rate/Rule Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 3/30/2018
Comments:	
Attachment(s):	420 Objection 1 Response - VA.pdf CGI Policyholder Notification Letter – VA.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 3/30/2018
Comments:	
Attachment(s):	420 Objection 1 Response - VA.pdf CGI Policyholder Notification Letter – VA.pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	420 Rate Request Summary (Revised) - VA.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*420 Rate Request Summary - VA.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the response to Objection 1.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please revise the actuarial certification to comply with 14VAC5-200-77 B. 2.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the response to Objection 1.

Related Objection 3

Comments: Please explain what steps the company has taken to minimize rate increases on this block of business.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the response to Objection 1.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please provide an explanation of the reserve basis and justification for the reserve levels.

2) Appendix D: Morbidity Study:
Please explain why a 4.5% interest was used in the morbidity study. Previous filing (SERFF # UTAC-126231841) used a 5% interest rate and this rate is cited in the actuarial memorandum. Actual claims experience to current assumptions should be consistent using the 5% interest rate.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see the response to Objection 1.

Related Objection 5

Comments: Provide the following for both the policy (420) and inflation guard rider (IGR):

1) In which states has the company requested rate increases on this block?

2) How do the rate changes requested in Virginia compare with those requested in other states?

3) What is the current status of the rate request in these states?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see the response to Objection 1.

Related Objection 6

Applies To:
- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please identify the amount of Active Life reserves related to these policies.

2) For the next 10 years, provide the projected loss ratio using the following formula:

[(Paid Claims + IBNP* + IBNR**) - Active Life Reserves] divided by Projected Earned Premiums = Projected Loss Ratio

(*) Incurred claims But Not Paid
(**) Incurred claims But Not Reported

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see the response to Objection 1.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a comparison of the differences in the assumptions used in this filing and the previous filing (SERFF # UTAC-126231841 approved 6/12/2011) to explain the need for an additional rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please see the response to Objection 1.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Re-state the nationwide experience using the Virginia original approved rates.

2) 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.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

Please see the response to Objection 1.

Related Objection 9

Comments: Please provide the policyholder notification letter pursuant to 14VAC5-200-75.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10

Comments:

Please see the response to Objection 1.

Related Objection 10

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

Comments: Rate Request Summary

Please expand the narrative in the "Summary of Key Information" so that any person reviewing this filing would understand the reason for the rate increase and its driving factors. Below is an example of what we would consider user friendly language:

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily terminates his policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	420 Rate Request Summary (Revised) - VA.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*420 Rate Request Summary - VA.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Eric Coldewey

Amendment Letter

Submitted Date: 05/08/2020

Comments:

Please see the updated letter in the Form Schedule tab, which was intended to be uploaded for the response to the objection dated 4/6/2020. The Company will upload the John Doe letter when it becomes available.

Changed Items:

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	Previous Filing Number:	GLTC-128905207	53.800	CGI-RINC(VA)(0120).pdf	Date Submitted: 05/08/2020 By:
					Replaced Form Number:	CGI-RI-NOTICE2			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*53.800*	*CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf*	*Date Submitted: 05/06/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120)*	*CGI - RINC(VA)(0120)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*CGI – RINC(VA)(0120).pdf*	*Date Submitted: 02/25/2020 By: Cameron Zima*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*CGI - RINC(VA)(0120), CGI - RINC(VA)(0120)-BR, CGI - RINC(VA)(0120)-CNFO*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*	*56.900*	*RINC Letter - CGI - VA - Round 5 - Revised.pdf, CGI VA Readability.pdf*	*Date Submitted: 01/09/2020 By: Huyen Pham*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA (Revised).pdf*	*Date Submitted: 02/14/2019 By: Eric Coldewey*
					Replaced Form Number:	*CGI-RI-NOTICE2*			
Previous Version									
1	*CGI - RINC(VA)(0518)*	*CGI - RINC(VA)(0518)*	*OTH*	*Revised*	*Previous Filing Number:*	*GLTC-128905207*		*CGI Policyholder Notification Letter – VA.pdf*	*Date Submitted: 11/30/2018 By: Eric*

State: Virginia
Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Replaced Form Number:	CGI-RI-NOTICE2			Coldewey

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State:	*Virginia*	**Filing Company:**	*Continental General Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*CGI 420 LTC RATE INCREASE FILING, 2017/*		

Note To Reviewer

Created By:

Huyen Pham on 01/03/2020 04:53 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:02 AM

Subject:

Extension Request

Comments:

May the Company please request an extension to respond to the Bureau's letter dated 12/05/2019? If granted, the Company will provide a response by 01/10/2020.

State: *Virginia* **Filing Company:** *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

Note To Filer

Created By:

Bill Dismore on 02/19/2019 07:14 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:02 AM

Subject:

Extension Request

Comments:

Filing response due date has been changed to 2/22/2019. Thank you for your request.

State:	*Virginia*	**Filing Company:**	*Continental General Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*CGI 420 LTC RATE INCREASE FILING, 2017/*		

Note To Reviewer

Created By:

Eric Coldewey on 02/15/2019 05:25 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:02 AM

Subject:

Extension Request

Comments:

The Company is requesting an extension to respond to the Bureau's letter dated 01/17/2019. If granted, the Company will provide a response by 02/22/2019.

Reviewer Note

Created By:

Bill Dismore on 08/18/2020 01:27 PM

Last Edited By:

Bill Dismore

Submitted On:

08/18/2020 01:41 PM

Subject:

Actuarial Final Summary & Opinion Report

Comments:

8/29/2018 - Received Final Summary & Opinion from Shawn Parks of ARC.

ACTUARIAL RESOURCES CORPORATION
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August 29, 2018

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

Subject: **Long Term Care Rate Increase Request**
SERFF Tracking #GLTC-131253864

At the request of the Virginia SCC Bureau of Insurance (the "Bureau"), I have reviewed the filing for the above captioned submission from **Continental General Insurance Company** (the "Company"). This is a filing of revised premium rates for a block of Individual Long Term Care Insurance plans.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-150. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, I believe that the Company has demonstrated that the request is in compliance with all applicable regulations and recommend that the Bureau disapprove the rate increase as proposed. An alternative is discussed in the Conclusions section below.

Background

The Company submitted a request for a rate increase for this block of business "because Company experience on its Long-Term Care Insurance business indicates that the premium rates for these policy forms are inadequate." The increase is 66.3% on the base policy and 208.2% for the inflation rider, with an average increase of 121.6%. This policy form was issued in Virginia from 1991-2003 and, as of 12/31/2016, there were 31 policyholders in force with $104k of annualized premium, which is less than 1% of the nationwide inforce. Seventeen of those policyholders also have the inflation rider. There have been two prior rate increases in the state for the base rates – 104.5% in 2005 and 50% in 2011.

Methodology

My approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the assumptions and projections for reasonableness, and e) perform any other tests deemed appropriate.

Analysis

Assumptions

Morbidity – The current morbidity assumptions are based on the 2014 Milliman LTCGs modified to reflect Company experience from 2009 through 6/2016.

Voluntary Lapse – the current lapse assumptions are based on Company experience. The ultimate lapse rate ranges from 0.24% to 1.44% and varies by marital status and inflation type. There is an additional multiplier to reflect higher lapses for males. The original assumption was 12.0% without the ROP rider and 5.0% with the rider..

Mortality – The mortality is based on 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.

Interest – the projections are discounted at the average valuation interest rate of 4.53%.

Policyholder Behavior – The Company assumes shock lapses of 8.2% to 10.0% and benefit reductions of 1.3% to 2.3% as a result of these rate increases. Also, a morbidity adjustment of 0.6% to 0.8% is used to account for nonforfeiture liability and anti-selection of 1.1% to 1.6% extra morbidity.

Actual to Expected Results

For lapses, the experience by duration in Appendix D-1 shows that actual lapse experience is not as low as the assumptions would dictate. See Persistency Sensitivity section below for a discussion.

The claim experience from 2009 through 6/30/2016 contains 1,622 claims nationwide, which the Company considers to be fully credible. The A/E ratio under the new assumptions is 107%.

Loss Ratio Test

The filing was analyzed for compliance with the loss ratio standards defined in 14VAC5-200-150. The original expected lifetime loss ratio was 62% using a 4.53% average valuation interest rate for the actual policies issued. The Bureau has directed that the minimum loss ratio to be the greater of 60% and the original expected loss ratio for actual policies issued (62%). The projected lifetime loss ratios below are in compliance with that interpretation. In addition, since all ratios exceed 80%, they also comply with the 60/80 test.

		Before Increase		After Increase		Proposed from Inception
Inflation	**Requested Increase**	**Future LR***	**Lifetime LR**	**Future LR***	**Lifetime LR**	
None	66.3%	136%	97%	92%	92%	28%
Auto	208.2%	210%	147%	87%	112%	27%

* after deducting ALR

Highlighted is the alternative measure of testing for reasonableness of the premiums and to avoid recouping of past losses by calculating the lifetime loss ratio assuming the requested rates had been in effect from inception of the policy, which is well below 60%. This measure is a quite restrictive benchmark which is not required by Virginia regulations, but is useful when assessing the request holistically. I typically recommend action based on this measure only when the resulting loss ratios are very low and other flags are also raised, as is the case with this filing.

State Rate Equity

The chart below shows the cumulative rate increases in Virginia and the average nationwide, both current and including pending or to be filed increases.

Inflation	Requested Increase	VA Cum Current	VA Cum Pending	NW Cum Current	NW Cum Pending	Equitable Range
None	66.3%	207%	410%	265%	335%	19%-42%
Auto	208.2%	207%	845%	334%	512%	41%-99%

As shown in the final column, the range of rate increase which would put Virginia rates on par with the average nationwide is less than the requested increase. I therefore recommend that the Bureau limit the increase that it is willing to approve to the amount that would place Virginia's rates in line with the "NW Cum Pending" column above. This would be 42% for policies without inflation and 99% for policies with inflation.

Persistency Sensitivity

The actual lapse experience shown in Appendix D-1 is higher than the assumed ultimate lapse rate, and because this assumption is critical in the future projections, I asked the Company to provide sensitivity projections with higher lapse rates. The lifetime loss ratio under this sensitivity is 95% with inflation and 84% without inflation, leading me to conclude that the increase would be in compliance even with a 0.5% higher lapse rate.

Policyholder Equity

I asked the Company to provide projections separated by benefit period and inflation type, but they responded as follows: "Experience split by benefit period is not readily available to provide to the Bureau. This is a relatively large undertaking, and we do not currently have the resources to focus on this task." As shown above, they did provide data split by inflation type, but since they did not provide the data split by benefit period and since loss ratios are typically lower for policies with limited benefit periods, I would recommend that policies with benefit period of 5 years or less be excluded from any rate increase.

Policyholder Options

The Company intends to offer several options for policyholders to reduce the impact of this premiums increase, including:

- surrender of ROP rider for value;
- typical benefit reductions; or
- a contingent nonforfeiture offer.

Conclusions

The policies to which this increase would apply have already experienced two significant increases in past years, with the current premiums approximately three times the original premium. Considering only the loss ratio tests of 14VAC5-200-150, the full increase would be supported. However, the Bureau has asked me for each LTC review to consider other tests that I feel are appropriate to determine the appropriateness of the increase. The results of these additional tests show that there are some concerns with approval of the full requested rate increase. I therefore recommend that the Bureau suggest the following modified rate increase as a compromise:

Inflation	Benefit Period	Requested Increase	Suggested Increase
None	<= 5 yrs	66.3%	0%
None	> 5 yrs	66.3%	42%
Auto	<= 5 yrs	208.2%	0%
Auto	> 5 yrs	208.2%	99%

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I 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, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

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

If you have any questions regarding this filing, please contact me for discussion.

Sincerely,

Shawn D. Parks, FSA, MAAA

State:	*Virginia*	**Filing Company:**	*Continental General Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*CGI 420 LTC RATE INCREASE FILING, 2017/*		

Reviewer Note

Created By:

Bill Dismore on 05/08/2019 08:10 AM

Last Edited By:

Bill Dismore

Submitted On:

05/08/2020 08:51 AM

Subject:

Review Company Response to Objection Letter - 5/07/19

Comments:

5/07/2019 - Referred to Chief for consideration of Company's response to objection and acceptance of a lower rate increase.

State: *Virginia* **Filing Company:** *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

Reviewer Note

Created By:

Bill Dismore on 03/14/2019 08:39 AM

Last Edited By:

Bill Dismore

Submitted On:

09/04/2020 08:26 AM

Subject:

RRS

Comments:

Rate Review Summary

Revised Rate Review Summary added on 9/12/2019.

Reset Form

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

Company Name and NAIC Number: Continental General Insurance Company, NAIC #71404

SERFF Tracking Number: GLTC-131253864

Effective Date: On approval, as allowed per regulation.

Revised Rates

Average Annual Premium Per Member: 5,189.44

Average Requested Percentage Rate Change Per Member: 54.96%

Minimum Requested Percentage Rate Change Per Member: 0.0%

Maximum Requested Percentage Rate Change Per Member: 99.0%

Number of Policy Holders Affected : 31

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

Form#	"Product Name"(if applicable)
420	N/A

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.
Please see the attached Summary of Key Information.

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.

Summary of Key Information

The main drivers of the rate increase need on policy forms 420 et al. are increased persistency and increased morbidity compared to that assumed at the time of original pricing. Policyholders are retaining their policies longer than was anticipated when these products were initially priced, which is resulting in more policies reaching advanced ages at which claims occur more frequently and with higher severity.

The rate increase justified for these policy forms was determined on a fully prospective basis using best estimate assumptions. The assumptions and methods used to calculate the justified rate increase need are summarized in more detail in Section IV and Section V of the Actuarial Memorandum.

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

Company Name and NAIC Number: Continental General Insurance Company - 71404

SERFF Tracking Number: GLTC-131253864

Disposition: Approved

Approval Date: 9/04/2020

Revised Rates

Average Annual Premium Per Member: $5,189.44

Average Requested Percentage Rate Change Per Member: 54.96%

Minimum Requested Percentage Rate Change Per Member: 0.00%

Maximum Requested Percentage Rate Change Per Member: 99.00%

Number of Policy Holders Affected: 31

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

The Company requested, and the Bureau approved a rate increase averaging 54.96% for this block of individual long-term care insurance policy forms. The increase ranges from 0% for those policies a benefit period less than 5 years, 42% for policies with a benefit period greater than 5 years but without inflation guard, and 99.0% for policies with a benefit period greater than 5 years with inflation guard.

The filing was reviewed by the Bureau's consulting actuary and determined to comply with the requirements for a rate increase set forth in 14VAC5-200-150 of the Virginia Administrative Code for policies issued prior to October 1, 2003. The review indicated that the anticipated loss ratio for the entire block, reflecting claims payout, will be 89.4% with the increase, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do intend to request future rates increases on this block. Any future request must be filed, reviewed and approved by the Virginia Bureau of Insurance.

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

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

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

State: *Virginia* **Filing Company:** *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

Post Submission Update Request Processed On 09/12/2019

Status:	Allowed
Created By:	Huyen Pham
Processed By:	Bill Dismore
Comments:	

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	54.96	121.6

Company Rate Information:

Company Name:Continental General Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	54.960%	121.600%
Overall % Rate Impact	54.960%	121.600%
Written Premium Change for this Program	$57057	$126211
Maximum %Change (where required)	99.000%	181.700%
Minimum %Change (where required)	0.000%	66.300%

State:	*Virginia*	**Filing Company:**	*Continental General Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*CGI 420 LTC RATE INCREASE FILING, 2017/*		

Form Schedule

Lead Form Number: 420, et. al.

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	Approved 09/04/2020	CGI - RINC(VA)(0120)	CGI - RINC(VA)(0120)	OTH	Revised	*Previous Filing Number:*	*GLTC-128905207*	53.800	CGI – RINC(VA)(0120).pdf
						Replaced Form Number:	*CGI-RI-NOTICE2*		
2	Approved 09/04/2020	CGI - RINC(VA)(0120)-CNFO	CGI - RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page			CGI – RINC(VA)(0120)‐CNFO.pdf
3	Approved 09/04/2020	CGI - RINC(VA)(0120)-BR	CGI - RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page			CGI – RINC(VA)(0120)‐BR.pdf

Form Type Legend:

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

Continental General Insurance Company
[P.O. Box 203098
Austin, TX 78720-3098]

[Name] [Today's Date]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: [XXXXXXXXXX]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [Rate Increase Effective Date].

Current [Modal] Premium	**New [Modal] Premium**	**Rate Increase Percentage**
[$X,XXX.XX]	[$X,XXX.XX]	[XX]%

[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.] The Company reserves the right to request a future rate increase as per the policy. In the event of a future rate increase, which must first be approved by the Virginia Bureau of Insurance, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**
   Your premium change will automatically occur on [Rate Increase Effective Date] with no

changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**
   This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Return of Premium Benefit Rider, Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.] [

3.]**Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
   This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to Us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,
[W. Travis Simpson]
[Senior Vice President and Chief Operating Officer]

Enclosures - Frequently Asked Questions, [Benefit Reduction Form,] Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?
Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]. You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?
No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?
You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.**

If I choose not to pay future premiums, what happens to my coverage?
Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [Rate Increase Effective Date + 120 Days], the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?
No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?
If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?
Call us toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:
The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:
If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders less any benefits paid by a Return of Premium Benefit Rider or Premium Accrual Benefit Rider. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:
The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase. [If you have a Return of Premium Benefit Rider on your policy, this rider will be canceled, and you will receive the one-time cash benefit associated with cancelling this rider.]

If you go on claim, each day you receive any benefits will count as one full day towards your maximum lifetime benefit.

How do I choose this benefit:
To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to Us using the provided envelope.
2. Lapse your policy between now and [Rate Increase Effective Date + 120 Days]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature:_____Date: _____

Signature of Spouse (if applicable):_____Date: _____

Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to Us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call Us at [866-830-0607]. Our Client Services Department can help.

[If you choose to cancel your Return of Premium Benefit Rider (ROP) by selecting the appropriate option on the reverse side of this page, the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy. Please call the toll-free number above to receive more information regarding your one-time cash benefit.

Choosing to cancel your ROP rider will not impact the status of your base policy and any additional riders attached to your policy.

The one-time cash benefit is a limited time offer. The Company must be properly notified of your intent to cancel your ROP rider between now and [Rate Increase Effective Date + 120 Days]. If you choose to cancel your ROP rider after [Rate Increase Effective Date + 120 Days], the benefits associated with this change will be based on the ROP provisions included in your policy. This rate increase will be effective on your premium due date of [date].]

Your premium will increase to [$X,XXX.XX] on [Rate Increase Effective Date]. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** [You can choose more than one option.] Sign and date at the bottom of the form and return this page to Us in the envelope provided.

[Benefit Reduction Option 1 – Cancel Return of Premium Benefit Rider

☐ Premium After Cancelling Rider $[xxx,xxx.xx]]

[Benefit Reduction Option [2] – Downgrade Maximum Lifetime Benefit

Original Nursing Home Benefit	[$xxx,xxx]
Reduced Nursing Home Benefit	[$xxx,xxx]
Original Home Health Care Benefit	[$xxx,xxx]
Reduced Home Health Care Benefit	[$xxx,xxx]

☐ Premium After Reducing Benefit	$[xxx,xxx.xx]
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$[xxx,xxx.xx]]

[Benefit Reduction Option [3] – Downgrade Maximum Daily Benefit

Original Nursing Home Daily Benefit	$[xxx.xx]
Reduced Nursing Home Daily Benefit	$[xxx.xx]
Original Home Health Care Daily Benefit	$[xxx.xx]
Reduced Home Health Care Daily Benefit	$[xxx.xx]

☐ Premium After Reducing Benefit	$[xxx,xxx.xx]
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$[xxx,xxx.xx]]

[Benefit Reduction Option [4] – Increase Elimination Period

Current Elimination Period	[xxx Days]
Increased Elimination Period	[xxx Days]

☐ Premium After Increasing Elimination Period	$[xxx,xxx.xx]
☐ Premium After Increasing Elimination Period and Cancelling ROP Rider	$[xxx,xxx.xx]]

By signing below, I am authorizing Continental General Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____ Date: _____

Signature of Spouse (if applicable): _____ Date:_____

Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

State: Virginia
Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	50.000%
Effective Date of Last Rate Revision:	06/12/2011
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	UTAC-126231841

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):
Continental General Insurance Company	54.960%	54.960%	$57,057	31	$103,815	99.000%	0.000%

State: *Virginia*
Filing Company: *Continental General Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *CGI 420 LTC RATE INCREASE FILING, 2017/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		420 Rate Sheets - VA - Revised	420, IGR(1), HC/CC	Revised	Previous State Filing Number: UTAC-126231841 Percent Rate Change Request: 54.96	420 Rate Sheets - VA - Revised.pdf,
2		420 Riders Unaffected by Rate Increase	RP(LTC)(10), GPO	Revised	Previous State Filing Number: UTAC-126231841 Percent Rate Change Request:	

Continental General Insurance Company
Individual Long Term Care Insurance Policy Forms:
420, 421, 422, 423, 428, 429, 430, 431, 432, 435, 436

The Company has revised the structure of its rate sheets to demonstrate the Return of Premium Rider and Inflation Guard Rider rates in dollars rather than factor loads. Rate sheets are provided for base, base with the Return of Premium Rider, base with the Inflation Guard Rider, and base with both the Return of Premium Rider and the Inflation Guard Rider. These rate sheets provide a better representation of the premiums being charged to policyholders with these benefits.

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Annual Premiums Per $10 Daily Benefit

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	65	59	50	89	80	65	105	98	83
50-54	68	62	53	92	83	68	108	101	86
55-59	95	86	74	129	117	95	159	147	126
60	150	135	111	194	176	147	236	221	194
61	156	138	117	200	182	156	252	233	203
62	165	147	123	209	191	159	261	243	209
63	176	156	126	224	203	171	279	261	227
64	191	168	135	236	215	179	297	276	236
65	218	194	156	279	255	215	347	323	282
66	243	215	171	303	276	230	381	353	303
67	261	233	188	335	303	252	420	390	335
68	288	258	209	368	335	282	458	426	371
69	314	279	224	405	368	306	512	476	405
70	341	303	249	444	405	338	561	522	447
71	381	338	273	491	447	371	617	573	488
72	417	371	300	546	497	414	681	632	540
73	455	405	332	611	555	461	761	708	611
74	500	444	365	675	614	512	837	779	672
75	558	497	402	752	684	567	929	866	740
76	617	549	447	840	764	632	1,034	960	822
77	687	611	497	933	849	705	1,151	1,071	920
78	755	672	549	1,034	942	782	1,269	1,181	1,016
79	828	737	602	1,128	1,028	858	1,392	1,295	1,116
80	902	801	653	1,224	1,113	936	1,515	1,407	1,218
81	975	866	705	1,319	1,199	1,013	1,638	1,521	1,319
82	1,049	929	758	1,415	1,286	1,089	1,761	1,635	1,421
83	1,122	993	810	1,509	1,371	1,166	1,883	1,748	1,521
84	1,196	1,058	863	1,604	1,457	1,242	2,006	1,862	1,623

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Annual Premiums Per $10 Daily Benefit
Including Return of Premium Rider

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	133	123	99	182	162	133	216	203	168
50-54	136	126	106	190	168	136	219	206	175
55-59	189	164	146	254	231	189	313	291	247
60	287	256	208	365	337	280	451	422	365
61	296	264	221	382	343	296	473	441	385
62	312	273	230	391	359	299	494	457	391
63	325	296	237	418	378	318	523	487	425
64	352	312	253	437	401	328	557	516	437
65	404	355	293	516	469	397	638	595	519
66	443	397	315	559	509	421	695	644	559
67	472	424	339	603	550	456	760	706	603
68	518	465	378	662	600	508	819	766	665
69	557	498	400	724	659	546	913	849	724
70	602	536	439	790	717	599	991	927	793
71	671	599	482	864	789	655	1,087	1,012	861
72	729	651	526	958	870	726	1,190	1,109	945
73	791	710	580	1,067	967	801	1,327	1,236	1,067
74	863	776	636	1,170	1,066	889	1,451	1,352	1,167
75	963	856	692	1,297	1,179	979	1,601	1,492	1,273
76	1,053	947	766	1,444	1,309	1,084	1,772	1,648	1,410
77	1,171	1,040	850	1,596	1,449	1,207	1,965	1,827	1,569
78	1,281	1,142	933	1,755	1,598	1,327	2,155	2,002	1,726
79	1,402	1,242	1,011	1,900	1,735	1,451	2,350	2,184	1,885
80	1,516	1,342	1,099	2,052	1,871	1,573	2,545	2,362	2,046
81	1,628	1,443	1,182	2,205	2,006	1,690	2,731	2,541	2,205
82	1,742	1,543	1,257	2,346	2,131	1,807	2,923	2,714	2,352
83	1,850	1,639	1,337	2,492	2,264	1,922	3,106	2,890	2,507
84	1,964	1,737	1,414	2,634	2,390	2,039	3,290	3,057	2,662

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Annual Premiums Per $10 Daily Benefit
Including Inflation Guard Rider

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	97	88	74	133	119	97	158	146	124
50-54	101	92	80	137	124	101	162	151	128
55-59	142	128	111	194	176	142	239	221	189
60	225	203	167	290	263	221	353	331	290
61	234	207	176	299	272	234	378	349	304
62	248	221	185	313	286	239	392	365	313
63	263	234	189	335	304	257	419	392	340
64	286	252	203	353	322	268	446	414	353
65	326	290	234	419	383	322	520	484	423
66	365	322	257	455	414	344	572	529	455
67	392	349	282	502	455	378	630	585	502
68	432	387	314	551	502	423	686	639	556
69	470	419	336	608	551	459	767	713	608
70	511	455	374	666	608	506	842	783	671
71	568	503	407	731	666	552	919	854	726
72	617	548	444	808	735	613	1,008	935	799
73	668	595	488	897	816	677	1,118	1,041	897
74	729	648	533	986	896	747	1,222	1,137	981
75	809	720	583	1,090	992	822	1,346	1,255	1,072
76	888	791	644	1,210	1,099	909	1,488	1,382	1,184
77	982	873	711	1,334	1,214	1,008	1,645	1,532	1,315
78	1,071	954	780	1,468	1,338	1,110	1,802	1,676	1,442
79	1,167	1,038	849	1,590	1,449	1,210	1,963	1,825	1,574
80	1,262	1,121	914	1,714	1,558	1,310	2,121	1,970	1,705
81	1,355	1,203	980	1,833	1,666	1,407	2,277	2,114	1,833
82	1,447	1,281	1,046	1,952	1,774	1,503	2,430	2,256	1,960
83	1,537	1,360	1,110	2,067	1,878	1,597	2,579	2,394	2,084
84	1,626	1,438	1,174	2,181	1,981	1,689	2,727	2,532	2,207

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Annual Premiums Per $10 Daily Benefit
Including Return of Premium Rider and Inflation Guard Rider

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	194	180	144	266	237	194	315	297	246
50-54	199	185	155	278	246	199	320	301	256
55-59	277	241	214	371	338	277	459	426	362
60	420	375	304	536	494	411	661	619	536
61	434	387	323	560	503	434	694	647	564
62	458	401	337	573	526	439	725	670	573
63	476	434	347	613	554	467	767	715	623
64	516	457	370	641	587	481	816	757	641
65	592	521	429	757	688	582	936	872	761
66	650	582	462	820	747	617	1,020	945	820
67	692	622	498	885	808	669	1,116	1,036	885
68	760	683	555	972	880	746	1,202	1,125	977
69	818	732	587	1,063	967	802	1,341	1,247	1,063
70	884	788	644	1,159	1,053	879	1,455	1,362	1,164
71	979	874	703	1,261	1,152	955	1,586	1,476	1,257
72	1,058	944	763	1,390	1,262	1,053	1,726	1,608	1,371
73	1,140	1,023	835	1,537	1,394	1,154	1,913	1,781	1,537
74	1,235	1,110	910	1,675	1,527	1,272	2,078	1,936	1,671
75	1,370	1,218	984	1,845	1,677	1,393	2,277	2,122	1,811
76	1,489	1,339	1,083	2,040	1,851	1,532	2,505	2,329	1,993
77	1,645	1,461	1,194	2,241	2,035	1,695	2,759	2,566	2,203
78	1,787	1,593	1,302	2,448	2,230	1,851	3,006	2,792	2,408
79	1,942	1,721	1,401	2,633	2,404	2,011	3,257	3,027	2,612
80	2,086	1,847	1,513	2,825	2,576	2,165	3,503	3,251	2,817
81	2,226	1,973	1,616	3,014	2,742	2,311	3,735	3,474	3,014
82	2,365	2,095	1,707	3,187	2,895	2,454	3,969	3,686	3,195
83	2,496	2,210	1,803	3,361	3,054	2,592	4,189	3,898	3,382
84	2,631	2,326	1,895	3,528	3,202	2,731	4,407	4,095	3,566

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Home Health Care Rider Per $10 Daily Benefit
5 Day Elimination Period

	Base Plan			Base Plan With Return of Premium		
Age	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	38	50	80	76	99	162
50-54	38	53	83	76	105	168
55-59	44	65	105	86	126	205
60	53	77	123	98	148	234
61	56	83	132	105	158	250
62	59	89	141	108	164	267
63	62	92	147	116	170	273
64	68	98	156	122	180	293
65	71	108	171	132	198	315
66	74	114	182	138	207	331
67	80	120	191	144	217	341
68	83	129	206	147	229	370
69	92	138	221	163	249	392
70	98	147	236	173	263	423
71	105	156	252	182	275	442
72	114	168	270	204	294	474
73	123	185	294	213	320	513
74	129	200	320	222	347	556
75	141	215	344	245	369	591
76	153	233	374	269	401	644
77	168	255	408	287	434	694
78	182	273	435	306	463	740
79	197	294	473	337	492	799
80	212	326	522	355	543	880
81	230	347	555	380	580	929
82	246	368	590	407	611	976
83	264	390	623	436	644	1,028
84	279	411	657	462	672	1,076

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Home Health Care Rider Per $10 Daily Benefit
5 Day Elimination Period Including Inflation Rider

	Base Plan			Base Plan With Return of Premium		
Age	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	56	74	119	111	144	237
50-54	56	79	124	111	154	246
55-59	65	97	158	125	184	300
60	79	115	185	144	217	342
61	83	124	198	153	231	366
62	88	133	212	158	240	392
63	92	137	221	170	250	401
64	101	146	234	179	264	429
65	106	162	257	193	290	462
66	110	171	272	203	304	485
67	119	180	286	212	318	501
68	124	194	308	216	336	544
69	137	207	331	240	365	576
70	146	221	353	254	386	621
71	156	232	375	266	402	644
72	169	249	400	295	427	687
73	181	271	432	306	461	740
74	188	291	466	318	497	797
75	204	311	498	348	525	841
76	220	335	538	380	567	910
77	240	365	583	403	609	975
78	258	388	618	427	645	1,033
79	277	415	666	467	682	1,107
80	296	456	731	489	748	1,211
81	319	482	771	520	793	1,270
82	339	507	814	553	830	1,325
83	362	534	853	588	869	1,386
84	379	559	894	618	901	1,442

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

Rate Sheets with Proposed Premium Increase

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Annual Premiums Per $10 Daily Benefit

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	65	59	50	89	80	65	149	138	117
50-54	68	62	53	92	83	68	153	143	121
55-59	95	86	74	129	117	95	226	209	179
60	150	135	111	194	176	147	334	313	275
61	156	138	117	200	182	156	358	330	288
62	165	147	123	209	191	159	371	345	296
63	176	156	126	224	203	171	396	371	322
64	191	168	135	236	215	179	422	392	334
65	218	194	156	279	255	215	492	458	400
66	243	215	171	303	276	230	541	501	430
67	261	233	188	335	303	252	596	554	475
68	288	258	209	368	335	282	650	605	526
69	314	279	224	405	368	306	726	675	575
70	341	303	249	444	405	338	797	741	635
71	381	338	273	491	447	371	875	814	692
72	417	371	300	546	497	414	967	897	767
73	455	405	332	611	555	461	1,080	1,005	867
74	500	444	365	675	614	512	1,189	1,105	954
75	558	497	402	752	684	567	1,318	1,229	1,050
76	617	549	447	840	764	632	1,468	1,363	1,167
77	687	611	497	933	849	705	1,634	1,521	1,306
78	755	672	549	1,034	942	782	1,802	1,676	1,442
79	828	737	602	1,128	1,028	858	1,977	1,838	1,585
80	902	801	653	1,224	1,113	936	2,151	1,998	1,730
81	975	866	705	1,319	1,199	1,013	2,326	2,160	1,872
82	1,049	929	758	1,415	1,286	1,089	2,501	2,322	2,017
83	1,122	993	810	1,509	1,371	1,166	2,673	2,481	2,160
84	1,196	1,058	863	1,604	1,457	1,242	2,848	2,643	2,305

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

Rate Sheets with Proposed Premium Increase

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Annual Premiums Per $10 Daily Benefit
Including Return of Premium Rider

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	133	123	99	182	162	133	306	288	239
50-54	136	126	106	190	168	136	310	292	249
55-59	189	164	146	254	231	189	445	413	351
60	287	256	208	365	337	280	641	600	519
61	296	264	221	382	343	296	672	627	547
62	312	273	230	391	359	299	702	649	555
63	325	296	237	418	378	318	743	692	603
64	352	312	253	437	401	328	791	733	621
65	404	355	293	516	469	397	906	844	737
66	443	397	315	559	509	421	987	914	794
67	472	424	339	603	550	456	1,080	1,002	856
68	518	465	378	662	600	508	1,163	1,088	945
69	557	498	400	724	659	546	1,297	1,206	1,029
70	602	536	439	790	717	599	1,407	1,317	1,126
71	671	599	482	864	789	655	1,543	1,437	1,223
72	729	651	526	958	870	726	1,690	1,575	1,342
73	791	710	580	1,067	967	801	1,885	1,755	1,515
74	863	776	636	1,170	1,066	889	2,061	1,920	1,657
75	963	856	692	1,297	1,179	979	2,273	2,119	1,808
76	1,053	947	766	1,444	1,309	1,084	2,517	2,340	2,002
77	1,171	1,040	850	1,596	1,449	1,207	2,790	2,595	2,228
78	1,281	1,142	933	1,755	1,598	1,327	3,060	2,843	2,451
79	1,402	1,242	1,011	1,900	1,735	1,451	3,337	3,102	2,676
80	1,516	1,342	1,099	2,052	1,871	1,573	3,614	3,354	2,906
81	1,628	1,443	1,182	2,205	2,006	1,690	3,879	3,608	3,131
82	1,742	1,543	1,257	2,346	2,131	1,807	4,150	3,854	3,340
83	1,850	1,639	1,337	2,492	2,264	1,922	4,410	4,104	3,560
84	1,964	1,737	1,414	2,634	2,390	2,039	4,672	4,340	3,780

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

Rate Sheets with Proposed Premium Increase

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Annual Premiums Per $10 Daily Benefit
Including Inflation Guard Rider

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	97	88	74	133	119	97	313	291	246
50-54	101	92	80	137	124	101	322	300	255
55-59	142	128	111	194	176	142	475	439	376
60	225	203	167	290	263	221	703	658	578
61	234	207	176	299	272	234	752	694	604
62	248	221	185	313	286	239	779	725	622
63	263	234	189	335	304	257	833	779	676
64	286	252	203	353	322	268	887	824	703
65	326	290	234	419	383	322	1,034	963	842
66	365	322	257	455	414	344	1,137	1,052	904
67	392	349	282	502	455	378	1,254	1,164	998
68	432	387	314	551	502	423	1,366	1,272	1,106
69	470	419	336	608	551	459	1,527	1,419	1,209
70	511	455	374	666	608	506	1,675	1,558	1,334
71	568	503	407	731	666	552	1,828	1,699	1,445
72	617	548	444	808	735	613	2,006	1,860	1,590
73	668	595	488	897	816	677	2,225	2,071	1,786
74	729	648	533	986	896	747	2,432	2,262	1,952
75	809	720	583	1,090	992	822	2,679	2,497	2,134
76	888	791	644	1,210	1,099	909	2,962	2,751	2,356
77	982	873	711	1,334	1,214	1,008	3,274	3,048	2,617
78	1,071	954	780	1,468	1,338	1,110	3,586	3,336	2,870
79	1,167	1,038	849	1,590	1,449	1,210	3,906	3,632	3,131
80	1,262	1,121	914	1,714	1,558	1,310	4,221	3,920	3,393
81	1,355	1,203	980	1,833	1,666	1,407	4,531	4,207	3,647
82	1,447	1,281	1,046	1,952	1,774	1,503	4,836	4,490	3,901
83	1,537	1,360	1,110	2,067	1,878	1,597	5,132	4,764	4,147
84	1,626	1,438	1,174	2,181	1,981	1,689	5,428	5,038	4,392

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

Rate Sheets with Proposed Premium Increase

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Annual Premiums Per $10 Daily Benefit
Including Return of Premium Rider and Inflation Guard Rider

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	194	180	144	266	237	194	627	590	491
50-54	199	185	155	278	246	199	636	599	509
55-59	277	241	214	371	338	277	913	848	720
60	420	375	304	536	494	411	1,316	1,231	1,066
61	434	387	323	560	503	434	1,380	1,287	1,123
62	458	401	337	573	526	439	1,442	1,334	1,141
63	476	434	347	613	554	467	1,526	1,422	1,239
64	516	457	370	641	587	481	1,624	1,507	1,276
65	592	521	429	757	688	582	1,862	1,735	1,515
66	650	582	462	820	747	617	2,030	1,880	1,632
67	692	622	498	885	808	669	2,221	2,061	1,761
68	760	683	555	972	880	746	2,393	2,239	1,943
69	818	732	587	1,063	967	802	2,668	2,481	2,116
70	884	788	644	1,159	1,053	879	2,896	2,710	2,316
71	979	874	703	1,261	1,152	955	3,156	2,938	2,501
72	1,058	944	763	1,390	1,262	1,053	3,434	3,200	2,728
73	1,140	1,023	835	1,537	1,394	1,154	3,806	3,545	3,059
74	1,235	1,110	910	1,675	1,527	1,272	4,135	3,853	3,325
75	1,370	1,218	984	1,845	1,677	1,393	4,531	4,224	3,604
76	1,489	1,339	1,083	2,040	1,851	1,532	4,985	4,635	3,965
77	1,645	1,461	1,194	2,241	2,035	1,695	5,490	5,106	4,384
78	1,787	1,593	1,302	2,448	2,230	1,851	5,983	5,557	4,792
79	1,942	1,721	1,401	2,633	2,404	2,011	6,481	6,023	5,197
80	2,086	1,847	1,513	2,825	2,576	2,165	6,972	6,469	5,605
81	2,226	1,973	1,616	3,014	2,742	2,311	7,432	6,913	5,999
82	2,365	2,095	1,707	3,187	2,895	2,454	7,899	7,335	6,358
83	2,496	2,210	1,803	3,361	3,054	2,592	8,336	7,757	6,730
84	2,631	2,326	1,895	3,528	3,202	2,731	8,771	8,148	7,096

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

Rate Sheets with Proposed Premium Increase

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Home Health Care Rider Per $10 Daily Benefit
5 Day Elimination Period

	Base Plan			Base Plan With Return of Premium		
Age	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	38	50	113	76	99	230
50-54	38	53	117	76	105	239
55-59	44	65	149	86	126	291
60	53	77	175	98	148	332
61	56	83	187	105	158	354
62	59	89	200	108	164	380
63	62	92	209	116	170	388
64	68	98	222	122	180	416
65	71	108	243	132	198	447
66	74	114	258	138	207	470
67	80	120	271	144	217	485
68	83	129	292	147	229	526
69	92	138	313	163	249	557
70	98	147	334	173	263	601
71	105	156	358	182	275	627
72	114	168	383	204	294	672
73	123	185	417	213	320	729
74	129	200	454	222	347	790
75	141	215	488	245	369	839
76	153	233	530	269	401	914
77	168	255	579	287	434	986
78	182	273	618	306	463	1,051
79	197	294	671	337	492	1,134
80	212	326	741	355	543	1,250
81	230	347	788	380	580	1,319
82	246	368	837	407	611	1,385
83	264	390	884	436	644	1,460
84	279	411	933	462	672	1,529

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

Rate Sheets with Proposed Premium Increase

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

Policy Form 420

Home Health Care Rider Per $10 Daily Benefit
5 Day Elimination Period Including Inflation Rider

	Base Plan			Base Plan With Return of Premium		
Age	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	56	74	237	111	144	472
50-54	56	79	246	111	154	491
55-59	65	97	313	125	184	598
60	79	115	367	144	217	681
61	83	124	394	153	231	728
62	88	133	421	158	240	780
63	92	137	439	170	250	798
64	101	146	466	179	264	854
65	106	162	510	193	290	919
66	110	171	542	203	304	965
67	119	180	569	212	318	997
68	124	194	613	216	336	1,082
69	137	207	658	240	365	1,147
70	146	221	703	254	386	1,236
71	156	232	747	266	402	1,282
72	169	249	795	295	427	1,367
73	181	271	860	306	461	1,472
74	188	291	928	318	497	1,585
75	204	311	991	348	525	1,673
76	220	335	1,070	380	567	1,810
77	240	365	1,161	403	609	1,940
78	258	388	1,229	427	645	2,055
79	277	415	1,326	467	682	2,203
80	296	456	1,454	489	748	2,410
81	319	482	1,535	520	793	2,527
82	339	507	1,619	553	830	2,637
83	362	534	1,697	588	869	2,759
84	379	559	1,778	618	901	2,870

Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

Continental General Insurance Company
Form GPO
Guaranteed Purchase Option Rider

5% of Base Long-Term
Care Policy Rate

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	420 Certificate of Compliance - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	420 Product Checklist - VA - signed.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	420 Cover Letter - VA.pdf 420 Actuarial Memorandum - VA.pdf 420 Exhibits - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see the response to the objection on 8/28/2019.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 3/30/2018
Comments:	
Attachment(s):	420 Objection 1 Response - VA.pdf CGI Policyholder Notification Letter – VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 4/10/2018
Comments:	

Attachment(s):	420 Objection 2 Response - VA.pdf 420 Original Memo (1).pdf 420 Original Memo (2).pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 5/31/2018
Comments:	
Attachment(s):	420 Objection 3 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 7/9/2018
Comments:	
Attachment(s):	420 Objection 4 Response - VA.pdf 420 Objection 4 Response Exhibits - VA.xlsx
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 10/29/2018
Comments:	
Attachment(s):	420 Objection 5 Response - VA.pdf CGI RINC(VA)(0518) Certificate of Compliance - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 1/15/2019
Comments:	
Attachment(s):	420 Objection 6 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 1/17/2019
Comments:	
Attachment(s):	420 Objection 7 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 2/21/2019
Comments:	
Attachment(s):	420 Objection 8 Response - VA.pdf Policyholder Notification Letter - John Doe - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 4/12/2019
Comments:	
Attachment(s):	420 Objection 9 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 8/28/2019
Comments:	
Attachment(s):	420 Objection 10 Response - VA.pdf 420 Actuarial Memorandum - VA - Revised.pdf 420 Appendix A - VA - Revised.pdf 420 Rate Request Summary - VA - Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection 12/5/2019
Comments:	
Attachment(s):	420 Objection 11 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection Dated 01/28/2020
Comments:	
Attachment(s):	420 Objection 12 - VA Response.pdf
Item Status:	Received & Acknowledged
Status Date:	05/08/2020

Satisfied - Item:	Response to Objection Sent 04/06/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 13 - VA Response.pdf VA Readability Compliance Certification - CGI 420.pdf

State: Virginia
Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: Long Term Care
Project Name/Number: CGI 420 LTC RATE INCREASE FILING, 2017/

Item Status:	Received & Acknowledged
Status Date:	08/04/2020

Satisfied - Item:	Response to Objection Sent 05/08/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 14 - VA Response.pdf CGI-RINC(VA)(0120) - John Doe.pdf CGI-RINC(VA)(0120)-BR - John Doe.pdf CGI-RINC(VA)(0120)-CNFO - John Doe.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.05 - John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	05/15/2020

Satisfied - Item:	Response to Objections Sent 06/15/2020 and 06/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 15 - Response.pdf RINC Letter - CGI - VA - Round 5 - Revised 2020.06 - John Doe.pdf CGI 420 Series VA Objection 16 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	08/04/2020

Satisfied - Item:	Response to Objection Sent 07/16/2020
Comments:	
Attachment(s):	CGI Statement of Variability (VA) CGI - RINC(VA)(0120).pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-BR.pdf CGI Statement of Variability (VA) CGI - RINC(VA)(0120)-CNFO.pdf CGI 420 Series VA Objection 17 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	08/04/2020

Satisfied - Item:	Response to Objection Sent 07/29/2020
Comments:	
Attachment(s):	CGI 420 Series VA Objection 18 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	08/04/2020

Attachment 420 Objection 4 Response Exhibits - VA.xlsx is not a PDF document and cannot be reproduced here.

STATE OF VIRGINIA
ACTUARIAL CERTIFICATION

Form numbers
403, 405, 407, 408, 409, 410, 411, 414, 420, 421, 422, 423, 428, 429, 430, 431, 432, 435, 436

The company has reviewed the enclosed policy 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.

May 05, 2020
Date

Continental General Insurance Company
COMPANY NAME

Actuary Signature

Madison P. Nahrup, ASA, MAAA
Name and Title

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

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

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

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

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

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

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Forms and Rates Section reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

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

Signed: _____

Name (please print): _Stephanie Entzminger_____

Company Name: Continental General Insurance Company_____

Date: 3/8/2018_____ Phone No: (512) 410-0854____ FAX No: (513) 564-3420__

E-Mail Address: Stephanie.Entzminger@continental-ins.com

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

March 8, 2018

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Sir or Madam:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the above-referenced Individual Long-Term Care Insurance products. Detailed information regarding the calculation of the current proposed rate increases is given within the enclosed Actuarial Memorandum.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. In addition to a base rate increase, an increase is being requested on the Inflation Guard Rider percentage load. The rate increases will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to inforce policies issued in this state. The above-referenced policy forms are Individual Long-Term Care Insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state. I hope that with this information, your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Stephanie Entzminger

Stephanie Entzminger, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

CONTINENTAL GENERAL INSURANCE COMPANY
Home Office:
P.O. Box 203098
Austin, Texas 78720-3098

Actuarial Memorandum for Premium Rate Increases of:
66.3% on Base Policy Forms and Riders, and
208.2% on the Inflation Guard Rider (IGR) Percentage Load for

Continental General Insurance Company
Individual Long-Term Care Insurance Policy Forms:
403, 405, 407, 408, 409, 410, 411, 414, 420, 421, 422, 423, 428, 429, 430, 431, 432, 435, 436

Benefit Increase Riders: GPO, GPO(429)(WI)
Inflation Guard Riders: IGR(1), IGR-MN(422), IGR-MN(423), IGR(1)(A)(428), IGR(1)(A)(429), et al.
Home Health Care Rider: HC/CC, et al.
Return of Premium Rider: RP(LTC)(10), RP(10)(WI), et al.

I. Purpose of Filing

The purpose of this rate filing is to support and request a 66.3% rate increase on the Base Policy Forms and Riders for the above listed policy form series, and to support and request a 208.2% rate increase on the Inflation Guard Rider (IGR) percentage load. This filing may not be appropriate for other purposes.

Details on the methodology for calculating the unfunded gap in future liabilities and the resulting overall rate increase can be found in Section IV below.

Rate sheets are attached showing premium rates after the 66.3% Base premium rate increase and 208.2% IGR percentage load increases. Please note, rate sheets do not demonstrate percentage loads to add inflation protection, but instead have dollar amounts. Premium rates will be increased by an amount equivalent to the 66.3% Base premium rate increase and 208.2% IGR percentage load increase.

As shown in **Exhibit 3a** which has been included with this filing, the projected lifetime loss ratio for Base Policy Forms and Non-ROP Riders, assuming implementation of the rate increases justified Nationwide, is 91.8%.

II. Policyholder Options to Mitigate Impact of Premium Rate Increases

Offers for Policyholders with Perpetual Return of Premium Riders: RP(LTC)(10), RP(10)(WI)
In order to mitigate the impact of the increases on policyholders with Return of Premium riders, the Company will implement a program in which the policyholder will have the choice to surrender their ROP benefit for value, while keeping their Base Policy and other non-ROP Riders in force. The offer will vary by the duration within the 10-year ROP "cycle" as follows:

- For policyholders in durations with a scheduled ROP benefit of 0%, the offer will be 100% of cumulative paid ROP Rider premium within the current 10-year ROP cycle, less the value of any policyholder benefits paid within the current 10-year ROP cycle.

- For policyholders in durations with a scheduled ROP benefit greater than 0% (except for duration 10), the offer will be the scheduled ROP benefit + 10%, less the value of any policyholder benefits paid within the current 10-year ROP cycle.
- For policyholders in duration 10, the offer will be the scheduled ROP benefit.

Under the predominant ROP payment schedule, the ROP offers assuming no policyholder benefits having been paid within the 10-year ROP duration "cycle" will be as follows:

	% of Cumulative ROP Rider Premium					% of Total Cumulative Premium				
Duration	1	2	3	4	5	6	7	8	9	10
Refund %	100%	100%	100%	100%	100%	25%	40%	55%	70%	80%

Optional Policyholder offers to Reduce Benefits

In addition, the Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the Base policy. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period.

Non-forfeiture Offers

In addition, the Company will give the policyholder the option to accept a shortened benefit period. Acceptance of this offer will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid less any benefits paid by a Return of Premium or Premium Accrual Benefit Rider or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. This non-forfeiture benefit shall not exceed the policyholder's remaining unused Maximum Lifetime Benefit at the time of conversion. Each day any benefits are received will count as one full day toward the completion of the shortened benefit period. This offer will be made to all policyholders.

III. Scope of Filing

This filing applies to active premium-paying policies issued in this state for the policy forms listed above. These forms are no longer being marketed in any state and the Company is no longer selling any new Long-Term Care Insurance. **Exhibit 1** provides a distribution by state of the number of lives and associated annualized premium for active premium-paying lives as of 12/31/2016 under these policy forms. The annualized premium inforce Nationwide as of 12/31/2016 was 18,098,148. A breakdown of lives affected by this filing in this state is shown in **Appendix A**.

Please note that experience associated with the Return of Premium (ROP) Rider has been excluded from this filing.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long-Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. Premium rate increases that help to remediate poorly performing blocks of business and limit any future losses are important to maintaining the Company's ability to meet policyholder obligations and pay future claims.

A. Rate Increase Formula: Gap Analysis

The current projected earned premium shortfall, or "Gap," is calculated as the present value of future claims and expenses less the present value of future premium and the active life reserve as of 12/31/2016. Please note that experience associated with lives that are currently in a paid-up status due to a non-forfeiture benefit has been excluded from the calculation of the Gap Analysis. The Nationwide justified premium rate increase is calculated as the rate increase necessary so that the projected gap is zero.

Formulaically, Gap Analysis can be described as calculating the rate increase that would satisfy the equation below on a strictly prospective basis:

PV Incurred Claims + PV Expenses = PV Earned Premium + Active Life Reserves

B. Nationwide Justified Rate Increase

The Nationwide justified increase is the rate increase which would satisfy Gap Analysis given actual Nationwide experience. As demonstrated in the table below, a rate increase of 54.4% on the Base policy form and riders combined with a rate increase of 119.1% on the Inflation Guard Rider percentage load would result in a projected Gap of $0.0M. Values in the table below are shown in millions of dollars.

	Base Increase:	*54.4%*
	IGR Load Increase:	*119.1%*
	Before Increase	**After Increase**
Nationwide Active Life Reserve (ALR)	158.3	158.3
Present Value of Nationwide Projected Earned Premium	111.5	177.0
Present Value of Nationwide Projected Future Expenses	25.2	25.0
Present Value of Nationwide Projected Incurred Claims	325.4	310.4
Expected Earned Premium Shortfall (Gap)	80.7	0.0

The impact of the Nationwide justified rate increase is demonstrated in **Exhibit 3a** through **Exhibit 3c**. In **Exhibit 3a** through **Exhibit 3c**, the values in the "Projected Future Experience After Nationwide Justified Rate Increase" section reflect the expected increase in Earned Premium, Waived Premium, and Premium-based claims and expenses given implementation of the above premium rate increases on 6/1/2018. These cash flows also include the impact of shock lapse, benefit reductions, anti-selection, and non-forfeiture residual liability resulting from the rate increase. These assumptions are described in more detail in Section V below.

C. Requested Rate Increase

State-specific justified rate increases are calculated to achieve equity across states with respect to the total amount of rate increases that will have been implemented in each state. In order to calculate the rate increase needed for this state specifically, the following formula was used:

$$\frac{(1+\text{Nationwide Rate Increase Need})(1+\text{Nationwide Cumulative Rate Increase to Date})}{(1+\text{State}-\text{Specific Cumulative Rate Increase to Date})} - 1.$$

This formula was applied separately for the base policy rate increase need and the IGR Load rate increase need. Details of this calculation can be found in **Appendix A**.

D. **Minimum Loss Ratio Requirement**

Although the rate increases in this filing are not calculated to achieve a target loss ratio, this filing demonstrates that, even after implementation of the Nationwide justified rate increases, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long-Term Care Insurance
Renewal Clause:	Guaranteed Renewable
Required Minimum Loss Ratio:	60%

The current lifetime anticipated loss ratio is 101.7%; assuming the rate increases justified Nationwide are approved, the lifetime anticipated loss ratio will be 91.8%. These lifetime loss ratios are demonstrated in **Exhibit 3a**.

V. Actuarial Assumptions

The actuarial assumptions used to project the future premiums and claims are described in this section. **Appendix D** provides further details of the experience studies conducted that were used to develop the actuarial assumptions.

A. Interest

A 5.0% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B. Mortality

The best estimate future mortality assumption is 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors. Historical mortality improvement was assumed equal to 0.6% per year, with 2000 as the central year. The mortality assumption, including selection factors and historical mortality improvement, is based on industry expectations.

C. Voluntary Lapse

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company's experience on these forms and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. In addition, benefit exhaustion rates were calculated and added to reflect policy termination when a person exhausts his benefit period. It is assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. All policies in this form series are currently in durations 14+, for which the lapse rates shown below are applicable. Lapse rates vary by marital status, inflation versus non-inflation and ROP versus non-ROP. The table below shows the detailed applicable lapse assumptions.

Ultimate Lapse Rate				
	Married		Single	
Duration	Inflation	Non-Inflation	Inflation	Non-Inflation
14	0.29%	0.84%	1.52%	1.73%
15+	0.24%	0.70%	1.26%	1.44%

Additional multiplier to apply to Lapse Rates for Gender	
Gender	Multiplier
Female	85.0%
Male	135.0%

For policies with an active ROP rider, an additional shock lapse rate of 10% is assumed in addition to the above-noted lapsed rates at durations 11, 21, 31, etc.

D. Morbidity Rates

The morbidity assumptions are based on a combination of the Company's historical claim experience on these forms from 2009 through 6/30/2016, the Milliman *2014 Long-Term Care Guidelines* (*Guidelines*) and judgment. The *Guidelines* reflect over $25 billion of insured data and the experience and judgment of Milliman actuaries. The claim cost assumptions reflect the Company's current best estimate of future morbidity. In setting the morbidity assumptions, the policy design, underwriting and claim adjudication practices have been taken into consideration. The baseline assumptions do not include any adverse selection resulting from the rate increase, loads for moderately adverse experience, or future morbidity improvement.

E. Claim Reserves

The incurred claims shown in the Nationwide historical experience include paid claims, DLR, ICOS, and IBNR.

F. Expenses

The projected future experience uses the following expense assumptions:

Premium Tax – 2.5% of Paid Premium
Maintenance Expense – $155 per insured with 2.0% inflation per year
Claim Expense – 3.5% of Base Paid Claims
Commissions – 16.0% of Paid Premium at the Original Premium Rate Level

G. Shock Lapse

At the time the proposed premium rate increases become effective, the additional shock lapse is assumed to be 8.2% for lives without an active Inflation Guard Rider and 10.0% for lives with an active Inflation Guard Rider. The shock lapse is in addition to the base lapse assumption for that projection period. The "shock lapse" effect of the rate increases is assumed to temporarily increase voluntary lapses in the year that the rate increases are implemented. The shock lapse is reflected in the projected future experience after the proposed rate increase in **Exhibit 3a** through **Exhibit 3c**.

H. Benefit Reductions

As described in Section II, the Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase. The impact of benefit reductions due to the proposed increases is assumed to be 1.3% for lives without an active Inflation Guard Rider and 2.3% for lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the proposed rate increase in **Exhibit 3a** through **Exhibit 3c**.

I. **Anti-Selection**

Policyholders in poor health tend to keep their current policies, while those in better health may be more likely to lapse. This results in anti-selection. This is modeled in our exhibits as a 1.1% morbidity load for lives without an active Inflation Guard Rider and a 1.6% morbidity load for lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the Nationwide rate increase in **Exhibit 3a** through **Exhibit 3c.**

J. **Non-forfeiture (NFO) Residual Liability**

The residual NFO liability captures the future claims expected to be incurred on policies which elect the non-forfeiture benefit. The impact of the ultimate residual NFO liability due to the proposed increases is assumed to be 0.6% for lives without an active Inflation Guard Rider and 0.8% for lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the proposed rate increase in **Exhibit 3a** through **Exhibit 3c**.

As stated above, it is known that policyholders in poor health tend to keep their current policies, while those in better health may be more likely to lapse or elect the NFO benefit. The residual NFO liability is expected to grade up over time as this selection effect wears off. Given the grading, the initial residual NFO liability is 20% of the ultimate rate, grading up to the ultimate rate over 10 years.

VI. Rate Increase History

Prior approved rate increases for these policy forms in this state are summarized in **Appendix A**.

VII. Effective Date

Policyholder notification of the rate increases will begin as soon as possible subject to state insurance department approval with the additional condition that no policyholder will receive the rate increases sooner than one year after receiving a previous rate increase.

VIII. Premium Profile

The state-specific average total annualized premiums, per insured (including riders), before and after the requested premium rate increases are shown in **Appendix A**.

IX. Historical and Projected Future Experience

Exhibit 2a through **Exhibit 2f** present historical experience since inception by “incurred year,” or “loss year,” for these policy forms and riders as of 12/31/2016. **Exhibit 2a** through **Exhibit 2c** contain

Nationwide experience and **Exhibit 2d** through **Exhibit 2f** contain the experience for only those policies sold in this state.

Future experience has been projected for 2017 and every year thereafter, as presented in **Exhibit 3a** through **Exhibit 3f**. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The present values of earned premium and incurred claims, discounted at 5.0% after application of the Nationwide justified rate increase and resulting shock lapse, benefit reductions, anti-selection, and NFO residual liability, are summarized in **Exhibit 3a** through **Exhibit 3c**. **Exhibit 3d** through **Exhibit 3f** contain the historical and projected experience, both with and without the impact of the rate increase requested, for only those policies sold in this state.

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums. Please note, the historical and projected experience demonstrated in **Exhibit 3a** through **Exhibit 3f** does include lives that are currently in a paid-up status due to election of a non-forfeiture benefit.

X. Summary of Appendices

Multiple Appendices have been included with this filing. They are detailed below.

Appendix A contains information that is specific to the state in which this filing is made, such as the average annual premium, the number of policyholders inforce, etc. Similar information for Nationwide is also contained in this Appendix.

Appendix B contains a summary of the benefits included under each policy form grouping.

Appendix C contains a summary of the demographic distributions for inforce policies issued Nationwide as of 12/31/2016.

Appendix D contains a detailed summary of the development of the projection assumptions.

Appendix E contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

XI. Summary of Exhibits

Multiple Exhibits have been included with this filing. They are detailed below.

Exhibit 1 contains the breakdown of policy counts, annualized premium, and average premium for all inforce policies by state under these products. This is shown for all policies, policies with active inflation riders, and polices without active inflation riders.

Exhibit 2a contains the historical Nationwide experience for all policies issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2b contains the historical Nationwide experience for all policies without an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2c contains the historical Nationwide experience for all policies with an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2d contains the historical Virginia experience for all policies issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2e contains the historical Virginia experience for all policies without an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2f contains the historical Virginia experience for all policies with an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 3a contains historical and projected Nationwide experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3b contains historical and projected Nationwide experience for all policies without an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3c contains historical and projected Nationwide experience for all policies with an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3d contains historical and projected Virginia experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Virginia proposed rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3e contains historical and projected Virginia experience for all policies without an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Virginia proposed rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3f contains historical and projected Virginia experience for all policies with an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Virginia proposed rate increase for these policies. The presented experience excludes the ROP rider.

XII. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed and that it complies with applicable Actuarial Standards of Practice, including Actuarial Standard of Practice Number 8. I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage and the benefits are reasonable in relation to the premiums charged.

Stephanie Entzminger, FSA, MAAA
Associate Actuary
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Continental General Insurance Company
Appendix A
Policy Forms: 420 Series et al.
State-Specific Filing Information

Virginia
Requested Base Rate Increase: 66.3%
Requested IGR Load Increase: 208.2%

1. Virginia Lives Affected by Requested Rate Increase (Section III in Actuarial Memorandum)

Total Virginia lives affected by this filing:	31
Virginia lives with an active Inflation Guard Rider affected by this filing:	17

2. Calculation of Requested Rate Increase for Virginia (Section IV in Actuarial Memorandum)

Rate Increase Need for Base Policies and Riders

Required Nationwide Rate Increase for Base Policies and Riders:	54.4%
Cumulative Virginia Rate Increase to Date:	206.8%
Cumulative Nationwide Rate Increase to Date:	230.4%
Base Rate Increase Necessary for Virginia:	66.3%

Rate Increase Need for Inflation Guard Rider Percentage Load

Required Nationwide Rate Increase for the IGR Percentage Load:	119.1%
Cumulative Virginia Rate Increase to Date:	0.0%
Cumulative Nationwide Rate Increase to Date:	40.6%
IGR Percentage Load Increase Necessary for Virginia:	208.2%

3. Virginia Rate Increase History (Section VI in Actuarial Memorandum)

Base Rate History

Form 420	104.5% in 2005, 50.0% in 2011

ROP & IGR Rate History

Form 420	17.0% ROP in 2011

4. Premium Profile (Section VIII in Actuarial Memorandum)

The average annual premium for these forms and associated riders, prior to the requested rate increase, is:

Policies without an active Inflation Guard Rider:		Policies with an active Inflation Guard Rider:	
Virginia	$3,825	Virginia	$2,957
Nationwide	$3,036	Nationwide	$3,264

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

Policies without an active Inflation Guard Rider:		Policies with an active Inflation Guard Rider:	
Virginia	$6,361	Virginia	$8,293

Continental General Insurance Company
Appendix B
Policy Forms: 420 Series et al.
Description of Benefits

Policy Form	Benefit Description	Primary Payment Type	Home Health Care Payment Type	Lifetime Maximum (Years or $ Amount)	Elimination Periods	Available Riders
Product Series 405						
405	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 5 years, Lifetime	0, 20, 100, 365 days	1, 2, 3
408	Comprehensive Long-Term Care	Reimbursement	Reimbursement	$ 50K	0, 20, 90 days	2
409	Comprehensive Long-Term Care	Reimbursement	Reimbursement	$ 100K, $ 250K, Unlimited	0, 20, 90 days	2
410	Comprehensive Long-Term Care	Indemnity	Reimbursement	2, 5 years, Lifetime	0, 20, 100, 180, 365 days	2
411	Facillity Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 5 years, Lifetime	0, 20, 100, 180, 365 days	2, 7
414	Qualified Comprehensive Long-Term Care	Indemnity	Reimbursement	$ 25K, $ 50K, $ 100K, $250K, Unlimited	0, 20, 90 days	none
Product Series 420						
420	Facillity Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30 100 days	1, 2, 3, 4, 5
421	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	2, 3, 7
422	Comprehensive Long-Term Care	Reimbursement	Reimbursement	$ 50K, $ 100K, $ 250K, Unlimited	0, 30, 90 days	2, 3, 4, 5
423	Comprehensive Long-Term Care	Reimbursement	Reimbursement	2, 4 years, Lifetime	0, 20, 100 days	1, 2, 3
428	Facility Only Long-Term Care	Indemnity	None	2, 4 years, Lifetime	0, 30, 100 days	2, 3, 4, 5
429	Comprehensive Long-Term Care	Indemnity	Reimbursement	$ 100K, $ 250K, Unlimited	0, 20, 90 days	2, 3, 4, 5
430	Comprehensive Long-Term Care	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	2, 3
431	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	1, 2, 3, 4, 6
432	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	1, 2, 3
435	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	1, 3
436	Comprehensive Long-Term Care	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	2, 3, 4

Riders:

1 Home Health Care
2 Inflation guard
3 Return of Premium
4 Guaranteed Purchase Option
5 Non-Forfeiture Rider
6 Community Care
7 Home and Community Care

* At issue, the insured chooses the daily benefit limit, the elimination period, and the maximum benefit period, as well as any optional riders.

Continental General Insurance Company
Appendix C
Policy Forms: 420 Series et al.
Distribution of Inforce Business as of 12/31/2016
All Non-NFO Policies - Nationwide

Issue Year	Count	% of Count	Premium	% of Premium
1991	3	0%	8,289	0%
1992	12	0%	34,864	0%
1993	49	1%	108,479	1%
1994	160	3%	507,577	3%
1995	665	11%	2,034,678	11%
1996	1,731	30%	5,348,022	30%
1997	1,172	20%	3,605,086	20%
1998	960	16%	2,949,387	16%
1999	591	10%	1,852,388	10%
2000	365	6%	1,150,980	6%
2001	106	2%	337,349	2%
2002	49	1%	158,814	1%
2003	1	0%	2,235	0%
Grand Total	5,864	100%	18,098,148	100%

Issue Age	Count	% of Count	Premium	% of Premium
Less than 45	31	1%	74,853	0%
45 - 49	225	4%	567,061	3%
50 - 54	734	13%	1,688,924	9%
55 - 59	1,430	24%	3,545,918	20%
60 - 64	1,840	31%	5,703,303	32%
65 - 69	1,162	20%	4,273,438	24%
70 - 74	363	6%	1,716,175	9%
75 - 79	72	1%	482,152	3%
Over 79	7	0%	46,324	0%
Grand Total	5,864	100%	18,098,148	100%

Attained Age	Count	% of Count	Premium	% of Premium
Less than 50	2	0%	5,999	0%
50 - 54	1	0%	1,155	0%
55 - 59	16	0%	39,660	0%
60 - 64	59	1%	169,608	1%
65 - 69	350	6%	833,929	5%
70 - 74	834	14%	2,034,450	11%
75 - 79	1,521	26%	3,950,201	22%
80 - 84	1,696	29%	5,366,827	30%
85 - 89	897	15%	3,356,896	19%
Over 89	488	8%	2,339,422	13%
Grand Total	5,864	100%	18,098,148	100%

Gender	Count	% of Count	Premium	% of Premium
F	3,636	62%	11,053,983	61%
M	2,228	38%	7,044,164	39%
Grand Total	5,864	100%	18,098,148	100%

Inflation Options	Count	% of Count	Premium	% of Premium
None	2,613	45%	7,591,392	42%
GPO	77	1%	478,054	3%
Compound 5% for 20 Years	2,322	40%	6,781,130	37%
Compound 5%	852	15%	3,247,571	18%
Grand Total	5,864	100%	18,098,148	100%

Elimination Period Days	Count	% of Count	Premium	% of Premium
0	1,363	23%	4,887,334	27%
20	63	1%	179,067	1%
30	1,311	22%	4,212,968	23%
90	766	13%	1,894,717	10%
100	2,356	40%	6,905,602	38%
180	4	0%	12,494	0%
365	1	0%	5,966	0%
Grand Total	5,864	100%	18,098,148	100%

Benefit Period	Count	% of Count	Premium	% of Premium
Less than 1 year	-	0%	-	0%
1 - 2 years	6	0%	9,800	0%
2 - 3 years	529	9%	1,218,950	7%
3 - 4 years	56	1%	100,222	1%
4 - 5 years	1,174	20%	3,416,078	19%
5 years - Lifetime	314	5%	813,869	4%
Lifetime	3,785	65%	12,539,229	69%
Grand Total	5,864	100%	18,098,148	100%

Marital Status	Count	% of Count	Premium	% of Premium
Married	4,428	76%	12,483,573	69%
Single	1,436	24%	5,614,575	31%
Grand Total	5,864	100%	18,098,148	100%

Tax Status	Count	% of Count	Premium	% of Premium
TQ	-	0%	-	0%
NTQ	5,864	100%	18,098,148	100%
Grand Total	5,864	100%	18,098,148	100%

Continental General Insurance Company
Appendix D
Actuarial Assumption Development

Appendix D contains a description of the experience studies conducted on the Company's actual experience.

Termination Study

A termination study was conducted on the Company's actual termination experience from 2002 to 6/30/2016 on forms issued by Continental General Insurance Company. The study measured total termination rates.

The mortality assumption, including selection factors and mortality improvement, is based on industry expectations. Assumed mortality is equal to 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.

The future expected voluntary lapse assumptions were developed based on the historical implied lapse experience and judgment. Historical implied lapses were determined by subtracting expected deaths, using the mortality assumptions discussed above, and actual benefit exhaustions from total terminations. The expected voluntary lapse rates vary by inflation option, spousal discount, gender, and policy duration.

Exhibit D-1 contains the comparison of implied lapse experience to the current lapse assumptions. The Exhibit shows total lives, actual total terminations and expected deaths. The voluntary lapse rates are shown as described above, as historical implied lapses and expected lapses.

Morbidity Study

A morbidity study was also conducted on the Company's actual experience from 2009 to 6/30/2016 on forms issued by Continental General Insurance Company. Actual claims were measured against the Milliman 2014 *Long Term Care Guidelines* (*Guidelines*). Actual-to-expected fitting factors were developed based on the actual experience and judgment.

Actual incurred claims are based on paid claims and remaining claim reserves discounted (using an interest rate of 4.5% for this experience study) back to the claim incurred date. The claim reserves were discounted from valuation date to the claim incurred date using a 4.5% discount rate and excluding any waiver of premium load, LAE load and explicit margin. Actual claims include approximately $14 million of IBNR as of June 30, 2016, which is allocated to incurred year as follows: approximately 64% to incurred year 2016, 23% to incurred ear 2015, and 13% to incurred year 2014. Actual incurred claims are calculated by adding together the present value of paid claims and claim reserves. Actual average claim severity was calculated by dividing actual incurred claims by the count of claims. In this study, waiver of premium was excluded from both the actual claims and expected claims.

Expected claims were based on the *Guidelines* and include selection factors and actual-to-expected fitting factors. The actual-to-expected fitting factors varied by coverage type, benefit period, payment type, marital status, and form. No future morbidity improvement is assumed.

Exhibit D-2 contains the comparison of actual claim experience to the current assumptions.

Continental General Insurance Company
Appendix D
Exhibit D-1
Termination Study

Experience by Policy Duration

Policy	Total	Total Terminations		Mortality Rate	Voluntary Lapse Rate	
Duration	Lives	Count	Rate	Expected	Implied	Expected
1	1,975	476	24.1%	0.4%	23.7%	23.5%
2	3,842	796	20.7%	0.7%	20.0%	18.9%
3	5,291	680	12.9%	0.8%	12.1%	11.2%
4	6,980	653	9.4%	0.9%	8.5%	8.4%
5	9,830	631	6.4%	1.0%	5.4%	5.5%
6	11,977	676	5.6%	1.1%	4.5%	4.6%
7	15,170	738	4.9%	1.3%	3.5%	3.9%
8	16,198	709	4.4%	1.5%	2.9%	3.0%
9	15,970	648	4.1%	1.6%	2.4%	2.4%
10	15,424	760	4.9%	1.8%	3.1%	1.6%
11	14,549	613	4.2%	1.9%	2.2%	1.4%
12	13,768	479	3.5%	2.1%	1.3%	1.2%
13	13,086	529	4.0%	2.3%	1.7%	1.1%
14	12,099	475	3.9%	2.5%	1.3%	0.9%
15+	41,539	2,129	5.1%	3.5%	1.4%	0.7%
Total	197,697	10,992	5.6%	2.0%	3.5%	3.1%

Notes:

1) Experience from 2002 through 6/30/2016.
2) Expected Mortality Rate is 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.
3) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate minus the Actual Benefit Exhaust Rate.
4) Current Voluntary Lapse Rate is the current projection assumption.
   Since these vary by inflation benefit option, spousal discount, and gender the rates shown above are composites.
   The ultimate lapse rate begins in duration 15.
5) Includes only lifetime pay policies (excludes 5 pay and 10 pay).

Continental General Insurance Company
Appendix D
Exhibit D-2
Policy Forms: 420 Series et al.
Claim Study

Experience by Policy Duration

Policy Duration	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
6	1	-	-	1,331.97	0%
7	39	-	-	25,629	0%
8	124	-	-	102,948	0%
9	382	4	545,818	321,394	170%
10	1,127	15	1,120,926	1,046,009	107%
11	2,262	36	4,054,217	2,567,362	158%
12	3,870	64	4,999,003	5,255,973	95%
13	6,344	133	12,159,845	10,110,730	120%
14	7,845	169	13,782,102	14,261,618	97%
15	8,177	178	13,438,447	16,771,177	80%
16	7,845	228	19,557,041	17,673,639	111%
17	7,123	238	22,008,392	17,924,002	123%
18	6,060	197	18,612,394	16,961,226	110%
19	4,643	182	17,866,118	14,686,598	122%
20	2,876	106	9,270,585	9,922,491	93%
21	1,146	53	3,512,981	4,362,364	81%
22	314	14	1,030,592	1,151,455	90%
23	84	1	55,472	219,764	25%
24	24	1	14,985	70,182	21%
25+	8	1	142,093	15,876	895%
Total	60,293	1,622	142,171,013	133,451,768	107%

Experience by Year

Calendar Year	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
2009	9,343	196	16,066,276	14,816,855	108%
2010	8,874	191	15,502,498	15,770,195	98%
2011	8,455	224	17,992,147	16,331,985	110%
2012	8,121	207	20,087,942	17,511,700	115%
2013	7,752	228	21,518,507	18,453,383	117%
2014	7,383	222	20,824,442	19,475,840	107%
2015	6,991	254	20,837,416	20,305,684	103%
2016	3,373	100	9,341,783	10,786,127	87%
Total	60,293	1,622	142,171,013	133,451,768	107%

Notes:
1) Experience from 2009 through 6/30/2016.
2) Paid claims represent the present value of paid claims discounted to the claim incurred date.
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred date.
4) Severity is defined as incurred claims divided by the count of claims.
5) Expected Claims are based on the Milliman 2014 *Long-Term Care Guidelines* (including Product Factors).
6) Claim dollar amounts are discounted using a 4.50% interest rate (both actual and expected).
7) Please note that claim experience related to this policy form grouping is considered 100.0% credible.

Continental General Insurance Company
Appendix E
Policy Forms: 420 Series et al.
Policy Persistency Comparison

	Actual Experience		Original Pricing Assumptions		Current Assumptions		
Policy Duration	Total Lives	Total Terminations	Lives with ROP Total Terminations	Lives without ROP Total Terminations	Lapse	Mortality	Total Terminations
1	136	15.4%	20.0%	22.0%	23.0%	0.3%	23.3%
2	358	7.8%	16.0%	18.0%	18.9%	0.5%	19.2%
3	1,152	10.9%	13.0%	15.0%	11.2%	0.6%	11.8%
4	2,437	8.3%	11.0%	13.5%	8.4%	0.7%	9.0%
5	4,301	5.6%	9.0%	12.0%	5.5%	0.9%	6.3%
6	6,696	5.1%	8.0%	12.0%	4.6%	1.1%	5.6%
7	10,223	4.3%	7.0%	12.0%	3.9%	1.3%	5.1%
8	11,544	3.7%	6.0%	12.0%	3.0%	1.4%	4.4%
9	11,606	3.9%	5.0%	12.0%	2.5%	1.6%	4.1%
10	11,331	5.0%	5.0%	12.0%	1.6%	1.8%	3.4%
11	10,785	4.3%	5.0%	12.0%	1.4%	2.0%	3.4%
12	10,295	3.4%	5.0%	12.0%	1.3%	2.1%	3.4%
13	9,851	4.0%	5.0%	12.0%	1.1%	2.3%	3.4%
14	9,269	3.8%	5.0%	12.0%	0.9%	2.5%	3.4%
15	8,685	4.8%	5.0%	12.0%	0.7%	2.8%	3.6%
16	7,933	4.6%	5.0%	12.0%	0.7%	3.1%	3.8%
17	6,883	5.0%	5.0%	12.0%	0.7%	3.6%	4.3%
18	5,622	5.3%	5.0%	12.0%	0.7%	4.0%	4.7%
19	4,079	6.7%	5.0%	12.0%	0.7%	4.5%	5.2%
20+	2,748	7.0%	5.0%	12.0%	0.8%	5.4%	6.1%

Notes:

1) Experience is 2002 through 6/30/16.
2) The "Original Pricing Assumptions" are those assumptions provided in the original pricing Actuarial Memorandu
3) The "Current Assumptions" are those used in the projection for the current rate filing.
   Since Lapse Rates vary by inflation benefit option, spousal discount, and gender, the rates shown above are com
   The ultimate lapse rate starts in duration 15.
   The mortality assumptions are 100% of the Annuity 2000 Basic Table with mortality steepening factors applied,
   historical mortality improvement, and selection factors.
4) The results shown above include only lifetime pay policies (excludes 5 pay and 10 pay).

Exhibit 1
Continental General Insurance Company
Policy Forms: 420 Series et al.
Nationwide Premium-Paying Lives
As of 12/31/16

	Combined			Lives with Active Inflation			Lives without Active Inflation		
Issue State	Lives	Annualized Premium	Average Premium	Lives	Annualized Premium	Average Premium	Lives	Annualized Premium	Average Premium
AL	37	111,120	3,003	17	46,091	2,711	20	65,029	3,251
AZ	28	85,199	3,043	23	67,235	2,923	5	17,964	3,593
AR	11	19,419	1,765	6	9,578	1,596	5	9,840	1,968
CA	5	14,891	2,978	4	12,775	3,194	1	2,116	2,116
CO	115	370,530	3,222	73	229,877	3,149	42	140,654	3,349
CT	58	143,251	2,470	29	60,307	2,080	29	82,944	2,860
DE	1	4,223	4,223	1	4,223	4,223	-	-	-
FL	338	664,866	1,967	139	271,086	1,950	199	393,780	1,979
GA	135	333,327	2,469	63	145,320	2,307	72	188,006	2,611
HI	71	295,237	4,158	64	249,915	3,905	7	45,321	6,474
ID	2	11,561	5,781	1	1,874	1,874	1	9,687	9,687
IL	324	1,241,706	3,832	173	688,793	3,981	151	552,913	3,662
IN	144	298,094	2,070	95	180,014	1,895	49	118,079	2,410
IA	568	1,639,482	2,886	363	1,072,682	2,955	205	566,800	2,765
KS	644	1,700,236	2,640	386	973,353	2,522	258	726,883	2,817
KY	52	146,562	2,818	16	42,649	2,666	36	103,913	2,886
LA	25	72,474	2,899	5	20,738	4,148	20	51,737	2,587
MD	1	1,820	1,820	-	-	-	1	1,820	1,820
MA	8	17,937	2,242	1	2,182	2,182	7	15,755	2,251
MI	53	249,058	4,699	31	162,604	5,245	22	86,454	3,930
MN	906	2,177,999	2,404	457	1,063,002	2,326	449	1,114,997	2,483
MS	7	24,001	3,429	4	12,584	3,146	3	11,417	3,806
MO	181	513,450	2,837	108	301,032	2,787	73	212,418	2,910
MT	17	72,359	4,256	12	49,349	4,112	5	23,010	4,602
NE	787	3,201,681	4,068	433	1,943,862	4,489	354	1,257,819	3,553
NV	7	31,206	4,458	3	7,894	2,631	4	23,311	5,828
NC	60	208,934	3,482	27	83,385	3,088	33	125,548	3,804
ND	100	386,789	3,868	58	220,490	3,802	42	166,299	3,959
OH	271	979,221	3,613	149	595,675	3,998	122	383,546	3,144
OK	98	194,506	1,985	46	87,761	1,908	52	106,745	2,053
OR	1	2,584	2,584	1	2,584	2,584	-	-	-
PA	140	484,517	3,461	79	284,633	3,603	61	199,884	3,277
RI	1	3,326	3,326	-	-	-	1	3,326	3,326
SC	5	20,197	4,039	1	6,695	6,695	4	13,503	3,376
SD	69	422,672	6,126	30	130,822	4,361	39	291,850	7,483
TN	123	382,758	3,112	38	145,221	3,822	85	237,536	2,795
TX	210	685,560	3,265	91	305,119	3,353	119	380,441	3,197
UT	4	10,019	2,505	2	4,964	2,482	2	5,054	2,527
VA	31	103,815	3,349	17	50,265	2,957	14	53,550	3,825
WA	7	39,051	5,579	7	39,051	5,579	-	-	-
WV	16	55,029	3,439	7	26,486	3,784	9	28,543	3,171
WI	186	611,670	3,289	105	396,521	3,776	81	215,148	2,656
WY	17	65,818	3,872	9	30,012	3,335	8	35,806	4,476
Total	5,864	18,098,148	3,086	3,174	10,028,702	3,160	2,690	8,069,446	3,000

Exhibit 2a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Nationwide
Base Policy and Riders excluding ROP Rider
Policies With and Without Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	363,911	142,894	39.3%
1992	405,158	187,373	46.2%
1993	673,323	92,086	13.7%
1994	1,215,627	190,663	15.7%
1995	3,213,274	271,135	8.4%
1996	6,986,198	1,470,015	21.0%
1997	12,633,435	2,653,628	21.0%
1998	15,476,583	7,029,710	45.4%
1999	16,521,198	6,478,340	39.2%
2000	17,406,713	5,393,614	31.0%
2001	17,589,072	7,221,521	41.1%
2002	17,550,435	7,987,199	45.5%
2003	17,798,651	17,057,363	95.8%
2004	18,951,524	11,052,741	58.3%
2005	21,665,584	14,221,835	65.6%
2006	22,295,915	11,737,425	52.6%
2007	21,047,119	12,389,313	58.9%
2008	19,902,586	17,286,146	86.9%
2009	18,118,620	17,476,925	96.5%
2010	17,538,157	15,566,892	88.8%
2011	18,072,651	20,744,952	114.8%
2012	18,664,771	22,338,430	119.7%
2013	18,627,855	24,357,539	130.8%
2014	17,822,615	22,520,245	126.4%
2015	15,727,552	21,676,442	137.8%
2016	16,688,815	25,735,070	154.2%
Total	374,254,347	293,591,843	78.4%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	22,454,315	1,187,585	5.3%
2	20,255,079	3,456,492	17.1%
3	19,006,226	5,894,023	31.0%
4	18,477,996	5,898,867	31.9%
5	18,194,466	8,685,078	47.7%
6	18,522,843	10,110,099	54.6%
7	18,739,282	10,570,832	56.4%
8	19,487,124	14,123,083	72.5%
9	20,890,953	15,037,501	72.0%
10	21,792,469	14,855,452	68.2%
11	20,914,857	19,148,421	91.6%
12	19,931,741	16,808,084	84.3%
13	19,281,058	18,068,030	93.7%
14	18,729,734	18,145,673	96.9%
15	18,641,896	15,927,235	85.4%
16	18,396,463	21,748,479	118.2%
17	17,366,451	25,151,750	144.8%
18	15,379,634	21,952,186	142.7%
19	12,241,572	22,737,297	185.7%
20	9,152,533	14,137,875	154.5%
21	4,430,845	6,216,142	140.3%
22	1,495,034	2,698,804	180.5%
23	348,867	616,191	176.6%
24	95,400	84,587	88.7%
25	22,151	331,276	1495.5%
26	3,362	800	23.8%
27	1,530	0	0.0%
28	466	0	0.0%
Total	374,254,347	293,591,843	78.4%

Present Values at 5%

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	644,646,507	440,254,143	68.3%

Exhibit 2b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Nationwide
Base Policy and Riders excluding ROP Rider
Policies Without Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	359,234	142,894	39.8%
1992	374,281	187,373	50.1%
1993	574,749	70,906	12.3%
1994	965,013	153,040	15.9%
1995	2,396,699	240,442	10.0%
1996	4,949,584	1,232,378	24.9%
1997	8,651,095	2,506,148	29.0%
1998	10,426,084	5,509,813	52.8%
1999	11,003,273	4,997,264	45.4%
2000	11,424,224	4,140,460	36.2%
2001	11,474,202	5,964,672	52.0%
2002	11,555,508	6,260,140	54.2%
2003	11,513,309	13,041,970	113.3%
2004	12,145,611	8,125,306	66.9%
2005	13,630,313	11,138,314	81.7%
2006	13,844,778	9,643,709	69.7%
2007	12,871,872	9,210,712	71.6%
2008	11,784,153	11,523,663	97.8%
2009	10,717,048	11,557,807	107.8%
2010	10,129,051	8,986,153	88.7%
2011	10,100,328	11,892,065	117.7%
2012	10,168,724	12,043,295	118.4%
2013	9,796,381	11,622,049	118.6%
2014	9,030,680	10,468,254	115.9%
2015	7,241,748	11,728,892	162.0%
2016	7,732,759	9,990,918	129.2%
Total	226,157,705	182,690,984	80.8%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	14,737,220	1,099,965	7.5%
2	13,301,264	2,949,728	22.2%
3	12,455,849	4,655,650	37.4%
4	12,112,039	4,655,081	38.4%
5	11,968,195	7,154,287	59.8%
6	12,051,431	7,448,403	61.8%
7	12,139,272	8,740,286	72.0%
8	12,378,729	11,141,772	90.0%
9	13,079,844	11,042,142	84.4%
10	13,546,301	11,321,132	83.6%
11	12,863,769	12,675,046	98.5%
12	11,954,222	10,611,573	88.8%
13	11,424,015	12,694,605	111.1%
14	10,690,439	11,781,798	110.2%
15	10,385,993	9,335,625	89.9%
16	9,920,023	11,142,408	112.3%
17	9,041,194	13,330,213	147.4%
18	7,885,186	10,203,362	129.4%
19	6,162,910	10,021,976	162.6%
20	4,588,606	5,496,553	119.8%
21	2,353,219	3,088,421	131.2%
22	852,526	1,456,172	170.8%
23	198,395	573,091	288.9%
24	51,846	66,779	128.8%
25	10,809	4,606	42.6%
26	2,415	311	12.9%
27	1,530	0	0.0%
28	466	0	0.0%
Total	226,157,705	182,690,984	80.8%

Present Values at 5%

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	402,588,045	289,396,811	71.9%

Exhibit 2c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Nationwide
Base Policy and Riders excluding ROP Rider
Policies With Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,677	0	0.0%
1992	30,877	0	0.0%
1993	98,574	21,180	21.5%
1994	250,615	37,623	15.0%
1995	816,575	30,693	3.8%
1996	2,036,613	237,637	11.7%
1997	3,982,341	147,480	3.7%
1998	5,050,499	1,519,897	30.1%
1999	5,517,925	1,481,076	26.8%
2000	5,982,489	1,253,154	20.9%
2001	6,114,870	1,256,849	20.6%
2002	5,994,927	1,727,059	28.8%
2003	6,285,341	4,015,393	63.9%
2004	6,805,913	2,927,435	43.0%
2005	8,035,271	3,083,520	38.4%
2006	8,451,137	2,093,717	24.8%
2007	8,175,247	3,178,601	38.9%
2008	8,118,433	5,762,483	71.0%
2009	7,401,572	5,919,119	80.0%
2010	7,409,106	6,580,739	88.8%
2011	7,972,323	8,852,887	111.0%
2012	8,496,046	10,295,135	121.2%
2013	8,831,475	12,735,490	144.2%
2014	8,791,936	12,051,992	137.1%
2015	8,485,804	9,947,550	117.2%
2016	8,956,056	15,744,152	175.8%
Total	148,096,641	110,900,860	74.9%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	7,717,095	87,620	1.1%
2	6,953,816	506,765	7.3%
3	6,550,377	1,238,373	18.9%
4	6,365,957	1,243,787	19.5%
5	6,226,270	1,530,790	24.6%
6	6,471,412	2,661,697	41.1%
7	6,600,009	1,830,545	27.7%
8	7,108,395	2,981,312	41.9%
9	7,811,109	3,995,359	51.1%
10	8,246,168	3,534,320	42.9%
11	8,051,088	6,473,375	80.4%
12	7,977,519	6,196,511	77.7%
13	7,857,043	5,373,425	68.4%
14	8,039,295	6,363,875	79.2%
15	8,255,903	6,591,610	79.8%
16	8,476,440	10,606,071	125.1%
17	8,325,258	11,821,537	142.0%
18	7,494,449	11,748,824	156.8%
19	6,078,662	12,715,321	209.2%
20	4,563,926	8,641,322	189.3%
21	2,077,626	3,127,721	150.5%
22	642,508	1,242,631	193.4%
23	150,471	43,100	28.6%
24	43,554	17,809	40.9%
25	11,342	326,670	2880.1%
26	947	489	51.6%
27	0	0	0.0%
28	0	0	0.0%
Total	148,096,641	110,900,860	74.9%

Present Values at 5%

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	242,058,463	150,857,332	62.3%

Exhibit 2d
Continental General Insurance Company
Policy Forms: 420 Series et al.
Virginia
Base Policy and Riders excluding ROP Rider
Policies With and Without Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	0	0	0.0%
1992	391	0	0.0%
1993	1,055	0	0.0%
1994	3,394	0	0.0%
1995	39,938	0	0.0%
1996	83,081	0	0.0%
1997	116,388	0	0.0%
1998	123,886	107,724	87.0%
1999	132,595	95,515	72.0%
2000	130,892	107,776	82.3%
2001	138,771	157,597	113.6%
2002	136,979	200,349	146.3%
2003	145,058	115,860	79.9%
2004	151,289	169,620	112.1%
2005	147,129	12,498	8.5%
2006	155,873	0	0.0%
2007	162,745	24,444	15.0%
2008	146,824	1,213	0.8%
2009	139,107	0	0.0%
2010	127,725	0	0.0%
2011	130,128	72,547	55.8%
2012	141,654	0	0.0%
2013	135,638	569,012	419.5%
2014	124,363	578,195	464.9%
2015	81,638	40,110	49.1%
2016	94,647	19,741	20.9%
Total	2,791,188	2,272,201	81.4%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	216,418	44,748	20.7%
2	196,429	16,912	8.6%
3	183,701	0	0.0%
4	174,001	108,344	62.3%
5	161,328	155,968	96.7%
6	138,963	70,294	50.6%
7	149,010	122,799	82.4%
8	135,512	173,021	127.7%
9	135,585	115,240	85.0%
10	141,134	169,620	120.2%
11	149,810	13,710	9.2%
12	141,459	136,756	96.7%
13	143,312	113	0.1%
14	133,218	228,717	171.7%
15	136,267	37,136	27.3%
16	125,671	205,576	163.6%
17	102,575	614,944	599.5%
18	92,815	11,251	12.1%
19	57,423	8,386	14.6%
20	37,834	2,967	7.8%
21	29,104	34,140	117.3%
22	9,619	1,558	16.2%
23	0	0	0.0%
24	0	0	0.0%
25	0	0	0.0%
26	0	0	0.0%
27	0	0	0.0%
28	0	0	0.0%
Total	2,791,188	2,272,201	81.4%

Present Values at 5%

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	4,905,769	3,558,281	72.5%

Exhibit 2e
Continental General Insurance Company
Policy Forms: 420 Series et al.
Virginia
Base Policy and Riders excluding ROP Rider
Policies Without Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	0	0	0.0%
1992	289	0	0.0%
1993	770	0	0.0%
1994	2,771	0	0.0%
1995	32,947	0	0.0%
1996	68,506	0	0.0%
1997	94,009	0	0.0%
1998	94,915	107,724	113.5%
1999	97,781	95,515	97.7%
2000	95,546	107,776	112.8%
2001	96,911	157,597	162.6%
2002	96,796	200,349	207.0%
2003	103,413	115,240	111.4%
2004	107,752	169,620	157.4%
2005	102,696	12,498	12.2%
2006	117,068	0	0.0%
2007	114,423	24,444	21.4%
2008	98,347	0	0.0%
2009	94,537	0	0.0%
2010	86,466	0	0.0%
2011	82,559	72,547	87.9%
2012	89,120	0	0.0%
2013	85,435	564,840	661.1%
2014	76,797	42,729	55.6%
2015	43,180	9,417	21.8%
2016	49,898	11,621	23.3%
Total	1,932,930	1,691,918	87.5%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	153,168	44,748	29.2%
2	142,597	16,912	11.9%
3	133,919	0	0.0%
4	125,535	107,724	85.8%
5	119,861	155,968	130.1%
6	110,886	70,294	63.4%
7	114,603	122,799	107.2%
8	99,131	173,021	174.5%
9	98,974	115,240	116.4%
10	101,028	169,620	167.9%
11	109,543	12,498	11.4%
12	93,548	136,756	146.2%
13	97,980	113	0.1%
14	84,972	228,717	269.2%
15	93,667	37,085	39.6%
16	84,120	204,936	243.6%
17	63,025	74,684	118.5%
18	54,893	9,490	17.3%
19	25,468	6,240	24.5%
20	12,137	681	5.6%
21	10,459	3,835	36.7%
22	3,417	553	16.2%
23	0	0	0.0%
24	0	0	0.0%
25	0	0	0.0%
26	0	0	0.0%
27	0	0	0.0%
28	0	0	0.0%
Total	1,932,930	1,691,918	87.5%

Present Values at 5%

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	3,479,650	2,904,025	83.5%

Exhibit 2f
Continental General Insurance Company
Policy Forms: 420 Series et al.
Virginia
Base Policy and Riders excluding ROP Rider
Policies With Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	0	0	0.0%
1992	102	0	0.0%
1993	285	0	0.0%
1994	624	0	0.0%
1995	6,990	0	0.0%
1996	14,574	0	0.0%
1997	22,380	0	0.0%
1998	28,971	0	0.0%
1999	34,814	0	0.0%
2000	35,345	0	0.0%
2001	41,860	0	0.0%
2002	40,184	0	0.0%
2003	41,645	620	1.5%
2004	43,537	0	0.0%
2005	44,433	0	0.0%
2006	38,805	0	0.0%
2007	48,322	0	0.0%
2008	48,476	1,213	2.5%
2009	44,570	0	0.0%
2010	41,259	0	0.0%
2011	47,569	0	0.0%
2012	52,534	0	0.0%
2013	50,203	4,172	8.3%
2014	47,567	535,466	1125.7%
2015	38,459	30,693	79.8%
2016	44,749	8,121	18.1%
Total	858,259	580,284	67.6%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	63,250	0	0.0%
2	53,832	0	0.0%
3	49,782	0	0.0%
4	48,466	620	1.3%
5	41,467	0	0.0%
6	28,077	0	0.0%
7	34,407	0	0.0%
8	36,381	0	0.0%
9	36,611	0	0.0%
10	40,106	0	0.0%
11	40,267	1,213	3.0%
12	47,911	0	0.0%
13	45,332	0	0.0%
14	48,246	0	0.0%
15	42,601	51	0.1%
16	41,551	640	1.5%
17	39,549	540,259	1366.0%
18	37,922	1,761	4.6%
19	31,955	2,146	6.7%
20	25,698	2,285	8.9%
21	18,646	30,305	162.5%
22	6,203	1,004	16.2%
23	0	0	0.0%
24	0	0	0.0%
25	0	0	0.0%
26	0	0	0.0%
27	0	0	0.0%
28	0	0	0.0%
Total	858,259	580,284	67.6%

Present Values at 5%

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	1,426,119	654,257	45.9%

Exhibit 3a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Experience Before and After Nationwide Rate Increase
As of 12/31/2016

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	363,911	142,894	39.3%
1992	405,158	187,373	46.2%
1993	673,323	92,086	13.7%
1994	1,215,627	190,663	15.7%
1995	3,213,274	271,135	8.4%
1996	6,986,198	1,470,015	21.0%
1997	12,633,435	2,653,628	21.0%
1998	15,476,583	7,029,710	45.4%
1999	16,521,198	6,478,340	39.2%
2000	17,406,713	5,393,614	31.0%
2001	17,589,072	7,221,521	41.1%
2002	17,550,435	7,987,199	45.5%
2003	17,798,651	17,057,363	95.8%
2004	18,951,524	11,052,741	58.3%
2005	21,665,584	14,221,835	65.6%
2006	22,295,915	11,737,425	52.6%
2007	21,047,119	12,389,313	58.9%
2008	19,902,586	17,286,146	86.9%
2009	18,118,620	17,476,925	96.5%
2010	17,538,157	15,566,892	88.8%
2011	18,072,651	20,744,952	114.8%
2012	18,664,771	22,338,430	119.7%
2013	18,627,855	24,357,539	130.8%
2014	17,822,615	22,520,245	126.4%
2015	15,727,552	21,676,442	137.8%
2016	16,688,815	25,735,070	154.2%

Projected Future Experience Before Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	16,177,206	25,881,296	160.0%
2018	15,072,042	26,836,799	178.1%
2019	13,919,218	27,575,734	198.1%
2020	12,765,997	28,064,111	219.8%
2021	11,646,546	28,259,130	242.6%
2022	10,571,270	28,214,687	266.9%
2023	9,544,411	27,955,087	292.9%
2024	8,570,820	27,495,332	320.8%
2025	7,651,594	26,833,554	350.7%
2026	6,786,214	25,940,177	382.2%
2027	5,969,855	24,831,745	416.0%
2028	5,211,778	23,532,027	451.5%
2029	4,528,199	22,193,603	490.1%
2030	3,910,688	20,815,774	532.3%
2031	3,354,664	19,381,821	577.8%
2032	2,859,831	17,905,384	626.1%
2033	2,421,764	16,400,424	677.2%
2034	2,036,969	14,905,268	731.7%
2035	1,701,051	13,444,463	790.4%
2036	1,409,321	12,005,097	851.8%
2037	1,155,903	10,594,818	916.6%
2038	938,905	9,218,256	981.8%
2039	758,635	7,978,063	1051.6%
2040	608,333	6,814,068	1120.1%
2041	483,660	5,766,773	1192.3%
2042	381,820	4,845,884	1269.2%
2043	299,167	4,043,050	1351.4%
2044	232,533	3,349,219	1440.3%
2045	179,204	2,748,259	1533.6%
2046+	464,253	8,590,275	1850.3%

Projected Future Experience After Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	16,177,206	25,881,296	160.0%
2018	17,008,161	26,671,852	156.8%
2019	23,530,555	26,594,070	113.0%
2020	22,495,194	26,900,877	119.6%
2021	20,604,176	27,026,696	131.2%
2022	18,778,023	26,924,976	143.4%
2023	17,023,556	26,619,818	156.4%
2024	15,349,980	26,126,229	170.2%
2025	13,760,289	25,443,867	184.9%
2026	12,255,007	24,546,998	200.3%
2027	10,824,971	23,453,143	216.7%
2028	9,487,420	22,185,751	233.8%
2029	8,276,603	20,885,418	252.3%
2030	7,176,422	19,544,339	272.3%
2031	6,179,857	18,158,637	293.8%
2032	5,288,773	16,741,325	316.5%
2033	4,495,796	15,304,577	340.4%
2034	3,795,651	13,883,675	365.8%
2035	3,181,374	12,500,982	392.9%
2036	2,645,449	11,144,136	421.3%
2037	2,177,314	9,819,643	451.0%
2038	1,774,175	8,531,650	480.9%
2039	1,438,433	7,373,977	512.6%
2040	1,157,204	6,290,514	543.6%
2041	922,914	5,317,300	576.1%
2042	730,924	4,462,963	610.6%
2043	574,519	3,719,333	647.4%
2044	447,966	3,077,756	687.1%
2045	346,324	2,522,896	728.5%
2046+	906,127	7,860,813	867.5%

Present Values at 5%
Before Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	644,646,507	440,254,143	68.3%
Projected Future	111,500,033	328,663,634	294.8%
Lifetime Anticipated	756,146,541	768,917,776	101.7%

Present Values at 5%
After Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	644,646,507	440,254,143	68.3%
Projected Future	177,042,885	313,687,753	177.2%
Lifetime Anticipated	821,689,393	753,941,896	91.8%

Exhibit 3b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Experience Before and After Nationwide Rate Increase
As of 12/31/2016

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	359,234	142,894	39.8%
1992	374,281	187,373	50.1%
1993	574,749	70,906	12.3%
1994	965,013	153,040	15.9%
1995	2,396,699	240,442	10.0%
1996	4,949,584	1,232,378	24.9%
1997	8,651,095	2,506,148	29.0%
1998	10,426,084	5,509,813	52.8%
1999	11,003,273	4,997,264	45.4%
2000	11,424,224	4,140,460	36.2%
2001	11,474,202	5,964,672	52.0%
2002	11,555,508	6,260,140	54.2%
2003	11,513,309	13,041,970	113.3%
2004	12,145,611	8,125,306	66.9%
2005	13,630,313	11,138,314	81.7%
2006	13,844,778	9,643,709	69.7%
2007	12,871,872	9,210,712	71.6%
2008	11,784,153	11,523,663	97.8%
2009	10,717,048	11,557,807	107.8%
2010	10,129,051	8,986,153	88.7%
2011	10,100,328	11,892,065	117.7%
2012	10,168,724	12,043,295	118.4%
2013	9,796,381	11,622,049	118.6%
2014	9,030,680	10,468,254	115.9%
2015	7,241,748	11,728,892	162.0%
2016	7,732,759	9,990,918	129.2%

Projected Future Experience Before Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	7,271,978	11,128,971	153.0%
2018	6,603,171	10,971,607	166.2%
2019	5,946,239	10,716,392	180.2%
2020	5,316,986	10,360,526	194.9%
2021	4,725,955	9,897,949	209.4%
2022	4,173,689	9,358,116	224.2%
2023	3,662,582	8,773,839	239.6%
2024	3,193,645	8,153,723	255.3%
2025	2,765,681	7,515,746	271.8%
2026	2,376,470	6,847,823	288.2%
2027	2,024,324	6,182,956	305.4%
2028	1,711,912	5,529,238	323.0%
2029	1,438,604	4,918,261	341.9%
2030	1,201,258	4,351,154	362.2%
2031	996,442	3,825,505	383.9%
2032	820,533	3,330,919	405.9%
2033	670,826	2,873,041	428.3%
2034	544,567	2,459,734	451.7%
2035	438,791	2,093,160	477.0%
2036	350,510	1,761,113	502.4%
2037	277,320	1,463,956	527.9%
2038	217,870	1,205,793	553.4%
2039	169,947	986,699	580.6%
2040	131,744	801,469	608.4%
2041	101,413	641,178	632.2%
2042	77,429	506,803	654.5%
2043	58,658	396,635	676.2%
2044	44,064	308,355	699.8%
2045	32,799	237,152	723.1%
2046+	75,918	585,877	771.7%

Projected Future Experience After Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	7,271,978	11,128,971	153.0%
2018	7,054,785	10,913,099	154.7%
2019	8,109,922	10,388,649	128.1%
2020	7,432,754	9,994,791	134.5%
2021	6,606,536	9,533,612	144.3%
2022	5,834,509	9,000,949	154.3%
2023	5,120,018	8,427,468	164.6%
2024	4,464,479	7,821,727	175.2%
2025	3,866,218	7,200,858	186.3%
2026	3,322,130	6,553,302	197.3%
2027	2,829,855	5,910,403	208.9%
2028	2,393,127	5,280,193	220.6%
2029	2,011,061	4,691,793	233.3%
2030	1,679,270	4,144,847	246.8%
2031	1,392,953	3,639,036	261.2%
2032	1,147,045	3,164,433	275.9%
2033	937,765	2,726,081	290.7%
2034	761,265	2,331,167	306.2%
2035	613,397	1,981,493	323.0%
2036	489,987	1,665,452	339.9%
2037	387,673	1,383,084	356.8%
2038	304,567	1,138,140	373.7%
2039	237,574	930,527	391.7%
2040	184,168	755,259	410.1%
2041	141,769	603,810	425.9%
2042	108,240	476,974	440.7%
2043	82,000	373,077	455.0%
2044	61,598	289,884	470.6%
2045	45,850	222,836	486.0%
2046+	106,128	549,904	518.2%

Present Values at 5%
Before Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	402,588,045	289,396,811	71.9%
Projected Future	43,867,467	97,062,882	221.3%
Lifetime Anticipated	446,455,511	386,459,693	86.6%

Present Values at 5%
After Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	402,588,045	289,396,811	71.9%
Projected Future	56,297,873	93,930,569	166.8%
Lifetime Anticipated	458,885,918	383,327,380	83.5%

Exhibit 3c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Experience Before and After Nationwide Rate Increase
As of 12/31/2016

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,677	0	0.0%
1992	30,877	0	0.0%
1993	98,574	21,180	21.5%
1994	250,615	37,623	15.0%
1995	816,575	30,693	3.8%
1996	2,036,613	237,637	11.7%
1997	3,982,341	147,480	3.7%
1998	5,050,499	1,519,897	30.1%
1999	5,517,925	1,481,076	26.8%
2000	5,982,489	1,253,154	20.9%
2001	6,114,870	1,256,849	20.6%
2002	5,994,927	1,727,059	28.8%
2003	6,285,341	4,015,393	63.9%
2004	6,805,913	2,927,435	43.0%
2005	8,035,271	3,083,520	38.4%
2006	8,451,137	2,093,717	24.8%
2007	8,175,247	3,178,601	38.9%
2008	8,118,433	5,762,483	71.0%
2009	7,401,572	5,919,119	80.0%
2010	7,409,106	6,580,739	88.8%
2011	7,972,323	8,852,887	111.0%
2012	8,496,046	10,295,135	121.2%
2013	8,831,475	12,735,490	144.2%
2014	8,791,936	12,051,992	137.1%
2015	8,485,804	9,947,550	117.2%
2016	8,956,056	15,744,152	175.8%

Projected Future Experience Before Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	8,905,229	14,752,324	165.7%
2018	8,468,871	15,865,192	187.3%
2019	7,972,979	16,859,342	211.5%
2020	7,449,010	17,703,584	237.7%
2021	6,920,591	18,361,181	265.3%
2022	6,397,581	18,856,572	294.7%
2023	5,881,830	19,181,248	326.1%
2024	5,377,175	19,341,609	359.7%
2025	4,885,913	19,317,808	395.4%
2026	4,409,744	19,092,354	433.0%
2027	3,945,531	18,648,788	472.7%
2028	3,499,866	18,002,789	514.4%
2029	3,089,595	17,275,342	559.1%
2030	2,709,430	16,464,620	607.7%
2031	2,358,221	15,556,316	659.7%
2032	2,039,298	14,574,464	714.7%
2033	1,750,938	13,527,383	772.6%
2034	1,492,401	12,445,535	833.9%
2035	1,262,260	11,351,302	899.3%
2036	1,058,811	10,243,985	967.5%
2037	878,582	9,130,862	1039.3%
2038	721,035	8,012,463	1111.2%
2039	588,687	6,991,364	1187.6%
2040	476,590	6,012,599	1261.6%
2041	382,246	5,125,595	1340.9%
2042	304,390	4,339,082	1425.5%
2043	240,509	3,646,415	1516.1%
2044	188,469	3,040,865	1613.5%
2045	146,406	2,511,107	1715.2%
2046+	388,335	8,004,398	2061.2%

Projected Future Experience After Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	8,905,229	14,752,324	165.7%
2018	9,953,376	15,758,752	158.3%
2019	15,420,633	16,205,421	105.1%
2020	15,062,441	16,906,086	112.2%
2021	13,997,640	17,493,083	125.0%
2022	12,943,514	17,924,028	138.5%
2023	11,903,538	18,192,350	152.8%
2024	10,885,501	18,304,502	168.2%
2025	9,894,072	18,243,009	184.4%
2026	8,932,877	17,993,696	201.4%
2027	7,995,116	17,542,740	219.4%
2028	7,094,293	16,905,558	238.3%
2029	6,265,542	16,193,625	258.5%
2030	5,497,152	15,399,492	280.1%
2031	4,786,904	14,519,601	303.3%
2032	4,141,728	13,576,892	327.8%
2033	3,558,031	12,578,496	353.5%
2034	3,034,386	11,552,508	380.7%
2035	2,567,977	10,519,488	409.6%
2036	2,155,462	9,478,684	439.8%
2037	1,789,641	8,436,559	471.4%
2038	1,469,608	7,393,510	503.1%
2039	1,200,859	6,443,449	536.6%
2040	973,036	5,535,255	568.9%
2041	781,145	4,713,490	603.4%
2042	622,684	3,985,989	640.1%
2043	492,520	3,346,256	679.4%
2044	386,368	2,787,872	721.6%
2045	300,474	2,300,059	765.5%
2046+	799,999	7,310,909	913.9%

Present Values at 5%
Before Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	242,058,463	150,857,332	62.3%
Projected Future	67,632,566	231,600,752	342.4%
Lifetime Anticipated	309,691,029	382,458,084	123.5%

Present Values at 5%
After Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	242,058,463	150,857,332	62.3%
Projected Future	120,745,012	219,757,184	182.0%
Lifetime Anticipated	362,803,475	370,614,516	102.2%

Exhibit 3d
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Virginia Experience Before and After Virginia Rate Increase
As of 12/31/2016

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	0	0	0.0%
1992	391	0	0.0%
1993	1,055	0	0.0%
1994	3,394	0	0.0%
1995	39,938	0	0.0%
1996	83,081	0	0.0%
1997	116,388	0	0.0%
1998	123,886	107,724	87.0%
1999	132,595	95,515	72.0%
2000	130,892	107,776	82.3%
2001	138,771	157,597	113.6%
2002	136,979	200,349	146.3%
2003	145,058	115,860	79.9%
2004	151,289	169,620	112.1%
2005	147,129	12,498	8.5%
2006	155,873	0	0.0%
2007	162,745	24,444	15.0%
2008	146,824	1,213	0.8%
2009	139,107	0	0.0%
2010	127,725	0	0.0%
2011	130,128	72,547	55.8%
2012	141,654	0	0.0%
2013	135,638	569,012	419.5%
2014	124,363	578,195	464.9%
2015	81,638	40,110	49.1%
2016	94,647	19,741	20.9%

Projected Future Experience Before Virginia Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	95,376	168,503	176.7%
2018	87,937	172,490	196.2%
2019	80,838	177,894	220.1%
2020	73,961	182,177	246.3%
2021	67,270	181,425	269.7%
2022	60,824	175,374	288.3%
2023	54,664	168,943	309.1%
2024	48,829	162,754	333.3%
2025	43,350	158,284	365.1%
2026	38,234	152,078	397.8%
2027	33,467	143,533	428.9%
2028	28,924	131,973	456.3%
2029	24,923	121,454	487.3%
2030	21,344	111,553	522.6%
2031	18,128	102,268	564.1%
2032	15,262	91,921	602.3%
2033	12,730	80,552	632.8%
2034	10,513	68,789	654.3%
2035	8,595	58,400	679.5%
2036	6,951	49,192	707.7%
2037	5,554	41,008	738.3%
2038	4,361	33,390	765.6%
2039	3,396	26,648	784.8%
2040	2,611	20,996	804.3%
2041	1,978	16,300	823.9%
2042	1,476	12,436	842.6%
2043	1,082	9,319	860.9%
2044	779	6,836	877.6%
2045	549	4,888	890.6%
2046+	968	8,558	884.4%

Projected Future Experience After Virginia Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	95,376	168,503	176.7%
2018	102,121	171,353	167.8%
2019	151,096	171,313	113.4%
2020	145,208	174,650	120.3%
2021	132,966	173,815	130.7%
2022	121,066	167,848	138.6%
2023	109,606	161,487	147.3%
2024	98,657	155,348	157.5%
2025	88,282	150,855	170.9%
2026	78,499	144,713	184.3%
2027	69,282	136,347	196.8%
2028	60,332	125,160	207.5%
2029	52,433	114,991	219.3%
2030	45,304	105,430	232.7%
2031	38,823	96,514	248.6%
2032	32,979	86,658	262.8%
2033	27,754	75,863	273.3%
2034	23,129	64,727	279.8%
2035	19,079	54,906	287.8%
2036	15,568	46,224	296.9%
2037	12,546	38,523	307.1%
2038	9,931	31,356	315.7%
2039	7,794	25,016	320.9%
2040	6,038	19,705	326.3%
2041	4,609	15,295	331.9%
2042	3,462	11,668	337.1%
2043	2,555	8,743	342.2%
2044	1,849	6,412	346.8%
2045	1,310	4,585	349.9%
2046+	2,338	8,033	343.6%

Present Values at 5%
Before Virginia Rate Increase

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	4,905,769	3,558,281	72.5%
Projected Future	636,598	1,896,706	297.9%
Lifetime Anticipated	5,542,367	5,454,988	98.4%

Present Values at 5%
After Virginia Rate Increase

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	4,905,769	3,558,281	72.5%
Projected Future	1,114,980	1,821,363	163.4%
Lifetime Anticipated	6,020,749	5,379,644	89.4%

Exhibit 3e
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Virginia Experience Before and After Virginia Rate Increase
As of 12/31/2016

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	0	0	0.0%
1992	289	0	0.0%
1993	770	0	0.0%
1994	2,771	0	0.0%
1995	32,947	0	0.0%
1996	68,506	0	0.0%
1997	94,009	0	0.0%
1998	94,915	107,724	113.5%
1999	97,781	95,515	97.7%
2000	95,546	107,776	112.8%
2001	96,911	157,597	162.6%
2002	96,796	200,349	207.0%
2003	103,413	115,240	111.4%
2004	107,752	169,620	157.4%
2005	102,696	12,498	12.2%
2006	117,068	0	0.0%
2007	114,423	24,444	21.4%
2008	98,347	0	0.0%
2009	94,537	0	0.0%
2010	86,466	0	0.0%
2011	82,559	72,547	87.9%
2012	89,120	0	0.0%
2013	85,435	564,840	661.1%
2014	76,797	42,729	55.6%
2015	43,180	9,417	21.8%
2016	49,898	11,621	23.3%

Projected Future Experience Before Virginia Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	51,413	72,534	141.1%
2018	46,537	72,728	156.3%
2019	41,796	73,076	174.8%
2020	37,268	71,926	193.0%
2021	32,985	70,016	212.3%
2022	28,964	64,429	222.4%
2023	25,215	58,724	232.9%
2024	21,757	52,980	243.5%
2025	18,606	48,488	260.6%
2026	15,762	44,479	282.2%
2027	13,217	39,682	300.2%
2028	10,966	34,903	318.3%
2029	8,997	29,491	327.8%
2030	7,299	24,487	335.5%
2031	5,850	20,216	345.6%
2032	4,628	16,790	362.8%
2033	3,609	13,731	380.5%
2034	2,770	10,765	388.6%
2035	2,093	8,263	394.8%
2036	1,555	6,228	400.6%
2037	1,135	4,595	405.0%
2038	813	3,326	409.3%
2039	570	2,357	413.1%
2040	393	1,637	416.9%
2041	265	1,119	423.0%
2042	174	752	431.1%
2043	112	497	444.1%
2044	70	316	452.9%
2045	42	192	456.7%
2046+	47	214	457.7%

Projected Future Experience After Virginia Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	51,413	72,534	141.1%
2018	50,340	72,198	143.4%
2019	59,968	70,163	117.0%
2020	54,988	68,784	125.1%
2021	48,669	66,972	137.6%
2022	42,735	61,625	144.2%
2023	37,204	56,142	150.9%
2024	32,102	50,633	157.7%
2025	27,453	46,326	168.7%
2026	23,256	42,464	182.6%
2027	19,501	37,838	194.0%
2028	16,180	33,246	205.5%
2029	13,274	28,080	211.5%
2030	10,770	23,301	216.4%
2031	8,632	19,220	222.7%
2032	6,828	15,944	233.5%
2033	5,324	13,024	244.6%
2034	4,087	10,202	249.6%
2035	3,088	7,823	253.4%
2036	2,294	5,890	256.8%
2037	1,674	4,342	259.3%
2038	1,199	3,138	261.8%
2039	842	2,221	263.9%
2040	579	1,540	265.9%
2041	390	1,052	269.4%
2042	257	706	274.4%
2043	165	467	282.4%
2044	103	296	287.9%
2045	62	180	290.3%
2046+	69	201	291.0%

Present Values at 5%
Before Virginia Rate Increase

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	3,479,650	2,904,025	83.5%
Projected Future	299,486	620,445	207.2%
Lifetime Anticipated	3,779,136	3,524,470	93.3%

Present Values at 5%
After Virginia Rate Increase

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	3,479,650	2,904,025	83.5%
Projected Future	399,491	598,462	149.8%
Lifetime Anticipated	3,879,141	3,502,487	90.3%

Exhibit 3f
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Virginia Experience Before and After Virginia Rate Increase
As of 12/31/2016

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	0	0	0.0%
1992	102	0	0.0%
1993	285	0	0.0%
1994	624	0	0.0%
1995	6,990	0	0.0%
1996	14,574	0	0.0%
1997	22,380	0	0.0%
1998	28,971	0	0.0%
1999	34,814	0	0.0%
2000	35,345	0	0.0%
2001	41,860	0	0.0%
2002	40,184	0	0.0%
2003	41,645	620	1.5%
2004	43,537	0	0.0%
2005	44,433	0	0.0%
2006	38,805	0	0.0%
2007	48,322	0	0.0%
2008	48,476	1,213	2.5%
2009	44,570	0	0.0%
2010	41,259	0	0.0%
2011	47,569	0	0.0%
2012	52,534	0	0.0%
2013	50,203	4,172	8.3%
2014	47,567	535,466	1125.7%
2015	38,459	30,693	79.8%
2016	44,749	8,121	18.1%

Projected Future Experience Before Virginia Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	43,964	95,968	218.3%
2018	41,400	99,762	241.0%
2019	39,043	104,819	268.5%
2020	36,692	110,251	300.5%
2021	34,285	111,409	324.9%
2022	31,860	110,945	348.2%
2023	29,450	110,219	374.3%
2024	27,072	109,774	405.5%
2025	24,744	109,797	443.7%
2026	22,472	107,599	478.8%
2027	20,250	103,850	512.8%
2028	17,957	97,070	540.6%
2029	15,926	91,963	577.4%
2030	14,045	87,066	619.9%
2031	12,278	82,052	668.3%
2032	10,635	75,131	706.5%
2033	9,121	66,821	732.6%
2034	7,743	58,024	749.4%
2035	6,502	50,137	771.1%
2036	5,396	42,964	796.2%
2037	4,420	36,413	823.9%
2038	3,549	30,064	847.2%
2039	2,825	24,292	859.8%
2040	2,218	19,359	872.9%
2041	1,714	15,181	885.8%
2042	1,302	11,684	897.7%
2043	970	8,822	909.0%
2044	709	6,520	919.4%
2045	507	4,696	926.5%
2046+	921	8,344	906.0%

Projected Future Experience After Virginia Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	43,964	95,968	218.3%
2018	51,781	99,154	191.5%
2019	91,128	101,150	111.0%
2020	90,220	105,867	117.3%
2021	84,297	106,843	126.7%
2022	78,331	106,222	135.6%
2023	72,402	105,346	145.5%
2024	66,555	104,715	157.3%
2025	60,829	104,528	171.8%
2026	55,243	102,250	185.1%
2027	49,781	98,509	197.9%
2028	44,151	91,914	208.2%
2029	39,159	86,910	221.9%
2030	34,535	82,129	237.8%
2031	30,191	77,294	256.0%
2032	26,150	70,714	270.4%
2033	22,430	62,839	280.2%
2034	19,042	54,525	286.3%
2035	15,991	47,082	294.4%
2036	13,274	40,333	303.9%
2037	10,872	34,181	314.4%
2038	8,732	28,218	323.1%
2039	6,953	22,795	327.9%
2040	5,459	18,165	332.8%
2041	4,219	14,243	337.6%
2042	3,204	10,962	342.1%
2043	2,390	8,276	346.4%
2044	1,746	6,116	350.2%
2045	1,248	4,405	352.9%
2046+	2,269	7,832	345.2%

Present Values at 5%
Before Virginia Rate Increase

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	1,426,119	654,257	45.9%
Projected Future	337,113	1,276,261	378.6%
Lifetime Anticipated	1,763,232	1,930,518	109.5%

Present Values at 5%
After Virginia Rate Increase

Virginia	Earned Premium	Incurred Claims	Loss Ratio
Historical	1,426,119	654,257	45.9%
Projected Future	715,489	1,222,901	170.9%
Lifetime Anticipated	2,141,608	1,877,157	87.7%

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

May 30, 2018

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 3/30/2018 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. *Please list all affected rider and endorsement form numbers in the "Affected Form Numbers:" section of the Rate/Rule Schedule.*

   The rider form numbers associated with policy form 420 in Virginia have been added to the Rate/Rule Schedule tab. Please note, the Inflation Guard Rider is the only rider for which we are requesting an increase on the rider percentage load.

2. *Please revise the actuarial certification to comply with 14VAC5-200-77 B. 2.*

   This rate increase filing affects policies issued between 3/2/1995 and 3/4/2003, while 14VAC5-200-77 appears to be applicable to policies issued on or after 9/1/2015. Instead, at this time we would like to demonstrate compliance with 14VAC5-200-150. Per 14VAC5-200-150(B), we have restated the original pricing loss ratio of 60.0% using the average maximum valuation interest rate for contract reserves of 4.53% for these forms. This restated original pricing loss ratio is 61.6%. Please see **Exhibit 4a** which demonstrates reasonability of the proposed premium rate schedule per 14VAC5-200-150(B). As shown in **Exhibit 4a**, incurred claims exceed the sum of 61.6% of original-level premium and 80.0% of rate-increased premium, without any margin for adverse deviation. Please note that the Nationwide earned premium demonstrated in this exhibit has been restated as if all states had the same rate increase history as Virginia for these policy forms. This dual loss ratio test is also passed for just those policies which have an active Inflation Guard Rider (as demonstrated in **Exhibit 4c**) and those policies which do not have an active Inflation Guard Rider (as demonstrated in **Exhibit 4b**).

CONTINENTAL GENERAL INSURANCE COMPANY

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3. *Please explain what steps the company has taken to minimize rate increases on this block of business.*

The Company has been committed to filing rate increases consistently on these forms in order to manage the impact that timing delay would have on the rate increase need. Additionally, the rate increase currently requested is less than the full rate increase that would be justified under the regulations applicable to these forms in Virginia. We would also like to note that Exhibit 3a demonstrates that the Nationwide lifetime loss ratio after the justified rate increase is 91.8%, which is much higher than the 60.0% loss ratio that these forms were priced to. Though the Virginia-specific experience is uncredible, Exhibit 3d similarly demonstrates that the lifetime loss ratio in Virginia after the current proposed rate increase is 89.4%.

We would also like to call your attention to the following aspects of the rate increase methodology used for this block of forms:

- Gap Analysis calculates the rate increase needed simply to break even on a prospective basis, and so does not include any historical experience. We believe the most recent NAIC Long-Term Care model regulation would consider the absence of historical experience to imply the Gap Analysis calculation does not recoup for past losses.
- The Gap Analysis calculation uses a strengthened Active Life Reserve (ALR). Specifically, the ALR used in the Gap Analysis was determined assuming 0 future lapses. Substituting in an ALR calculated under original pricing assumptions would increase the Gap relative to the 80.7M presented in Section IV of the Actuarial Memorandum, and as a result the justified rate increase would rise as well.
- The original pricing interest rate is used in Gap Analysis. This implies that no portion of the justified rate increase is attributable to changes in the interest rate environment.

4. *Please provide an explanation of the reserve basis and justification for the reserve levels.*

The following statement was provided by the Company's Chief Actuary:

"We hold premium reserves, claim reserves and contract reserves, as required for this product type under the Health Insurance Reserves Model Regulation (HIRMR). We also perform annual premium deficiency testing as required under the HIRMR and asset adequacy testing as required under the Standard Valuation Law, and establish additional reserves as needed based on the results of these tests.

The basis of contract reserves and premium reserves equal or exceed the statutory minimum basis required under the regulations of Texas, our state of domicile, based on policy issue date. Specifically, for these forms, contract reserves use original pricing claim costs and required statutory valuation interest rates based on year of issue. For premium-paying policies, we use a 1-year full preliminary term reserve method, while for paid-up policies, we use a net level premium reserve method. The persistency assumptions used are as follows:

- For policies issued prior to 1/1/1997, mortality is based on 1980 CSO without projection and lapses rates are 0% for all years.

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- For policies issued between 1/1/1997 and 12/31/2005, mortality is based on 1983 GAM without projection and lapses rates are 0% for all years.
- For policies issued on or after 1/1/2006, mortality is based on 1994 GAM without projection and lapses rates are 0% for all years.

Premium reserves are the net valuation premiums determined on the same basis.

Claim reserves include a disabled life reserve for present value of amounts not yet due on known claims, a provision for amounts not yet due on pending claims, a provision for claims incurred but not reported, and a provision for amounts due and unpaid on existing claims. The disabled life reserve is based on required statutory valuation interest rates based on year of incurral and utilizes continuance assumptions which were updated in 2012 and validated by our 2016 experience study.

Additional reserves as a result of asset adequacy analysis testing as well as premium deficiency reserve testing have been reported in the statutory annual statement since 2012, with $81.9 million in additional reserves reported in the 2017 annual statement. Because this testing is not performed at the product level, we cannot quantify the portion of the additional reserve attributable to the forms subject to this filing. Our Appointed Actuary issued an unqualified actuarial opinion for 12/31/2016 and for 12/31/2017. No additional reserve was required as a result of premium deficiency testing under the HIRMR."

5. *Appendix D: Morbidity Study:*
   Please explain why a 4.5% interest was used in the morbidity study. Previous filing (SERFF # UTAC-126231841) used a 5% interest rate and this rate is cited in the actuarial memorandum. Actual claims experience to current assumptions should be consistent using the 5% interest rate.

   The 5.0% interest rate used in this filing to determine the rate increase need is consistent with the interest rate used in the original pricing for these forms. The use of the 5.0% interest rate to determine the rate increase need is also consistent with the methodology used in referenced filing UTAC-126231841. The 4.5% assumption described in Appendix D is used Company-wide for morbidity experience study purposes. The 4.5% assumption used in Appendix D is used for the expected incurred claims and for the actual historical experience, so the A/E comparison in Exhibit D-2 is on a consistent interest rate basis.

6. *Provide the following for both the policy (420) and inflation guard rider (IGR):*
   1) *In which states has the company requested rate increases on this block?*
   2) *How do the rate changes requested in Virginia compare with those requested in other states?*
   3) *What is the current status of the rate request in these states?*

   Please see the attached **Exhibit 5** which contains a summary of the status of this rate increase filing in each state.

7. *Please identify the amount of Active Life reserves related to these policies.*

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As demonstrated in Section IV.B of the Actuarial Memorandum, the Active Life Reserve held for premium-paying policies inforce as of 12/31/2016 was 158.3M.

8. *For the next 10 years, provide the projected loss ratio using the following formula:*

   [(Paid Claims + IBNP + IBNR**) - Active Life Reserves] divided by Projected Earned Premiums = Projected Loss Ratio*

   (*) Incurred claims But Not Paid
   (**) Incurred claims But Not Reported

   The experience presented in Exhibit 3a through Exhibit 3f is provided on an incurred basis. However, our projection is not modeled using first principles. As such, we are unable to separately demonstrate paid claims and reserves in future years. Moreover, we do not have Active Life Reserves on a projected basis that are readily available to provide to the Bureau.

   We respectfully ask that the Bureau use the projected incurred loss ratios demonstrated in Exhibit 3a through Exhibit 3f to satisfy this question. However, we are willing to work with the Bureau to address the underlying concern behind this question in another manner if possible.

9. *Provide a comparison of the differences in the assumptions used in this filing and the previous filing (SERFF # UTAC-126231841 approved 6/12/2011) to explain the need for an additional rate increase.*

Assumption	Prior Filing Assumption	Current Filing Assumption
Mortality	80% of the gender-distinct 1994 GAM table.	Please see the Actuarial Memorandum, Section V.B, page 4
Voluntary Lapse	Please see below.	Please see the Actuarial Memorandum, Section V.C, pages 4-5
Shock lapse	The shock lapse effect of the rate increase was assumed to temporarily increase voluntary lapses to 2.0% in the year that the rate increases were implemented.	Please see the Actuarial Memorandum, Section V.G, page 5
Morbidity	Please see below.	Please see the Actuarial Memorandum, Section V.D, page 5
Interest Earnings	5.0%	5.0%

<u>Description of Assumptions</u>

Prior Filing Voluntary Lapse Rates: The previous voluntary lapse assumption varied by ROP versus non-ROP. The ultimate lapse rates were 0.75% for policies that did not have a ROP rider, and 0.50% for policies with a ROP rider. At the time of the prior filing, 82% policies in this form series were in durations 10+, for which the ultimate lapse rate was applicable.

Prior Filing Morbidity Rates: Attained age claim costs were used in projecting future experience for the prior filing and cost of the Waiver of Premium benefit for this form was developed using

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married versus single, indemnity versus reimbursement, gender-specific, comprehensive and facility only claim costs, with adjustments to reflect emerging experience.

The rate increase need for these forms is not strictly based on changes from the prior filing. Please note, the 95.0% base policy rate increase requested in the prior filing was not approved in full by the Bureau, so this rate filing is in part attributable to the growth of the rate increase need from the prior filing that was not approved at the time. We would like to note that the current rate increase need was developed using Gap Analysis, a method which allows us simply to break-even on a prospective basis.

10. *Re-state the nationwide experience using the Virginia original approved rates.*

    Please see **Exhibit 6a** through **Exhibit 6c** which demonstrate Nationwide earned premium adjusted to the original rate level. **Exhibit 6b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 6c** demonstrates experience for those policies which have an active IGR. **Exhibit 6a** contains the combined experience.

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

    Please see the attached **Exhibit 7a** through **Exhibit 7c**. In **Exhibit 7a** through **Exhibit 7c**, Nationwide earned premium has been restated to the proposed Virginia rate level since inception by increasing the earned premium previously presented in Exhibit 3a through Exhibit 3c since inception to reflect the proposed Virginia rate level. **Exhibit 7b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 7c** demonstrates experience for those policies which have an active IGR. **Exhibit 7a** contains the combined experience.

    Please note, these exhibits do not account for the different risk that would have resulted if the premium rates had been at the current rate level at the time of issue. The resulting risk pool would have been unhealthier overall, and would lead to an increase in the incurred claims experienced by the Company as compared to those demonstrated in these exhibits. Additionally, the assumptions used at the time of pricing did not support the level of premium indicated in these exhibits. Therefore, it was not feasible for the Company to have charged the proposed rates from inception. Therefore, the Company cautions against drawing conclusions from these exhibits and utilizing it as part of the review of the current rate increase proposal.

12. *Please provide the policyholder notification letter pursuant to 14VAC5-200-75.*

    Please see the attached file entitled "CGI Policyholder Notification Letter – VA", which is the planned policyholder notice of rate increase letter associated with the requested increase.

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13. *Please expand the narrative in the "Summary of Key Information" so that any person reviewing this filing would understand the reason for the rate increase and its driving factors. Below is an example of what we would consider user friendly language:*

    When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily terminates his policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

    Please find that a revised "Summary of Key Information" has been uploaded to SERFF.

In light of this information, please consider our request for a 66.3% increase on the Base Policy Forms and Riders, along with an increase of 208.2% on the IGR percentage loads for the above referenced policy forms. Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to call me at (512) 410-0854.

Sincerely,

Stephanie Entzminger, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Exhibit 4a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Experience Restated to Virginia Rate Level Before and After Proposed Rate Increase
As of 12/31/2016

Historical Experience				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio
1987	181,295	181,295	22,801	12.6%
1988	372,801	372,801	73,343	19.7%
1989	384,953	384,953	102,688	26.7%
1990	357,955	357,955	113,515	31.7%
1991	363,911	363,911	142,894	39.3%
1992	404,307	407,572	187,373	46.3%
1993	670,785	732,405	92,086	13.7%
1994	1,215,627	1,343,606	190,663	15.7%
1995	3,213,274	3,342,211	271,135	8.4%
1996	6,986,198	7,096,600	1,470,015	21.0%
1997	12,633,435	12,736,420	2,653,628	21.0%
1998	15,476,583	15,571,316	7,029,710	45.4%
1999	16,521,198	16,609,456	6,478,340	39.2%
2000	17,189,528	17,273,340	5,393,614	31.4%
2001	15,801,870	15,876,310	7,221,521	45.7%
2002	15,462,198	15,537,211	7,987,199	51.7%
2003	14,607,012	14,672,598	17,057,363	116.8%
2004	13,980,477	14,044,017	11,052,741	79.1%
2005	13,794,594	13,837,566	14,221,835	103.1%
2006	19,426,821	12,462,714	11,737,425	60.4%
2007	23,748,616	11,656,313	12,389,313	52.2%
2008	22,453,565	11,016,643	17,286,146	77.0%
2009	20,417,501	10,020,614	17,476,925	85.6%
2010	18,785,407	9,217,424	15,566,892	82.9%
2011	18,247,459	7,932,076	20,744,952	113.7%
2012	21,871,286	7,253,112	22,338,430	102.1%
2013	20,235,800	6,617,611	24,357,539	120.4%
2014	18,539,117	6,061,493	22,520,245	121.5%
2015	15,341,960	5,016,777	21,676,442	141.3%
2016	15,317,453	5,007,742	25,735,070	168.0%

Projected Future Experience Before Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	14,471,558	4,731,138	25,881,296	178.8%
2018	13,344,593	4,362,382	26,836,799	201.1%
2019	12,269,920	4,010,738	27,575,734	224.7%
2020	11,235,383	3,672,246	28,064,111	249.8%
2021	10,234,557	3,344,815	28,259,130	276.1%
2022	9,275,100	3,030,950	28,214,687	304.2%
2023	8,360,863	2,731,911	27,955,087	334.4%
2024	7,495,989	2,449,052	27,495,332	366.8%
2025	6,681,241	2,182,623	26,833,554	401.6%
2026	5,915,891	1,932,383	25,940,177	438.5%
2027	5,195,806	1,696,986	24,831,745	477.9%
2028	4,528,964	1,479,029	23,532,027	519.6%
2029	3,928,576	1,282,814	22,193,603	564.9%
2030	3,387,434	1,105,985	20,815,774	614.5%
2031	2,901,304	947,156	19,381,821	668.0%
2032	2,469,475	806,088	17,905,384	725.1%
2033	2,087,965	681,478	16,400,424	785.5%
2034	1,753,532	572,260	14,905,268	850.0%
2035	1,462,161	477,121	13,444,463	919.5%
2036	1,209,584	394,661	12,005,097	992.5%
2037	990,662	323,200	10,594,818	1069.5%
2038	803,636	262,159	9,218,256	1147.1%
2039	648,427	211,508	7,978,063	1230.4%
2040	519,265	169,363	6,814,068	1312.3%
2041	412,316	134,470	5,766,773	1398.6%
2042	325,069	106,008	4,845,884	1490.7%
2043	254,368	82,946	4,043,050	1589.5%
2044	197,454	64,384	3,349,219	1696.2%
2045	151,971	49,551	2,748,259	1808.4%
2046+	396,127	129,146	8,693,311	2194.6%

Projected Future Experience After Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	14,471,558	4,731,138	25,881,296	178.8%
2018	15,646,198	4,272,940	26,730,003	170.8%
2019	23,653,770	3,572,755	26,904,668	113.7%
2020	22,762,654	3,233,206	27,237,178	119.7%
2021	20,851,901	2,944,470	27,356,287	131.2%
2022	19,006,344	2,667,751	27,244,635	143.3%
2023	17,232,864	2,404,163	26,926,498	156.3%
2024	15,540,799	2,154,892	26,417,240	170.0%
2025	13,933,214	1,920,153	25,716,656	184.6%
2026	12,410,685	1,699,728	24,799,854	199.8%
2027	10,963,926	1,492,430	23,684,679	216.0%
2028	9,610,408	1,300,543	22,395,241	233.0%
2029	8,384,969	1,127,828	21,073,382	251.3%
2030	7,271,290	972,212	19,711,048	271.1%
2031	6,262,300	832,470	18,305,133	292.3%
2032	5,359,970	708,377	16,869,211	314.7%
2033	4,556,851	598,783	15,415,169	338.3%
2034	3,847,635	502,746	13,978,391	363.3%
2035	3,225,302	419,104	12,581,281	390.1%
2036	2,682,269	346,623	11,211,531	418.0%
2037	2,207,847	283,823	9,875,518	447.3%
2038	1,799,221	230,191	8,577,310	476.7%
2039	1,458,882	185,694	7,411,148	508.0%
2040	1,173,763	148,676	6,320,376	538.5%
2041	936,201	118,033	5,341,019	570.5%
2042	741,513	93,040	4,481,652	604.4%
2043	582,892	72,792	3,733,915	640.6%
2044	454,533	56,496	3,089,041	679.6%
2045	351,430	43,476	2,531,520	720.3%
2046+	929,326	113,280	7,975,840	858.2%

Best Estimate Loss Ratio Summaries at 12/31/2016 (Discounted at 4.53%)

Accumulated Value of Historical	588,669,055	435,370,952	422,854,309	71.8%	588,669,055	435,370,952	422,854,309	71.8%
Present Value of Projected	100,517,876	32,845,849	341,478,108	339.7%	180,961,060	29,900,176	328,541,127	181.6%
Total Values	689,186,931	468,216,801	764,332,416	110.9%	769,630,115	465,271,127	751,395,436	97.6%

Dual Loss Ratio Demonstration with Best Estimate Assumptions

1	Accumulated value of initial Earned Premium	435,370,952	x 61.6% =	268,037,025
2a	Accumulated value of Earned Premium	588,669,055		
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	153,298,103	x 80.0% =	122,638,483
3	Present value of future projected initial Earned Premium	29,900,176	x 61.6% =	18,408,105
4a	Present value of future projected premium	180,961,060		
4b	Present value of future projected premium in excess of the projected initial Earned Premiums (4a - 3)	151,060,884	x 80.0% =	120,848,707
5	Lifetime Earned Premium times Prescribed Factor (1 + 2b + 3 + 4b)			529,932,320
6	Lifetime Incurred Claims			751,395,436
7	Allowable Additional Earned Premium (6 - 5)	221,463,116	/ 80.0% =	276,828,895

* Calendar Year projected Incurred Claims represent best estimate Incurred Claims

Exhibit 4b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Experience Restated to Virginia Rate Level Before and After Proposed Rate Increase
As of 12/31/2016

Historical Experience				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio
1987	181,295	181,295	22,801	12.6%
1988	372,801	372,801	73,343	19.7%
1989	384,953	384,953	102,688	26.7%
1990	357,955	357,955	113,515	31.7%
1991	359,234	359,234	142,894	39.8%
1992	373,708	375,906	187,373	50.1%
1993	572,975	616,058	70,906	12.4%
1994	965,013	1,055,099	153,040	15.9%
1995	2,396,699	2,486,626	240,442	10.0%
1996	4,949,584	5,026,138	1,232,378	24.9%
1997	8,651,095	8,722,306	2,506,148	29.0%
1998	10,426,084	10,491,459	5,509,813	52.8%
1999	11,003,273	11,064,207	4,997,264	45.4%
2000	11,281,684	11,339,051	4,140,460	36.7%
2001	10,308,324	10,358,202	5,964,672	57.9%
2002	10,180,577	10,230,661	6,260,140	61.5%
2003	9,448,752	9,494,002	13,041,970	138.0%
2004	8,959,777	9,003,197	8,125,306	90.7%
2005	8,678,494	8,707,201	11,138,314	128.3%
2006	12,063,197	7,740,481	9,643,709	79.9%
2007	14,524,037	7,130,138	9,210,712	63.4%
2008	13,294,566	6,524,729	11,523,663	86.7%
2009	12,076,814	5,929,018	11,557,807	95.7%
2010	10,849,389	5,324,466	8,986,153	82.8%
2011	10,198,022	4,433,550	11,892,065	116.6%
2012	11,917,277	3,953,050	12,043,295	101.1%
2013	10,784,253	3,527,049	11,622,049	107.8%
2014	9,594,071	3,136,427	10,468,254	109.1%
2015	7,351,699	2,404,317	11,728,892	159.5%
2016	7,495,478	2,450,729	9,990,918	133.3%

Projected Future Experience Before Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	6,958,873	2,275,308	11,128,971	159.9%
2018	6,287,697	2,055,819	10,971,607	174.5%
2019	5,650,897	1,847,567	10,716,392	189.6%
2020	5,052,291	1,651,802	10,360,526	205.1%
2021	4,490,683	1,468,135	9,897,949	220.4%
2022	3,965,911	1,296,517	9,358,116	236.0%
2023	3,480,248	1,137,691	8,773,839	252.1%
2024	3,034,656	991,973	8,153,723	268.7%
2025	2,627,998	858,991	7,515,746	286.0%
2026	2,258,164	738,057	6,847,823	303.2%
2027	1,923,548	628,648	6,182,956	321.4%
2028	1,626,690	531,589	5,529,238	339.9%
2029	1,366,987	446,682	4,918,261	359.8%
2030	1,141,457	372,951	4,351,154	381.2%
2031	946,838	309,330	3,825,505	404.0%
2032	779,686	254,694	3,330,919	427.2%
2033	637,431	208,200	2,873,041	450.7%
2034	517,458	168,993	2,459,734	475.3%
2035	416,948	136,151	2,093,160	502.0%
2036	333,061	108,744	1,761,113	528.8%
2037	263,515	86,027	1,463,956	555.5%
2038	207,025	67,576	1,205,793	582.4%
2039	161,488	52,705	986,699	611.0%
2040	125,185	40,852	801,469	640.2%
2041	96,365	31,443	641,178	665.4%
2042	73,575	24,003	506,803	688.8%
2043	55,738	18,182	396,635	711.6%
2044	41,870	13,657	308,355	736.5%
2045	31,166	10,164	237,152	760.9%
2046+	72,811	23,741	591,537	812.4%

Projected Future Experience After Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	6,958,873	2,275,308	11,128,971	159.9%
2018	6,801,598	2,015,986	10,906,607	160.4%
2019	8,108,108	1,657,112	10,348,549	127.6%
2020	7,454,797	1,465,592	9,948,440	133.5%
2021	6,626,130	1,302,630	9,486,465	143.2%
2022	5,851,813	1,150,359	8,953,944	153.0%
2023	5,135,204	1,009,438	8,381,199	163.2%
2024	4,477,721	880,146	7,776,801	173.7%
2025	3,877,686	762,156	7,157,759	184.6%
2026	3,331,984	654,855	6,512,584	195.5%
2027	2,838,250	557,780	5,872,380	206.9%
2028	2,400,226	471,662	5,245,187	218.5%
2029	2,017,028	396,327	4,659,712	231.0%
2030	1,684,253	330,908	4,115,281	244.3%
2031	1,397,086	274,459	3,612,031	258.5%
2032	1,150,448	225,982	3,140,098	272.9%
2033	940,548	184,730	2,704,423	287.5%
2034	763,524	149,942	2,312,078	302.8%
2035	615,218	120,802	1,964,799	319.4%
2036	491,441	96,486	1,651,065	336.0%
2037	388,824	76,329	1,370,855	352.6%
2038	305,471	59,958	1,127,859	369.2%
2039	238,279	46,763	921,953	386.9%
2040	184,715	36,246	748,178	405.0%
2041	142,189	27,898	598,065	420.6%
2042	108,562	21,297	472,375	435.1%
2043	82,243	16,132	369,435	449.2%
2044	61,781	12,117	287,022	464.6%
2045	45,986	9,019	220,613	479.7%
2046+	107,435	21,065	549,546	511.5%

Best Estimate Loss Ratio Summaries at 12/31/2016 (Discounted at 4.53%)

Accumulated Value of Historical	366,363,951	280,966,671	276,568,158	75.5%	366,363,951	280,966,671	276,568,158	75.5%
Present Value of Projected	42,696,703	13,957,613	99,956,629	234.1%	57,240,831	12,830,571	96,258,080	168.2%
Total Values	409,060,653	294,924,284	376,524,787	92.0%	423,604,781	293,797,242	372,826,238	88.0%

Dual Loss Ratio Demonstration with Best Estimate Assumptions

1	Accumulated value of initial Earned Premium	280,966,671	x 61.6% =	172,977,711
2a	Accumulated value of Earned Premium	366,363,951		
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	85,397,280	x 80.0% =	68,317,824
3	Present value of future projected initial Earned Premium	12,830,571	x 61.6% =	7,899,168
4a	Present value of future projected premium	57,240,831		
4b	Present value of future projected premium in excess of the projected initial Earned Premiums (4a - 3)	44,410,260	x 80.0% =	35,528,208
5	Lifetime Earned Premium times Prescribed Factor (1 + 2b + 3 + 4b)			284,722,910
6	Lifetime Incurred Claims			372,826,238
7	Allowable Additional Earned Premium (6 - 5)	88,103,328	/ 80.0% =	110,129,161

* Calendar Year projected Incurred Claims represent best estimate Incurred Claims

Exhibit 4c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Experience Restated to Virginia Rate Level Before and After Proposed Rate Increase
As of 12/31/2016

Historical Experience				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio
1987	0	0	0	0.0%
1988	0	0	0	0.0%
1989	0	0	0	0.0%
1990	0	0	0	0.0%
1991	4,677	4,677	0	0.0%
1992	30,599	31,666	0	0.0%
1993	97,810	116,348	21,180	21.7%
1994	250,615	288,507	37,623	15.0%
1995	816,575	855,584	30,693	3.8%
1996	2,036,613	2,070,462	237,637	11.7%
1997	3,982,341	4,014,114	147,480	3.7%
1998	5,050,499	5,079,857	1,519,897	30.1%
1999	5,517,925	5,545,249	1,481,076	26.8%
2000	5,907,845	5,934,289	1,253,154	21.2%
2001	5,493,546	5,518,108	1,256,849	22.9%
2002	5,281,621	5,306,550	1,727,059	32.7%
2003	5,158,259	5,178,595	4,015,393	77.8%
2004	5,020,700	5,040,820	2,927,435	58.3%
2005	5,116,100	5,130,365	3,083,520	60.3%
2006	7,363,624	4,722,233	2,093,717	28.4%
2007	9,224,579	4,526,175	3,178,601	34.5%
2008	9,158,999	4,491,914	5,762,483	62.9%
2009	8,340,687	4,091,595	5,919,119	71.0%
2010	7,936,018	3,892,959	6,580,739	82.9%
2011	8,049,438	3,498,526	8,852,887	110.0%
2012	9,954,009	3,300,062	10,295,135	103.4%
2013	9,451,547	3,090,562	12,735,490	134.7%
2014	8,945,046	2,925,065	12,051,992	134.7%
2015	7,990,261	2,612,460	9,947,550	124.5%
2016	7,821,975	2,557,013	15,744,152	201.3%

Projected Future Experience Before Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	7,512,685	2,455,830	14,752,324	196.4%
2018	7,056,897	2,306,563	15,865,192	224.8%
2019	6,619,023	2,163,171	16,859,342	254.7%
2020	6,183,092	2,020,444	17,703,584	286.3%
2021	5,743,874	1,876,681	18,361,181	319.7%
2022	5,309,189	1,734,433	18,856,572	355.2%
2023	4,880,615	1,594,220	19,181,248	393.0%
2024	4,461,332	1,457,080	19,341,609	433.5%
2025	4,053,243	1,323,632	19,317,808	476.6%
2026	3,657,727	1,194,326	19,092,354	522.0%
2027	3,272,257	1,068,338	18,648,788	569.9%
2028	2,902,274	947,440	18,002,789	620.3%
2029	2,561,589	836,132	17,275,342	674.4%
2030	2,245,976	733,034	16,464,620	733.1%
2031	1,954,466	637,826	15,556,316	795.9%
2032	1,689,789	551,395	14,574,464	862.5%
2033	1,450,533	473,278	13,527,383	932.6%
2034	1,236,074	403,267	12,445,535	1006.9%
2035	1,045,214	340,970	11,351,302	1086.0%
2036	876,523	285,916	10,243,985	1168.7%
2037	727,147	237,173	9,130,862	1255.7%
2038	596,611	194,583	8,012,463	1343.0%
2039	486,939	158,803	6,991,364	1435.8%
2040	394,079	128,511	6,012,599	1525.7%
2041	315,951	103,028	5,125,595	1622.3%
2042	251,494	82,005	4,339,082	1725.3%
2043	198,629	64,764	3,646,415	1835.8%
2044	155,584	50,727	3,040,865	1954.5%
2045	120,805	39,386	2,511,107	2078.6%
2046+	323,316	105,405	8,101,774	2505.8%

Projected Future Experience After Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	7,512,685	2,455,830	14,752,324	196.4%
2018	8,844,600	2,256,954	15,823,396	178.9%
2019	15,545,662	1,915,643	16,556,118	106.5%
2020	15,307,857	1,767,613	17,288,738	112.9%
2021	14,225,771	1,641,840	17,869,822	125.6%
2022	13,154,531	1,517,393	18,290,691	139.0%
2023	12,097,660	1,394,725	18,545,298	153.3%
2024	11,063,078	1,274,746	18,640,439	168.5%
2025	10,055,528	1,157,997	18,558,898	184.6%
2026	9,078,701	1,044,873	18,287,270	201.4%
2027	8,125,677	934,650	17,812,299	219.2%
2028	7,210,182	828,881	17,150,053	237.9%
2029	6,367,941	731,502	16,413,670	257.8%
2030	5,587,037	641,305	15,595,767	279.1%
2031	4,865,215	558,010	14,693,103	302.0%
2032	4,209,521	482,395	13,729,112	326.1%
2033	3,616,303	414,053	12,710,746	351.5%
2034	3,084,110	352,804	11,666,314	378.3%
2035	2,610,084	298,302	10,616,483	406.7%
2036	2,190,828	250,138	9,560,466	436.4%
2037	1,819,023	207,494	8,504,663	467.5%
2038	1,493,751	170,233	7,449,450	498.7%
2039	1,220,603	138,931	6,489,196	531.6%
2040	989,048	112,430	5,572,198	563.4%
2041	794,012	90,135	4,742,954	597.3%
2042	632,951	71,743	4,009,277	633.4%
2043	500,649	56,660	3,364,480	672.0%
2044	392,752	44,379	2,802,019	713.4%
2045	305,444	34,458	2,310,907	756.6%
2046+	821,892	92,215	7,426,294	903.6%

Best Estimate Loss Ratio Summaries at 12/31/2016 (Discounted at 4.53%)

Accumulated Value of Historical	222,305,104	154,404,280	146,286,151	65.8%	222,305,104	154,404,280	146,286,151	65.8%
Present Value of Projected	57,821,173	18,888,236	241,521,479	417.7%	123,720,229	17,069,605	232,283,047	187.7%
Total Values	280,126,277	173,292,517	387,807,629	138.4%	346,025,334	171,473,885	378,569,197	109.4%

Dual Loss Ratio Demonstration with Best Estimate Assumptions

1	Accumulated value of initial Earned Premium	154,404,280	x 61.6% =	95,059,314
2a	Accumulated value of Earned Premium	222,305,104		
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	67,900,824	x 80.0% =	54,320,659
3	Present value of future projected initial Earned Premium	17,069,605	x 61.6% =	10,508,937
4a	Present value of future projected premium	123,720,229		
4b	Present value of future projected premium in excess of the projected initial Earned Premiums (4a - 3)	106,650,624	x 80.0% =	85,320,500
5	Lifetime Earned Premium times Prescribed Factor (1 + 2b + 3 + 4b)			245,209,410
6	Lifetime Incurred Claims			378,569,197
7	Allowable Additional Earned Premium (6 - 5)	133,359,787	/ 80.0% =	166,699,734

* Calendar Year projected Incurred Claims represent best estimate Incurred Claims

Exhibit 5
Continental General Insurance Company
Policy Forms: 420 Series et al.
Filing Status Summary
As of 5/1/2018

State	Annualized Premium[1]	Base Proposed	Inflation Guard Rider Proposed	Filing Date	Filing Status	Approval Date	Base Approved	Inflation Guard Rider Approved
AL	111,120	39.0%	105.5%	11/20/2017	Pending Approval		0.0%	0.0%
AZ	85,199	91.0%	208.2%		To Be Filed		0.0%	0.0%
AR	19,419	116.9%	208.2%	3/8/2018	Pending Approval		0.0%	0.0%
CA	14,891	151.1%	208.2%		To Be Filed		0.0%	0.0%
CO	370,530	82.3%	105.5%		To Be Filed		0.0%	0.0%
CT	143,251	293.0%	208.2%		To Be Filed		0.0%	0.0%
DE	4,223	50.1%	208.2%		To Be Filed		0.0%	0.0%
FL[3]	664,866	266.5%	208.2%	8/17/2017	Pending Approval		0.0%	0.0%
GA	333,327	12.0%	12.0%	1/12/2018	Approved	2/21/2018	12.0%	12.0%
HI	295,237	39.8%	208.2%	11/20/2017	Pending Approval		0.0%	0.0%
ID	11,561	103.9%	208.2%	12/1/2017	Pending Approval		0.0%	0.0%
IL	1,241,706	0.0%	105.5%	11/20/2017	Pending Approval		0.0%	0.0%
IN	298,094	126.5%	208.2%		To Be Filed		0.0%	0.0%
IA	1,639,482	30.0%	0.0%	11/22/2017	Approved	2/20/2018	30.0%	0.0%
KS	1,700,236	79.5%	180.2%	11/22/2017	Pending Approval		0.0%	0.0%
KY	146,562	17.1%	40.6%	11/22/2017	Approved	2/19/2018	17.1%	40.6%
LA[2]	72,474	0.0%	0.0%		To Be Filed		0.0%	0.0%
MD	1,820	129.7%	0.0%		To Be Filed		0.0%	0.0%
MA	17,937	149.4%	208.2%		To Be Filed		0.0%	0.0%
MI	249,058	0.0%	37.0%	11/20/2017	Approved	1/31/2018	0.0%	37.0%
MN	2,177,999	15.0%	0.0%	12/12/2017	Approved	4/24/2018	15.0%	0.0%
MS[2]	24,001	25.0%	0.0%	12/1/2017	Pending Approval		0.0%	0.0%
MO	513,450	20.0%	125.0%	11/22/2017	Approved	2/1/2018	20.0%	125.0%
MT	72,359	26.2%	146.6%		To Be Filed		0.0%	0.0%
NE	3,201,681	26.2%	37.0%	11/22/2017	Pending Approval		0.0%	0.0%
NV	31,206	63.4%	128.3%	3/8/2018	Pending Approval		0.0%	0.0%
NC[2]	208,934	56.3%	0.0%	12/28/2017	Pending Approval		0.0%	0.0%
ND	386,789	24.8%	137.1%	9/8/2017	Approved	11/17/2017	24.8%	10.0%
OH[2]	979,221	15.0%	0.0%	11/20/2017	Approved	2/23/2018	15.0%	0.0%
OK	194,506	121.1%	105.5%	1/12/2018	Pending Approval		0.0%	0.0%
OR	2,584	104.7%	208.2%		To Be Filed		0.0%	0.0%
PA	484,517	36.7%	208.2%	11/22/2017	Pending Approval		0.0%	0.0%
RI	3,326	149.5%	0.0%		To Be Filed		0.0%	0.0%
SC[2]	20,197	20.0%	0.0%	11/22/2017	Approved	1/16/2018	20.0%	0.0%
SD	422,672	0.0%	37.0%	11/20/2017	Approved	1/17/2018	0.0%	37.0%
TN	382,758	26.2%	37.0%	11/20/2017	Pending Approval		0.0%	0.0%
TX	685,560	64.3%	161.2%	11/20/2017	Pending Approval		0.0%	0.0%
UT	10,019	74.4%	105.5%		To Be Filed		0.0%	0.0%
VA	103,815	66.3%	208.2%	3/8/2018	Pending Approval		0.0%	0.0%
WA	39,051	26.9%	37.0%	11/20/2017	Pending Approval		0.0%	0.0%
WV	55,029	35.4%	208.2%	12/1/2017	Pending Approval		0.0%	0.0%
WI[2]	611,670	62.3%	47.1%	11/20/2017	Approved	3/22/2018	62.3%	47.1%
WY	65,818	10.9%	40.0%		To Be Filed		0.0%	0.0%

[1] Annualized Premium is as of 12/31/16.

[2] The requested rate increase is limited by state policies and/or regulations.

[3] A separate rate increase request was filed with Florida. The impact of this rate increase is not demonstrated in this filing.

Exhibit 6a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to the Original Rate Level
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	363,911	142,894	39.3%
1992	407,572	187,373	46.0%
1993	732,405	92,086	12.6%
1994	1,343,606	190,663	14.2%
1995	3,342,211	271,135	8.1%
1996	7,096,600	1,470,015	20.7%
1997	12,736,420	2,653,628	20.8%
1998	15,571,316	7,029,710	45.1%
1999	16,609,456	6,478,340	39.0%
2000	17,273,340	5,393,614	31.2%
2001	15,876,310	7,221,521	45.5%
2002	15,537,211	7,987,199	51.4%
2003	14,672,598	17,057,363	116.3%
2004	14,044,017	11,052,741	78.7%
2005	13,837,566	14,221,835	102.8%
2006	12,462,714	11,737,425	94.2%
2007	11,656,313	12,389,313	106.3%
2008	11,016,643	17,286,146	156.9%
2009	10,020,614	17,476,925	174.4%
2010	9,217,424	15,566,892	168.9%
2011	7,932,076	20,744,952	261.5%
2012	7,253,112	22,338,430	308.0%
2013	6,617,611	24,357,539	368.1%
2014	6,061,493	22,520,245	371.5%
2015	5,016,777	21,676,442	432.1%
2016	5,007,742	25,735,070	513.9%
2017	4,731,138	25,881,296	547.0%
2018	4,362,382	26,836,799	615.2%
2019	4,010,738	27,575,734	687.5%
2020	3,672,246	28,064,111	764.2%
2021	3,344,815	28,259,130	844.9%
2022	3,030,950	28,214,687	930.9%
2023	2,731,911	27,955,087	1023.3%
2024	2,449,052	27,495,332	1122.7%
2025	2,182,623	26,833,554	1229.4%
2026	1,932,383	25,940,177	1342.4%
2027	1,696,986	24,831,745	1463.3%
2028	1,479,029	23,532,027	1591.0%
2029	1,282,814	22,193,603	1730.1%
2030	1,105,985	20,815,774	1882.1%
2031	947,156	19,381,821	2046.3%
2032	806,088	17,905,384	2221.3%
2033	681,478	16,400,424	2406.6%
2034	572,260	14,905,268	2604.6%
2035	477,121	13,444,463	2817.8%
2036	394,661	12,005,097	3041.9%
2037	323,200	10,594,818	3278.1%
2038	262,159	9,218,256	3516.3%
2039	211,508	7,978,063	3772.0%
2040	169,363	6,814,068	4023.4%
2041	134,470	5,766,773	4288.5%
2042	106,008	4,845,884	4571.2%
2043	82,946	4,043,050	4874.3%
2044	64,384	3,349,219	5202.0%
2045	49,551	2,748,259	5546.4%
2046+	127,827	8,590,275	6720.2%

Present Values at 5.0%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	463,380,116	440,254,143	95.0%
Projected Future	32,024,103	328,663,634	1026.3%
Lifetime Anticipated	495,404,219	768,917,776	155.2%

Exhibit 6b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to the Original Rate Level
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	359,234	142,894	39.8%
1992	375,906	187,373	49.8%
1993	616,058	70,906	11.5%
1994	1,055,099	153,040	14.5%
1995	2,486,626	240,442	9.7%
1996	5,026,138	1,232,378	24.5%
1997	8,722,306	2,506,148	28.7%
1998	10,491,459	5,509,813	52.5%
1999	11,064,207	4,997,264	45.2%
2000	11,339,051	4,140,460	36.5%
2001	10,358,202	5,964,672	57.6%
2002	10,230,661	6,260,140	61.2%
2003	9,494,002	13,041,970	137.4%
2004	9,003,197	8,125,306	90.2%
2005	8,707,201	11,138,314	127.9%
2006	7,740,481	9,643,709	124.6%
2007	7,130,138	9,210,712	129.2%
2008	6,524,729	11,523,663	176.6%
2009	5,929,018	11,557,807	194.9%
2010	5,324,466	8,986,153	168.8%
2011	4,433,550	11,892,065	268.2%
2012	3,953,050	12,043,295	304.7%
2013	3,527,049	11,622,049	329.5%
2014	3,136,427	10,468,254	333.8%
2015	2,404,317	11,728,892	487.8%
2016	2,450,729	9,990,918	407.7%
2017	2,275,308	11,128,971	489.1%
2018	2,055,819	10,971,607	533.7%
2019	1,847,567	10,716,392	580.0%
2020	1,651,802	10,360,526	627.2%
2021	1,468,135	9,897,949	674.2%
2022	1,296,517	9,358,116	721.8%
2023	1,137,691	8,773,839	771.2%
2024	991,973	8,153,723	822.0%
2025	858,991	7,515,746	875.0%
2026	738,057	6,847,823	927.8%
2027	628,648	6,182,956	983.5%
2028	531,589	5,529,238	1040.1%
2029	446,682	4,918,261	1101.1%
2030	372,951	4,351,154	1166.7%
2031	309,330	3,825,505	1236.7%
2032	254,694	3,330,919	1307.8%
2033	208,200	2,873,041	1379.9%
2034	168,993	2,459,734	1455.5%
2035	136,151	2,093,160	1537.4%
2036	108,744	1,761,113	1619.5%
2037	86,027	1,463,956	1701.7%
2038	67,576	1,205,793	1784.4%
2039	52,705	986,699	1872.1%
2040	40,852	801,469	1961.9%
2041	31,443	641,178	2039.2%
2042	24,003	506,803	2111.4%
2043	18,182	396,635	2181.5%
2044	13,657	308,355	2257.9%
2045	10,164	237,152	2333.2%
2046+	23,522	585,877	2490.7%

Present Values at 5.0%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	299,733,310	289,396,811	96.6%
Projected Future	13,646,340	97,062,882	711.3%
Lifetime Anticipated	313,379,650	386,459,693	123.3%

Exhibit 6c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to the Original Rate Level
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,677	0	0.0%
1992	31,666	0	0.0%
1993	116,348	21,180	18.2%
1994	288,507	37,623	13.0%
1995	855,584	30,693	3.6%
1996	2,070,462	237,637	11.5%
1997	4,014,114	147,480	3.7%
1998	5,079,857	1,519,897	29.9%
1999	5,545,249	1,481,076	26.7%
2000	5,934,289	1,253,154	21.1%
2001	5,518,108	1,256,849	22.8%
2002	5,306,550	1,727,059	32.5%
2003	5,178,595	4,015,393	77.5%
2004	5,040,820	2,927,435	58.1%
2005	5,130,365	3,083,520	60.1%
2006	4,722,233	2,093,717	44.3%
2007	4,526,175	3,178,601	70.2%
2008	4,491,914	5,762,483	128.3%
2009	4,091,595	5,919,119	144.7%
2010	3,892,959	6,580,739	169.0%
2011	3,498,526	8,852,887	253.0%
2012	3,300,062	10,295,135	312.0%
2013	3,090,562	12,735,490	412.1%
2014	2,925,065	12,051,992	412.0%
2015	2,612,460	9,947,550	380.8%
2016	2,557,013	15,744,152	615.7%
2017	2,455,830	14,752,324	600.7%
2018	2,306,563	15,865,192	687.8%
2019	2,163,171	16,859,342	779.4%
2020	2,020,444	17,703,584	876.2%
2021	1,876,681	18,361,181	978.4%
2022	1,734,433	18,856,572	1087.2%
2023	1,594,220	19,181,248	1203.2%
2024	1,457,080	19,341,609	1327.4%
2025	1,323,632	19,317,808	1459.5%
2026	1,194,326	19,092,354	1598.6%
2027	1,068,338	18,648,788	1745.6%
2028	947,440	18,002,789	1900.2%
2029	836,132	17,275,342	2066.1%
2030	733,034	16,464,620	2246.1%
2031	637,826	15,556,316	2439.0%
2032	551,395	14,574,464	2643.2%
2033	473,278	13,527,383	2858.2%
2034	403,267	12,445,535	3086.2%
2035	340,970	11,351,302	3329.1%
2036	285,916	10,243,985	3582.9%
2037	237,173	9,130,862	3849.9%
2038	194,583	8,012,463	4117.8%
2039	158,803	6,991,364	4402.5%
2040	128,511	6,012,599	4678.7%
2041	103,028	5,125,595	4975.0%
2042	82,005	4,339,082	5291.3%
2043	64,764	3,646,415	5630.3%
2044	50,727	3,040,865	5994.6%
2045	39,386	2,511,107	6375.6%
2046+	104,305	8,004,398	7674.0%

Present Values at 5.0%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	163,646,806	150,857,332	92.2%
Projected Future	18,377,764	231,600,752	1260.2%
Lifetime Anticipated	182,024,569	382,458,084	210.1%

Exhibit 7a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	924,832	22,801	2.5%
1988	1,901,752	73,343	3.9%
1989	1,963,742	102,688	5.2%
1990	1,826,019	113,515	6.2%
1991	1,855,189	142,894	7.7%
1992	2,073,200	187,373	9.0%
1993	3,735,232	92,086	2.5%
1994	7,096,782	190,663	2.7%
1995	19,309,718	271,135	1.4%
1996	42,916,103	1,470,015	3.4%
1997	78,677,054	2,653,628	3.4%
1998	96,997,687	7,029,710	7.2%
1999	103,996,851	6,478,340	6.2%
2000	108,799,536	5,393,614	5.0%
2001	100,240,262	7,221,521	7.2%
2002	97,750,205	7,987,199	8.2%
2003	92,946,856	17,057,363	18.4%
2004	89,259,183	11,052,741	12.4%
2005	88,573,697	14,221,835	16.1%
2006	80,159,577	11,737,425	14.6%
2007	75,360,046	12,389,313	16.4%
2008	72,014,945	17,286,146	24.0%
2009	65,506,060	17,476,925	26.7%
2010	60,727,679	15,566,892	25.6%
2011	52,798,045	20,744,952	39.3%
2012	48,647,258	22,338,430	45.9%
2013	44,662,623	24,357,539	54.5%
2014	41,250,995	22,520,245	54.6%
2015	34,821,855	21,676,442	62.2%
2016	34,585,058	25,735,070	74.4%
2017	32,818,030	25,881,296	78.9%
2018	30,411,665	26,836,799	88.2%
2019	28,121,535	27,575,734	98.1%
2020	25,899,379	28,064,111	108.4%
2021	23,728,565	28,259,130	119.1%
2022	21,631,403	28,214,687	130.4%
2023	19,615,704	27,955,087	142.5%
2024	17,692,122	27,495,332	155.4%
2025	15,864,185	26,833,554	169.1%
2026	14,132,602	25,940,177	183.5%
2027	12,486,796	24,831,745	198.9%
2028	10,946,677	23,532,027	215.0%
2029	9,552,081	22,193,603	232.3%
2030	8,284,424	20,815,774	251.3%
2031	7,135,703	19,381,821	271.6%
2032	6,108,249	17,905,384	293.1%
2033	5,193,611	16,400,424	315.8%
2034	4,385,780	14,905,268	339.9%
2035	3,676,802	13,444,463	365.7%
2036	3,058,074	12,005,097	392.6%
2037	2,517,433	10,594,818	420.9%
2038	2,051,692	9,218,256	449.3%
2039	1,663,746	7,978,063	479.5%
2040	1,338,701	6,814,068	509.0%
2041	1,067,839	5,766,773	540.0%
2042	845,840	4,845,884	572.9%
2043	664,952	4,043,050	608.0%
2044	518,559	3,349,219	645.9%
2045	400,962	2,748,259	685.4%
2046+	1,046,192	8,590,275	821.1%

Present Values at 5.0%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	2,927,885,615	440,254,143	15.0%
Projected Future	228,843,407	328,663,634	143.6%
Lifetime Anticipated	3,156,729,022	768,917,776	24.4%

Exhibit 7b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	924,832	22,801	2.5%
1988	1,901,752	73,343	3.9%
1989	1,963,742	102,688	5.2%
1990	1,826,019	113,515	6.2%
1991	1,822,731	142,894	7.8%
1992	1,852,366	187,373	10.1%
1993	2,902,023	70,906	2.4%
1994	4,922,773	153,040	3.1%
1995	12,226,168	240,442	2.0%
1996	25,249,080	1,232,378	4.9%
1997	44,131,419	2,506,148	5.7%
1998	53,186,087	5,509,813	10.4%
1999	56,130,473	4,997,264	8.9%
2000	57,550,718	4,140,460	7.2%
2001	52,585,363	5,964,672	11.3%
2002	51,933,695	6,260,140	12.1%
2003	48,200,471	13,041,970	27.1%
2004	45,706,085	8,125,306	17.8%
2005	44,232,158	11,138,314	25.2%
2006	39,332,020	9,643,709	24.5%
2007	36,230,211	9,210,712	25.4%
2008	33,163,295	11,523,663	34.7%
2009	30,125,613	11,557,807	38.4%
2010	27,063,801	8,986,153	33.2%
2011	22,541,766	11,892,065	52.8%
2012	20,099,168	12,043,295	59.9%
2013	17,934,213	11,622,049	64.8%
2014	15,954,940	10,468,254	65.6%
2015	12,225,875	11,728,892	95.9%
2016	12,464,980	9,990,918	80.2%
2017	11,572,605	11,128,971	96.2%
2018	10,456,440	10,971,607	104.9%
2019	9,397,442	10,716,392	114.0%
2020	8,401,959	10,360,526	123.3%
2021	7,468,006	9,897,949	132.5%
2022	6,595,310	9,358,116	141.9%
2023	5,787,653	8,773,839	151.6%
2024	5,046,634	8,153,723	161.6%
2025	4,370,361	7,515,746	172.0%
2026	3,755,326	6,847,823	182.3%
2027	3,198,861	6,182,956	193.3%
2028	2,705,185	5,529,238	204.4%
2029	2,273,299	4,918,261	216.3%
2030	1,898,244	4,351,154	229.2%
2031	1,574,591	3,825,505	243.0%
2032	1,296,617	3,330,919	256.9%
2033	1,060,048	2,873,041	271.0%
2034	860,533	2,459,734	285.8%
2035	693,384	2,093,160	301.9%
2036	553,881	1,761,113	318.0%
2037	438,226	1,463,956	334.1%
2038	344,282	1,205,793	350.2%
2039	268,554	986,699	367.4%
2040	208,183	801,469	385.0%
2041	160,255	641,178	400.1%
2042	122,355	506,803	414.2%
2043	92,693	396,635	427.9%
2044	69,630	308,355	442.8%
2045	51,829	237,152	457.6%
2046+	119,967	585,877	488.4%

Present Values at 5.0%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	1,517,519,091	289,396,811	19.1%
Projected Future	69,420,734	97,062,882	139.8%
Lifetime Anticipated	1,586,939,825	386,459,693	24.4%

Exhibit 7c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	32,458	0	0.0%
1992	220,834	0	0.0%
1993	833,209	21,180	2.5%
1994	2,174,009	37,623	1.7%
1995	7,083,550	30,693	0.4%
1996	17,667,023	237,637	1.3%
1997	34,545,635	147,480	0.4%
1998	43,811,600	1,519,897	3.5%
1999	47,866,378	1,481,076	3.1%
2000	51,248,818	1,253,154	2.4%
2001	47,654,899	1,256,849	2.6%
2002	45,816,510	1,727,059	3.8%
2003	44,746,385	4,015,393	9.0%
2004	43,553,098	2,927,435	6.7%
2005	44,341,539	3,083,520	7.0%
2006	40,827,556	2,093,717	5.1%
2007	39,129,835	3,178,601	8.1%
2008	38,851,650	5,762,483	14.8%
2009	35,380,447	5,919,119	16.7%
2010	33,663,877	6,580,739	19.5%
2011	30,256,279	8,852,887	29.3%
2012	28,548,090	10,295,135	36.1%
2013	26,728,409	12,735,490	47.6%
2014	25,296,054	12,051,992	47.6%
2015	22,595,980	9,947,550	44.0%
2016	22,120,078	15,744,152	71.2%
2017	21,245,425	14,752,324	69.4%
2018	19,955,225	15,865,192	79.5%
2019	18,724,093	16,859,342	90.0%
2020	17,497,420	17,703,584	101.2%
2021	16,260,558	18,361,181	112.9%
2022	15,036,092	18,856,572	125.4%
2023	13,828,052	19,181,248	138.7%
2024	12,645,488	19,341,609	153.0%
2025	11,493,824	19,317,808	168.1%
2026	10,377,276	19,092,354	184.0%
2027	9,287,935	18,648,788	200.8%
2028	8,241,492	18,002,789	218.4%
2029	7,278,782	17,275,342	237.3%
2030	6,386,180	16,464,620	257.8%
2031	5,561,112	15,556,316	279.7%
2032	4,811,631	14,574,464	302.9%
2033	4,133,562	13,527,383	327.3%
2034	3,525,247	12,445,535	353.0%
2035	2,983,418	11,351,302	380.5%
2036	2,504,193	10,243,985	409.1%
2037	2,079,208	9,130,862	439.2%
2038	1,707,410	8,012,463	469.3%
2039	1,395,192	6,991,364	501.1%
2040	1,130,517	6,012,599	531.8%
2041	907,584	5,125,595	564.8%
2042	723,485	4,339,082	599.7%
2043	572,259	3,646,415	637.2%
2044	448,929	3,040,865	677.4%
2045	349,133	2,511,107	719.2%
2046+	926,224	8,004,398	864.2%

Present Values at 5.0%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	1,410,366,523	150,857,332	10.7%
Projected Future	159,422,673	231,600,752	145.3%
Lifetime Anticipated	1,569,789,196	382,458,084	24.4%

Exhibit 4a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Experience Restated to Virginia Rate Level Before and After Proposed Rate Increase
As of 12/31/2016

Historical Experience				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio
1987	181,295	181,295	22,801	12.6%
1988	372,801	372,801	73,343	19.7%
1989	384,953	384,953	102,688	26.7%
1990	357,955	357,955	113,515	31.7%
1991	363,911	363,911	142,894	39.3%
1992	404,307	407,572	187,373	46.3%
1993	670,785	732,405	92,086	13.7%
1994	1,215,627	1,343,606	190,663	15.7%
1995	3,213,274	3,342,211	271,135	8.4%
1996	6,986,198	7,096,600	1,470,015	21.0%
1997	12,633,435	12,736,420	2,653,628	21.0%
1998	15,476,583	15,571,316	7,029,710	45.4%
1999	16,521,198	16,609,456	6,478,340	39.2%
2000	17,189,528	17,273,340	5,393,614	31.4%
2001	15,801,870	15,876,310	7,221,521	45.7%
2002	15,462,198	15,537,211	7,987,199	51.7%
2003	14,607,012	14,672,598	17,057,363	116.8%
2004	13,980,477	14,044,017	11,052,741	79.1%
2005	13,794,594	13,837,566	14,221,835	103.1%
2006	19,426,821	12,462,714	11,737,425	60.4%
2007	23,748,616	11,656,313	12,389,313	52.2%
2008	22,453,565	11,016,643	17,286,146	77.0%
2009	20,417,501	10,020,614	17,476,925	85.6%
2010	18,785,407	9,217,424	15,566,892	82.9%
2011	18,247,459	7,932,076	20,744,952	113.7%
2012	21,871,286	7,253,112	22,338,430	102.1%
2013	20,235,800	6,617,611	24,357,539	120.4%
2014	18,539,117	6,061,493	22,520,245	121.5%
2015	15,341,960	5,016,777	21,676,442	141.3%
2016	15,317,453	5,007,742	25,735,070	168.0%

Projected Future Experience Before Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	14,471,558	4,731,138	25,881,296	178.8%
2018	13,344,593	4,362,382	26,836,799	201.1%
2019	12,269,920	4,010,738	27,575,734	224.7%
2020	11,235,383	3,672,246	28,064,111	249.8%
2021	10,234,557	3,344,815	28,259,130	276.1%
2022	9,275,100	3,030,950	28,214,687	304.2%
2023	8,360,863	2,731,911	27,955,087	334.4%
2024	7,495,989	2,449,052	27,495,332	366.8%
2025	6,681,241	2,182,623	26,833,554	401.6%
2026	5,915,891	1,932,383	25,940,177	438.5%
2027	5,195,806	1,696,986	24,831,745	477.9%
2028	4,528,964	1,479,029	23,532,027	519.6%
2029	3,928,576	1,282,814	22,193,603	564.9%
2030	3,387,434	1,105,985	20,815,774	614.5%
2031	2,901,304	947,156	19,381,821	668.0%
2032	2,469,475	806,088	17,905,384	725.1%
2033	2,087,965	681,478	16,400,424	785.5%
2034	1,753,532	572,260	14,905,268	850.0%
2035	1,462,161	477,121	13,444,463	919.5%
2036	1,209,584	394,661	12,005,097	992.5%
2037	990,662	323,200	10,594,818	1069.5%
2038	803,636	262,159	9,218,256	1147.1%
2039	648,427	211,508	7,978,063	1230.4%
2040	519,265	169,363	6,814,068	1312.3%
2041	412,316	134,470	5,766,773	1398.6%
2042	325,069	106,008	4,845,884	1490.7%
2043	254,368	82,946	4,043,050	1589.5%
2044	197,454	64,384	3,349,219	1696.2%
2045	151,971	49,551	2,748,259	1808.4%
2046+	396,127	129,146	8,693,311	2194.6%

Projected Future Experience After Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	14,471,558	4,731,138	25,881,296	178.8%
2018	15,646,198	4,272,940	26,730,003	170.8%
2019	23,653,770	3,572,755	26,904,668	113.7%
2020	22,762,654	3,233,206	27,237,178	119.7%
2021	20,851,901	2,944,470	27,356,287	131.2%
2022	19,006,344	2,667,751	27,244,635	143.3%
2023	17,232,864	2,404,163	26,926,498	156.3%
2024	15,540,799	2,154,892	26,417,240	170.0%
2025	13,933,214	1,920,153	25,716,656	184.6%
2026	12,410,685	1,699,728	24,799,854	199.8%
2027	10,963,926	1,492,430	23,684,679	216.0%
2028	9,610,408	1,300,543	22,395,241	233.0%
2029	8,384,969	1,127,828	21,073,382	251.3%
2030	7,271,290	972,212	19,711,048	271.1%
2031	6,262,300	832,470	18,305,133	292.3%
2032	5,359,970	708,377	16,869,211	314.7%
2033	4,556,851	598,783	15,415,169	338.3%
2034	3,847,635	502,746	13,978,391	363.3%
2035	3,225,302	419,104	12,581,281	390.1%
2036	2,682,269	346,623	11,211,531	418.0%
2037	2,207,847	283,823	9,875,518	447.3%
2038	1,799,221	230,191	8,577,310	476.7%
2039	1,458,882	185,694	7,411,148	508.0%
2040	1,173,763	148,676	6,320,376	538.5%
2041	936,201	118,033	5,341,019	570.5%
2042	741,513	93,040	4,481,652	604.4%
2043	582,892	72,792	3,733,915	640.6%
2044	454,533	56,496	3,089,041	679.6%
2045	351,430	43,476	2,531,520	720.3%
2046+	929,326	113,280	7,975,840	858.2%

Best Estimate Loss Ratio Summaries at 12/31/2016 (Discounted at 4.53%)

Accumulated Value of Historical	588,669,055	435,370,952	422,854,309	71.8%	588,669,055	435,370,952	422,854,309	71.8%
Present Value of Projected	100,517,876	32,845,849	341,478,108	339.7%	180,961,060	29,900,176	328,541,127	181.6%
Total Values	689,186,931	468,216,801	764,332,416	110.9%	769,630,115	465,271,127	751,395,436	97.6%

Dual Loss Ratio Demonstration with Best Estimate Assumptions

1	Accumulated value of initial Earned Premium	435,370,952	x 61.6% =	268,037,025
2a	Accumulated value of Earned Premium	588,669,055		
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	153,298,103	x 80.0% =	122,638,483
3	Present value of future projected initial Earned Premium	29,900,176	x 61.6% =	18,408,105
4a	Present value of future projected premium	180,961,060		
4b	Present value of future projected premium in excess of the projected initial Earned Premiums (4a - 3)	151,060,884	x 80.0% =	120,848,707
5	Lifetime Earned Premium times Prescribed Factor (1 + 2b + 3 + 4b)			529,932,320
6	Lifetime Incurred Claims			751,395,436
7	Allowable Additional Earned Premium (6 - 5)	221,463,116	/ 80.0% =	276,828,895

* Calendar Year projected Incurred Claims represent best estimate Incurred Claims

Exhibit 4b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Experience Restated to Virginia Rate Level Before and After Proposed Rate Increase
As of 12/31/2016

Historical Experience				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio
1987	181,295	181,295	22,801	12.6%
1988	372,801	372,801	73,343	19.7%
1989	384,953	384,953	102,688	26.7%
1990	357,955	357,955	113,515	31.7%
1991	359,234	359,234	142,894	39.8%
1992	373,708	375,906	187,373	50.1%
1993	572,975	616,058	70,906	12.4%
1994	965,013	1,055,099	153,040	15.9%
1995	2,396,699	2,486,626	240,442	10.0%
1996	4,949,584	5,026,138	1,232,378	24.9%
1997	8,651,095	8,722,306	2,506,148	29.0%
1998	10,426,084	10,491,459	5,509,813	52.8%
1999	11,003,273	11,064,207	4,997,264	45.4%
2000	11,281,684	11,339,051	4,140,460	36.7%
2001	10,308,324	10,358,202	5,964,672	57.9%
2002	10,180,577	10,230,661	6,260,140	61.5%
2003	9,448,752	9,494,002	13,041,970	138.0%
2004	8,959,777	9,003,197	8,125,306	90.7%
2005	8,678,494	8,707,201	11,138,314	128.3%
2006	12,063,197	7,740,481	9,643,709	79.9%
2007	14,524,037	7,130,138	9,210,712	63.4%
2008	13,294,566	6,524,729	11,523,663	86.7%
2009	12,076,814	5,929,018	11,557,807	95.7%
2010	10,849,389	5,324,466	8,986,153	82.8%
2011	10,198,022	4,433,550	11,892,065	116.6%
2012	11,917,277	3,953,050	12,043,295	101.1%
2013	10,784,253	3,527,049	11,622,049	107.8%
2014	9,594,071	3,136,427	10,468,254	109.1%
2015	7,351,699	2,404,317	11,728,892	159.5%
2016	7,495,478	2,450,729	9,990,918	133.3%

Projected Future Experience Before Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	6,958,873	2,275,308	11,128,971	159.9%
2018	6,287,697	2,055,819	10,971,607	174.5%
2019	5,650,897	1,847,567	10,716,392	189.6%
2020	5,052,291	1,651,802	10,360,526	205.1%
2021	4,490,683	1,468,135	9,897,949	220.4%
2022	3,965,911	1,296,517	9,358,116	236.0%
2023	3,480,248	1,137,691	8,773,839	252.1%
2024	3,034,656	991,973	8,153,723	268.7%
2025	2,627,998	858,991	7,515,746	286.0%
2026	2,258,164	738,057	6,847,823	303.2%
2027	1,923,548	628,648	6,182,956	321.4%
2028	1,626,690	531,589	5,529,238	339.9%
2029	1,366,987	446,682	4,918,261	359.8%
2030	1,141,457	372,951	4,351,154	381.2%
2031	946,838	309,330	3,825,505	404.0%
2032	779,686	254,694	3,330,919	427.2%
2033	637,431	208,200	2,873,041	450.7%
2034	517,458	168,993	2,459,734	475.3%
2035	416,948	136,151	2,093,160	502.0%
2036	333,061	108,744	1,761,113	528.8%
2037	263,515	86,027	1,463,956	555.5%
2038	207,025	67,576	1,205,793	582.4%
2039	161,488	52,705	986,699	611.0%
2040	125,185	40,852	801,469	640.2%
2041	96,365	31,443	641,178	665.4%
2042	73,575	24,003	506,803	688.8%
2043	55,738	18,182	396,635	711.6%
2044	41,870	13,657	308,355	736.5%
2045	31,166	10,164	237,152	760.9%
2046+	72,811	23,741	591,537	812.4%

Projected Future Experience After Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	6,958,873	2,275,308	11,128,971	159.9%
2018	6,801,598	2,015,986	10,906,607	160.4%
2019	8,108,108	1,657,112	10,348,549	127.6%
2020	7,454,797	1,465,592	9,948,440	133.5%
2021	6,626,130	1,302,630	9,486,465	143.2%
2022	5,851,813	1,150,359	8,953,944	153.0%
2023	5,135,204	1,009,438	8,381,199	163.2%
2024	4,477,721	880,146	7,776,801	173.7%
2025	3,877,686	762,156	7,157,759	184.6%
2026	3,331,984	654,855	6,512,584	195.5%
2027	2,838,250	557,780	5,872,380	206.9%
2028	2,400,226	471,662	5,245,187	218.5%
2029	2,017,028	396,327	4,659,712	231.0%
2030	1,684,253	330,908	4,115,281	244.3%
2031	1,397,086	274,459	3,612,031	258.5%
2032	1,150,448	225,982	3,140,098	272.9%
2033	940,548	184,730	2,704,423	287.5%
2034	763,524	149,942	2,312,078	302.8%
2035	615,218	120,802	1,964,799	319.4%
2036	491,441	96,486	1,651,065	336.0%
2037	388,824	76,329	1,370,855	352.6%
2038	305,471	59,958	1,127,859	369.2%
2039	238,279	46,763	921,953	386.9%
2040	184,715	36,246	748,178	405.0%
2041	142,189	27,898	598,065	420.6%
2042	108,562	21,297	472,375	435.1%
2043	82,243	16,132	369,435	449.2%
2044	61,781	12,117	287,022	464.6%
2045	45,986	9,019	220,613	479.7%
2046+	107,435	21,065	549,546	511.5%

Best Estimate Loss Ratio Summaries at 12/31/2016 (Discounted at 4.53%)

Accumulated Value of Historical	366,363,951	280,966,671	276,568,158	75.5%	366,363,951	280,966,671	276,568,158	75.5%
Present Value of Projected	42,696,703	13,957,613	99,956,629	234.1%	57,240,831	12,830,571	96,258,080	168.2%
Total Values	409,060,653	294,924,284	376,524,787	92.0%	423,604,781	293,797,242	372,826,238	88.0%

Dual Loss Ratio Demonstration with Best Estimate Assumptions

1	Accumulated value of initial Earned Premium	280,966,671	x 61.6% =	172,977,711
2a	Accumulated value of Earned Premium	366,363,951		
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	85,397,280	x 80.0% =	68,317,824
3	Present value of future projected initial Earned Premium	12,830,571	x 61.6% =	7,899,168
4a	Present value of future projected premium	57,240,831		
4b	Present value of future projected premium in excess of the projected initial Earned Premiums (4a - 3)	44,410,260	x 80.0% =	35,528,208
5	Lifetime Earned Premium times Prescribed Factor (1 + 2b + 3 + 4b)			284,722,910
6	Lifetime Incurred Claims			372,826,238
7	Allowable Additional Earned Premium (6 - 5)	88,103,328	/ 80.0% =	110,129,161

* Calendar Year projected Incurred Claims represent best estimate Incurred Claims

Exhibit 4c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Experience Restated to Virginia Rate Level Before and After Proposed Rate Increase
As of 12/31/2016

Historical Experience				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio
1987	0	0	0	0.0%
1988	0	0	0	0.0%
1989	0	0	0	0.0%
1990	0	0	0	0.0%
1991	4,677	4,677	0	0.0%
1992	30,599	31,666	0	0.0%
1993	97,810	116,348	21,180	21.7%
1994	250,615	288,507	37,623	15.0%
1995	816,575	855,584	30,693	3.8%
1996	2,036,613	2,070,462	237,637	11.7%
1997	3,982,341	4,014,114	147,480	3.7%
1998	5,050,499	5,079,857	1,519,897	30.1%
1999	5,517,925	5,545,249	1,481,076	26.8%
2000	5,907,845	5,934,289	1,253,154	21.2%
2001	5,493,546	5,518,108	1,256,849	22.9%
2002	5,281,621	5,306,550	1,727,059	32.7%
2003	5,158,259	5,178,595	4,015,393	77.8%
2004	5,020,700	5,040,820	2,927,435	58.3%
2005	5,116,100	5,130,365	3,083,520	60.3%
2006	7,363,624	4,722,233	2,093,717	28.4%
2007	9,224,579	4,526,175	3,178,601	34.5%
2008	9,158,999	4,491,914	5,762,483	62.9%
2009	8,340,687	4,091,595	5,919,119	71.0%
2010	7,936,018	3,892,959	6,580,739	82.9%
2011	8,049,438	3,498,526	8,852,887	110.0%
2012	9,954,009	3,300,062	10,295,135	103.4%
2013	9,451,547	3,090,562	12,735,490	134.7%
2014	8,945,046	2,925,065	12,051,992	134.7%
2015	7,990,261	2,612,460	9,947,550	124.5%
2016	7,821,975	2,557,013	15,744,152	201.3%

Projected Future Experience Before Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	7,512,685	2,455,830	14,752,324	196.4%
2018	7,056,897	2,306,563	15,865,192	224.8%
2019	6,619,023	2,163,171	16,859,342	254.7%
2020	6,183,092	2,020,444	17,703,584	286.3%
2021	5,743,874	1,876,681	18,361,181	319.7%
2022	5,309,189	1,734,433	18,856,572	355.2%
2023	4,880,615	1,594,220	19,181,248	393.0%
2024	4,461,332	1,457,080	19,341,609	433.5%
2025	4,053,243	1,323,632	19,317,808	476.6%
2026	3,657,727	1,194,326	19,092,354	522.0%
2027	3,272,257	1,068,338	18,648,788	569.9%
2028	2,902,274	947,440	18,002,789	620.3%
2029	2,561,589	836,132	17,275,342	674.4%
2030	2,245,976	733,034	16,464,620	733.1%
2031	1,954,466	637,826	15,556,316	795.9%
2032	1,689,789	551,395	14,574,464	862.5%
2033	1,450,533	473,278	13,527,383	932.6%
2034	1,236,074	403,267	12,445,535	1006.9%
2035	1,045,214	340,970	11,351,302	1086.0%
2036	876,523	285,916	10,243,985	1168.7%
2037	727,147	237,173	9,130,862	1255.7%
2038	596,611	194,583	8,012,463	1343.0%
2039	486,939	158,803	6,991,364	1435.8%
2040	394,079	128,511	6,012,599	1525.7%
2041	315,951	103,028	5,125,595	1622.3%
2042	251,494	82,005	4,339,082	1725.3%
2043	198,629	64,764	3,646,415	1835.8%
2044	155,584	50,727	3,040,865	1954.5%
2045	120,805	39,386	2,511,107	2078.6%
2046+	323,316	105,405	8,101,774	2505.8%

Projected Future Experience After Rate Increase				
Year	Restated Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2017	7,512,685	2,455,830	14,752,324	196.4%
2018	8,844,600	2,256,954	15,823,396	178.9%
2019	15,545,662	1,915,643	16,556,118	106.5%
2020	15,307,857	1,767,613	17,288,738	112.9%
2021	14,225,771	1,641,840	17,869,822	125.6%
2022	13,154,531	1,517,393	18,290,691	139.0%
2023	12,097,660	1,394,725	18,545,298	153.3%
2024	11,063,078	1,274,746	18,640,439	168.5%
2025	10,055,528	1,157,997	18,558,898	184.6%
2026	9,078,701	1,044,873	18,287,270	201.4%
2027	8,125,677	934,650	17,812,299	219.2%
2028	7,210,182	828,881	17,150,053	237.9%
2029	6,367,941	731,502	16,413,670	257.8%
2030	5,587,037	641,305	15,595,767	279.1%
2031	4,865,215	558,010	14,693,103	302.0%
2032	4,209,521	482,395	13,729,112	326.1%
2033	3,616,303	414,053	12,710,746	351.5%
2034	3,084,110	352,804	11,666,314	378.3%
2035	2,610,084	298,302	10,616,483	406.7%
2036	2,190,828	250,138	9,560,466	436.4%
2037	1,819,023	207,494	8,504,663	467.5%
2038	1,493,751	170,233	7,449,450	498.7%
2039	1,220,603	138,931	6,489,196	531.6%
2040	989,048	112,430	5,572,198	563.4%
2041	794,012	90,135	4,742,954	597.3%
2042	632,951	71,743	4,009,277	633.4%
2043	500,649	56,660	3,364,480	672.0%
2044	392,752	44,379	2,802,019	713.4%
2045	305,444	34,458	2,310,907	756.6%
2046+	821,892	92,215	7,426,294	903.6%

Best Estimate Loss Ratio Summaries at 12/31/2016 (Discounted at 4.53%)

Accumulated Value of Historical	222,305,104	154,404,280	146,286,151	65.8%	222,305,104	154,404,280	146,286,151	65.8%
Present Value of Projected	57,821,173	18,888,236	241,521,479	417.7%	123,720,229	17,069,605	232,283,047	187.7%
Total Values	280,126,277	173,292,517	387,807,629	138.4%	346,025,334	171,473,885	378,569,197	109.4%

Dual Loss Ratio Demonstration with Best Estimate Assumptions

1	Accumulated value of initial Earned Premium	154,404,280	x 61.6% =	95,059,314
2a	Accumulated value of Earned Premium	222,305,104		
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	67,900,824	x 80.0% =	54,320,659
3	Present value of future projected initial Earned Premium	17,069,605	x 61.6% =	10,508,937
4a	Present value of future projected premium	123,720,229		
4b	Present value of future projected premium in excess of the projected initial Earned Premiums (4a - 3)	106,650,624	x 80.0% =	85,320,500
5	Lifetime Earned Premium times Prescribed Factor (1 + 2b + 3 + 4b)			245,209,410
6	Lifetime Incurred Claims			378,569,197
7	Allowable Additional Earned Premium (6 - 5)	133,359,787	/ 80.0% =	166,699,734

* Calendar Year projected Incurred Claims represent best estimate Incurred Claims

Exhibit 5
Continental General Insurance Company
Policy Forms: 420 Series et al.
Filing Status Summary
As of 5/30/2018

State	Annualized Premium[1]	Base Proposed	Inflation Guard Rider Proposed	Filing Date	Filing Status	Approval Date	Base Approved	Inflation Guard Rider Approved
AL	111,120	39.0%	105.5%	11/20/2017	Pending Approval		0.0%	0.0%
AZ	85,199	91.0%	208.2%		To Be Filed		0.0%	0.0%
AR	19,419	116.9%	208.2%	3/8/2018	Pending Approval		0.0%	0.0%
CA	14,891	151.1%	208.2%		To Be Filed		0.0%	0.0%
CO	370,530	82.3%	105.5%		To Be Filed		0.0%	0.0%
CT	143,251	293.0%	208.2%		To Be Filed		0.0%	0.0%
DE	4,223	50.1%	208.2%		To Be Filed		0.0%	0.0%
FL[3]	664,866	266.5%	208.2%	8/17/2017	Pending Approval		0.0%	0.0%
GA	333,327	12.0%	12.0%	1/12/2018	Approved	2/21/2018	12.0%	12.0%
HI	295,237	39.8%	208.2%	11/20/2017	Pending Approval		0.0%	0.0%
ID	11,561	103.9%	208.2%	12/1/2017	Pending Approval		0.0%	0.0%
IL	1,241,706	0.0%	105.5%	11/20/2017	Pending Approval		0.0%	0.0%
IN	298,094	126.5%	208.2%		To Be Filed		0.0%	0.0%
IA	1,639,482	30.0%	0.0%	11/22/2017	Approved	2/20/2018	30.0%	0.0%
KS	1,700,236	79.5%	180.2%	11/22/2017	Pending Approval		0.0%	0.0%
KY	146,562	17.1%	40.6%	11/22/2017	Approved	2/19/2018	17.1%	40.6%
LA[2]	72,474	0.0%	0.0%		To Be Filed		0.0%	0.0%
MD	1,820	129.7%	0.0%		To Be Filed		0.0%	0.0%
MA	17,937	149.4%	208.2%		To Be Filed		0.0%	0.0%
MI	249,058	0.0%	37.0%	11/20/2017	Approved	1/31/2018	0.0%	37.0%
MN	2,177,999	15.0%	0.0%	12/12/2017	Approved	4/24/2018	15.0%	0.0%
MS[2]	24,001	25.0%	0.0%	12/1/2017	Pending Approval		0.0%	0.0%
MO	513,450	20.0%	125.0%	11/22/2017	Approved	2/1/2018	20.0%	125.0%
MT	72,359	26.2%	146.6%		To Be Filed		0.0%	0.0%
NE	3,201,681	26.2%	37.0%	11/22/2017	Pending Approval		0.0%	0.0%
NV	31,206	63.4%	128.3%	3/8/2018	Pending Approval		0.0%	0.0%
NC[2]	208,934	56.3%	0.0%	12/28/2017	Pending Approval		0.0%	0.0%
ND	386,789	24.8%	137.1%	9/8/2017	Approved	11/17/2017	24.8%	10.0%
OH[2]	979,221	15.0%	0.0%	11/20/2017	Approved	2/23/2018	15.0%	0.0%
OK	194,506	10.0%	0.0%	1/12/2018	Approved	5/18/2018	10.0%	0.0%
OR	2,584	104.7%	208.2%		To Be Filed		0.0%	0.0%
PA	484,517	5.9%	0.0%	11/22/2017	Approved	5/23/2018	5.9%	0.0%
RI	3,326	149.5%	0.0%		To Be Filed		0.0%	0.0%
SC[2]	20,197	20.0%	0.0%	11/22/2017	Approved	1/16/2018	20.0%	0.0%
SD	422,672	0.0%	37.0%	11/20/2017	Approved	1/17/2018	0.0%	37.0%
TN	382,758	26.2%	37.0%	11/20/2017	Approved	5/16/2018	21.5%	0.0%
TX	685,560	64.3%	161.2%	11/20/2017	Pending Approval		0.0%	0.0%
UT	10,019	74.4%	105.5%		To Be Filed		0.0%	0.0%
VA	103,815	66.3%	208.2%	3/8/2018	Pending Approval		0.0%	0.0%
WA	39,051	26.9%	37.0%	11/20/2017	Pending Approval		0.0%	0.0%
WV	55,029	35.4%	21.4%	12/1/2017	Approved	5/11/2018	35.4%	21.4%
WI[2]	611,670	62.3%	47.1%	11/20/2017	Approved	3/22/2018	62.3%	47.1%
WY	65,818	10.9%	40.0%		To Be Filed		0.0%	0.0%

[1] Annualized Premium is as of 12/31/16.

[2] The requested rate increase is limited by state policies and/or regulations.

[3] A separate rate increase request was filed with Florida. The impact of this rate increase is not demonstrated in this filing.

Exhibit 6a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to the Original Rate Level
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	363,911	142,894	39.3%
1992	407,572	187,373	46.0%
1993	732,405	92,086	12.6%
1994	1,343,606	190,663	14.2%
1995	3,342,211	271,135	8.1%
1996	7,096,600	1,470,015	20.7%
1997	12,736,420	2,653,628	20.8%
1998	15,571,316	7,029,710	45.1%
1999	16,609,456	6,478,340	39.0%
2000	17,273,340	5,393,614	31.2%
2001	15,876,310	7,221,521	45.5%
2002	15,537,211	7,987,199	51.4%
2003	14,672,598	17,057,363	116.3%
2004	14,044,017	11,052,741	78.7%
2005	13,837,566	14,221,835	102.8%
2006	12,462,714	11,737,425	94.2%
2007	11,656,313	12,389,313	106.3%
2008	11,016,643	17,286,146	156.9%
2009	10,020,614	17,476,925	174.4%
2010	9,217,424	15,566,892	168.9%
2011	7,932,076	20,744,952	261.5%
2012	7,253,112	22,338,430	308.0%
2013	6,617,611	24,357,539	368.1%
2014	6,061,493	22,520,245	371.5%
2015	5,016,777	21,676,442	432.1%
2016	5,007,742	25,735,070	513.9%
2017	4,731,138	25,881,296	547.0%
2018	4,362,382	26,836,799	615.2%
2019	4,010,738	27,575,734	687.5%
2020	3,672,246	28,064,111	764.2%
2021	3,344,815	28,259,130	844.9%
2022	3,030,950	28,214,687	930.9%
2023	2,731,911	27,955,087	1023.3%
2024	2,449,052	27,495,332	1122.7%
2025	2,182,623	26,833,554	1229.4%
2026	1,932,383	25,940,177	1342.4%
2027	1,696,986	24,831,745	1463.3%
2028	1,479,029	23,532,027	1591.0%
2029	1,282,814	22,193,603	1730.1%
2030	1,105,985	20,815,774	1882.1%
2031	947,156	19,381,821	2046.3%
2032	806,088	17,905,384	2221.3%
2033	681,478	16,400,424	2406.6%
2034	572,260	14,905,268	2604.6%
2035	477,121	13,444,463	2817.8%
2036	394,661	12,005,097	3041.9%
2037	323,200	10,594,818	3278.1%
2038	262,159	9,218,256	3516.3%
2039	211,508	7,978,063	3772.0%
2040	169,363	6,814,068	4023.4%
2041	134,470	5,766,773	4288.5%
2042	106,008	4,845,884	4571.2%
2043	82,946	4,043,050	4874.3%
2044	64,384	3,349,219	5202.0%
2045	49,551	2,748,259	5546.4%
2046+	127,827	8,590,275	6720.2%

Present Values at 5.0%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	463,380,116	440,254,143	95.0%
Projected Future	32,024,103	328,663,634	1026.3%
Lifetime Anticipated	495,404,219	768,917,776	155.2%

Exhibit 6b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to the Original Rate Level
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	359,234	142,894	39.8%
1992	375,906	187,373	49.8%
1993	616,058	70,906	11.5%
1994	1,055,099	153,040	14.5%
1995	2,486,626	240,442	9.7%
1996	5,026,138	1,232,378	24.5%
1997	8,722,306	2,506,148	28.7%
1998	10,491,459	5,509,813	52.5%
1999	11,064,207	4,997,264	45.2%
2000	11,339,051	4,140,460	36.5%
2001	10,358,202	5,964,672	57.6%
2002	10,230,661	6,260,140	61.2%
2003	9,494,002	13,041,970	137.4%
2004	9,003,197	8,125,306	90.2%
2005	8,707,201	11,138,314	127.9%
2006	7,740,481	9,643,709	124.6%
2007	7,130,138	9,210,712	129.2%
2008	6,524,729	11,523,663	176.6%
2009	5,929,018	11,557,807	194.9%
2010	5,324,466	8,986,153	168.8%
2011	4,433,550	11,892,065	268.2%
2012	3,953,050	12,043,295	304.7%
2013	3,527,049	11,622,049	329.5%
2014	3,136,427	10,468,254	333.8%
2015	2,404,317	11,728,892	487.8%
2016	2,450,729	9,990,918	407.7%
2017	2,275,308	11,128,971	489.1%
2018	2,055,819	10,971,607	533.7%
2019	1,847,567	10,716,392	580.0%
2020	1,651,802	10,360,526	627.2%
2021	1,468,135	9,897,949	674.2%
2022	1,296,517	9,358,116	721.8%
2023	1,137,691	8,773,839	771.2%
2024	991,973	8,153,723	822.0%
2025	858,991	7,515,746	875.0%
2026	738,057	6,847,823	927.8%
2027	628,648	6,182,956	983.5%
2028	531,589	5,529,238	1040.1%
2029	446,682	4,918,261	1101.1%
2030	372,951	4,351,154	1166.7%
2031	309,330	3,825,505	1236.7%
2032	254,694	3,330,919	1307.8%
2033	208,200	2,873,041	1379.9%
2034	168,993	2,459,734	1455.5%
2035	136,151	2,093,160	1537.4%
2036	108,744	1,761,113	1619.5%
2037	86,027	1,463,956	1701.7%
2038	67,576	1,205,793	1784.4%
2039	52,705	986,699	1872.1%
2040	40,852	801,469	1961.9%
2041	31,443	641,178	2039.2%
2042	24,003	506,803	2111.4%
2043	18,182	396,635	2181.5%
2044	13,657	308,355	2257.9%
2045	10,164	237,152	2333.2%
2046+	23,522	585,877	2490.7%

Present Values at 5.0%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	299,733,310	289,396,811	96.6%
Projected Future	13,646,340	97,062,882	711.3%
Lifetime Anticipated	313,379,650	386,459,693	123.3%

Exhibit 6c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to the Original Rate Level
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,677	0	0.0%
1992	31,666	0	0.0%
1993	116,348	21,180	18.2%
1994	288,507	37,623	13.0%
1995	855,584	30,693	3.6%
1996	2,070,462	237,637	11.5%
1997	4,014,114	147,480	3.7%
1998	5,079,857	1,519,897	29.9%
1999	5,545,249	1,481,076	26.7%
2000	5,934,289	1,253,154	21.1%
2001	5,518,108	1,256,849	22.8%
2002	5,306,550	1,727,059	32.5%
2003	5,178,595	4,015,393	77.5%
2004	5,040,820	2,927,435	58.1%
2005	5,130,365	3,083,520	60.1%
2006	4,722,233	2,093,717	44.3%
2007	4,526,175	3,178,601	70.2%
2008	4,491,914	5,762,483	128.3%
2009	4,091,595	5,919,119	144.7%
2010	3,892,959	6,580,739	169.0%
2011	3,498,526	8,852,887	253.0%
2012	3,300,062	10,295,135	312.0%
2013	3,090,562	12,735,490	412.1%
2014	2,925,065	12,051,992	412.0%
2015	2,612,460	9,947,550	380.8%
2016	2,557,013	15,744,152	615.7%
2017	2,455,830	14,752,324	600.7%
2018	2,306,563	15,865,192	687.8%
2019	2,163,171	16,859,342	779.4%
2020	2,020,444	17,703,584	876.2%
2021	1,876,681	18,361,181	978.4%
2022	1,734,433	18,856,572	1087.2%
2023	1,594,220	19,181,248	1203.2%
2024	1,457,080	19,341,609	1327.4%
2025	1,323,632	19,317,808	1459.5%
2026	1,194,326	19,092,354	1598.6%
2027	1,068,338	18,648,788	1745.6%
2028	947,440	18,002,789	1900.2%
2029	836,132	17,275,342	2066.1%
2030	733,034	16,464,620	2246.1%
2031	637,826	15,556,316	2439.0%
2032	551,395	14,574,464	2643.2%
2033	473,278	13,527,383	2858.2%
2034	403,267	12,445,535	3086.2%
2035	340,970	11,351,302	3329.1%
2036	285,916	10,243,985	3582.9%
2037	237,173	9,130,862	3849.9%
2038	194,583	8,012,463	4117.8%
2039	158,803	6,991,364	4402.5%
2040	128,511	6,012,599	4678.7%
2041	103,028	5,125,595	4975.0%
2042	82,005	4,339,082	5291.3%
2043	64,764	3,646,415	5630.3%
2044	50,727	3,040,865	5994.6%
2045	39,386	2,511,107	6375.6%
2046+	104,305	8,004,398	7674.0%

Present Values at 5.0%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	163,646,806	150,857,332	92.2%
Projected Future	18,377,764	231,600,752	1260.2%
Lifetime Anticipated	182,024,569	382,458,084	210.1%

Exhibit 7a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	924,832	22,801	2.5%
1988	1,901,752	73,343	3.9%
1989	1,963,742	102,688	5.2%
1990	1,826,019	113,515	6.2%
1991	1,855,189	142,894	7.7%
1992	2,073,200	187,373	9.0%
1993	3,735,232	92,086	2.5%
1994	7,096,782	190,663	2.7%
1995	19,309,718	271,135	1.4%
1996	42,916,103	1,470,015	3.4%
1997	78,677,054	2,653,628	3.4%
1998	96,997,687	7,029,710	7.2%
1999	103,996,851	6,478,340	6.2%
2000	108,799,536	5,393,614	5.0%
2001	100,240,262	7,221,521	7.2%
2002	97,750,205	7,987,199	8.2%
2003	92,946,856	17,057,363	18.4%
2004	89,259,183	11,052,741	12.4%
2005	88,573,697	14,221,835	16.1%
2006	80,159,577	11,737,425	14.6%
2007	75,360,046	12,389,313	16.4%
2008	72,014,945	17,286,146	24.0%
2009	65,506,060	17,476,925	26.7%
2010	60,727,679	15,566,892	25.6%
2011	52,798,045	20,744,952	39.3%
2012	48,647,258	22,338,430	45.9%
2013	44,662,623	24,357,539	54.5%
2014	41,250,995	22,520,245	54.6%
2015	34,821,855	21,676,442	62.2%
2016	34,585,058	25,735,070	74.4%
2017	32,818,030	25,881,296	78.9%
2018	30,411,665	26,836,799	88.2%
2019	28,121,535	27,575,734	98.1%
2020	25,899,379	28,064,111	108.4%
2021	23,728,565	28,259,130	119.1%
2022	21,631,403	28,214,687	130.4%
2023	19,615,704	27,955,087	142.5%
2024	17,692,122	27,495,332	155.4%
2025	15,864,185	26,833,554	169.1%
2026	14,132,602	25,940,177	183.5%
2027	12,486,796	24,831,745	198.9%
2028	10,946,677	23,532,027	215.0%
2029	9,552,081	22,193,603	232.3%
2030	8,284,424	20,815,774	251.3%
2031	7,135,703	19,381,821	271.6%
2032	6,108,249	17,905,384	293.1%
2033	5,193,611	16,400,424	315.8%
2034	4,385,780	14,905,268	339.9%
2035	3,676,802	13,444,463	365.7%
2036	3,058,074	12,005,097	392.6%
2037	2,517,433	10,594,818	420.9%
2038	2,051,692	9,218,256	449.3%
2039	1,663,746	7,978,063	479.5%
2040	1,338,701	6,814,068	509.0%
2041	1,067,839	5,766,773	540.0%
2042	845,840	4,845,884	572.9%
2043	664,952	4,043,050	608.0%
2044	518,559	3,349,219	645.9%
2045	400,962	2,748,259	685.4%
2046+	1,046,192	8,590,275	821.1%

Present Values at 5.0%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	2,927,885,615	440,254,143	15.0%
Projected Future	228,843,407	328,663,634	143.6%
Lifetime Anticipated	3,156,729,022	768,917,776	24.4%

Exhibit 7b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	924,832	22,801	2.5%
1988	1,901,752	73,343	3.9%
1989	1,963,742	102,688	5.2%
1990	1,826,019	113,515	6.2%
1991	1,822,731	142,894	7.8%
1992	1,852,366	187,373	10.1%
1993	2,902,023	70,906	2.4%
1994	4,922,773	153,040	3.1%
1995	12,226,168	240,442	2.0%
1996	25,249,080	1,232,378	4.9%
1997	44,131,419	2,506,148	5.7%
1998	53,186,087	5,509,813	10.4%
1999	56,130,473	4,997,264	8.9%
2000	57,550,718	4,140,460	7.2%
2001	52,585,363	5,964,672	11.3%
2002	51,933,695	6,260,140	12.1%
2003	48,200,471	13,041,970	27.1%
2004	45,706,085	8,125,306	17.8%
2005	44,232,158	11,138,314	25.2%
2006	39,332,020	9,643,709	24.5%
2007	36,230,211	9,210,712	25.4%
2008	33,163,295	11,523,663	34.7%
2009	30,125,613	11,557,807	38.4%
2010	27,063,801	8,986,153	33.2%
2011	22,541,766	11,892,065	52.8%
2012	20,099,168	12,043,295	59.9%
2013	17,934,213	11,622,049	64.8%
2014	15,954,940	10,468,254	65.6%
2015	12,225,875	11,728,892	95.9%
2016	12,464,980	9,990,918	80.2%
2017	11,572,605	11,128,971	96.2%
2018	10,456,440	10,971,607	104.9%
2019	9,397,442	10,716,392	114.0%
2020	8,401,959	10,360,526	123.3%
2021	7,468,006	9,897,949	132.5%
2022	6,595,310	9,358,116	141.9%
2023	5,787,653	8,773,839	151.6%
2024	5,046,634	8,153,723	161.6%
2025	4,370,361	7,515,746	172.0%
2026	3,755,326	6,847,823	182.3%
2027	3,198,861	6,182,956	193.3%
2028	2,705,185	5,529,238	204.4%
2029	2,273,299	4,918,261	216.3%
2030	1,898,244	4,351,154	229.2%
2031	1,574,591	3,825,505	243.0%
2032	1,296,617	3,330,919	256.9%
2033	1,060,048	2,873,041	271.0%
2034	860,533	2,459,734	285.8%
2035	693,384	2,093,160	301.9%
2036	553,881	1,761,113	318.0%
2037	438,226	1,463,956	334.1%
2038	344,282	1,205,793	350.2%
2039	268,554	986,699	367.4%
2040	208,183	801,469	385.0%
2041	160,255	641,178	400.1%
2042	122,355	506,803	414.2%
2043	92,693	396,635	427.9%
2044	69,630	308,355	442.8%
2045	51,829	237,152	457.6%
2046+	119,967	585,877	488.4%

Present Values at 5.0%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	1,517,519,091	289,396,811	19.1%
Projected Future	69,420,734	97,062,882	139.8%
Lifetime Anticipated	1,586,939,825	386,459,693	24.4%

Exhibit 7c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	32,458	0	0.0%
1992	220,834	0	0.0%
1993	833,209	21,180	2.5%
1994	2,174,009	37,623	1.7%
1995	7,083,550	30,693	0.4%
1996	17,667,023	237,637	1.3%
1997	34,545,635	147,480	0.4%
1998	43,811,600	1,519,897	3.5%
1999	47,866,378	1,481,076	3.1%
2000	51,248,818	1,253,154	2.4%
2001	47,654,899	1,256,849	2.6%
2002	45,816,510	1,727,059	3.8%
2003	44,746,385	4,015,393	9.0%
2004	43,553,098	2,927,435	6.7%
2005	44,341,539	3,083,520	7.0%
2006	40,827,556	2,093,717	5.1%
2007	39,129,835	3,178,601	8.1%
2008	38,851,650	5,762,483	14.8%
2009	35,380,447	5,919,119	16.7%
2010	33,663,877	6,580,739	19.5%
2011	30,256,279	8,852,887	29.3%
2012	28,548,090	10,295,135	36.1%
2013	26,728,409	12,735,490	47.6%
2014	25,296,054	12,051,992	47.6%
2015	22,595,980	9,947,550	44.0%
2016	22,120,078	15,744,152	71.2%
2017	21,245,425	14,752,324	69.4%
2018	19,955,225	15,865,192	79.5%
2019	18,724,093	16,859,342	90.0%
2020	17,497,420	17,703,584	101.2%
2021	16,260,558	18,361,181	112.9%
2022	15,036,092	18,856,572	125.4%
2023	13,828,052	19,181,248	138.7%
2024	12,645,488	19,341,609	153.0%
2025	11,493,824	19,317,808	168.1%
2026	10,377,276	19,092,354	184.0%
2027	9,287,935	18,648,788	200.8%
2028	8,241,492	18,002,789	218.4%
2029	7,278,782	17,275,342	237.3%
2030	6,386,180	16,464,620	257.8%
2031	5,561,112	15,556,316	279.7%
2032	4,811,631	14,574,464	302.9%
2033	4,133,562	13,527,383	327.3%
2034	3,525,247	12,445,535	353.0%
2035	2,983,418	11,351,302	380.5%
2036	2,504,193	10,243,985	409.1%
2037	2,079,208	9,130,862	439.2%
2038	1,707,410	8,012,463	469.3%
2039	1,395,192	6,991,364	501.1%
2040	1,130,517	6,012,599	531.8%
2041	907,584	5,125,595	564.8%
2042	723,485	4,339,082	599.7%
2043	572,259	3,646,415	637.2%
2044	448,929	3,040,865	677.4%
2045	349,133	2,511,107	719.2%
2046+	926,224	8,004,398	864.2%

Present Values at 5.0%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	1,410,366,523	150,857,332	10.7%
Projected Future	159,422,673	231,600,752	145.3%
Lifetime Anticipated	1,569,789,196	382,458,084	24.4%

Continental General Insurance Company
P.O. Box 203098 | Austin, TX 78720-3098

[Template ID]

[First Name, Last Name]
[Street Address]
[City, State, Zip Code]

[Date]
RE: Policy No. [0000000]

Dear Policyholder:

At Continental General Insurance Company, we make every effort to provide quality coverage at reasonable and affordable premium rates. However, the total claims experience for this policy form is significantly in excess of expected levels.

Accordingly, it has become necessary for the Company to increase those premium rates. This adjustment is not related to your personal claims experience, but rather the claims experience for all policies on this policy form. 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. [This adjustment is effective on your premium due date of [date].

Premium Adjustment

Current [Modal] Premium	New [Modal] Premium	Rate Increase Percentage
$[xxx,xxx.xx]	$[xxx,xxx.xx]	[xx]%

][Also, the Company anticipates the need to request an additional rate increase approximately one year after the current increase. This is the Company's current best estimate for future rate increase action on this policy form. However, this plan could change if future claims experience varies from current expectations.]

[Also, the Company anticipates the need to request additional rate increases with approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form. However, this plan could change if future claims experience varies from current expectations.]

[In addition to the current rate increase, the Company will be implementing [a/an] [xx]% rate increase approximately one year after the current increase. Also, the Company anticipates the need to request additional rate increases with approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form, but this plan could change if future claims experience varies from current expectations.]

[In addition to the current rate increase, the Company will be implementing [a/an] [xx]% rate increase approximately one year after the current increase. Also, the Company anticipates the need to request an additional rate increase approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form. However, this plan could change if future claims experience varies from current expectations.]

[The Company does not currently anticipate the need for additional rate increases. This is the Company's current best estimate for future rate increase action on this policy form. However, this plan could change if future claims experience varies from current expectations.]

We have enclosed some information for you in the form of Frequently Asked Questions. We recommend that you review this material, which we believe will address many of your questions and concerns about certain coverage considerations.

[The benefits available to you in your policy offer valuable insurance protection. To assist you in planning for this increase, enclosed you will also find some of the applicable benefit reduction options and information on a Contingent Nonforfeiture Benefit that is being offered to you at this time. If you are interested in discussing options to reduce your premium, please call our Client Services Department toll-free at [866-830-0607].]

[The benefits available to you in your policy offer valuable insurance protection. Should you decide not to keep your policy in force at the increased premium level, or at a reduced benefit level, the Company is offering a Contingent Nonforfeiture Benefit at this time. This benefit is described in the enclosed Contingent Nonforfeiture Benefit Option page. If you are interested in discussing benefit reduction options to reduce your premium, please call our Client Services Department toll-free at [866-830-0607].]

Sincerely,

[W. Travis Simpson
Vice President, Operations]

FREQUENTLY ASKED QUESTIONS

Additional Premium Increases

My premiums are being increased. Where is that allowed by my policy?
The Company has the right to adjust premiums in accordance with the terms of the policy. The face page of your policy discusses how this must be done. The premium increase has been filed with the Department of Insurance in the state where your policy was issued.

You have told me that you are going to increase my premiums. Can I expect additional increases in the future?
[Future rate increases are planned and there is a high likelihood that in the future you will receive additional premium increases. As mentioned in the cover letter, the Company anticipates the need to pursue additional rate action in the future with approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form. Future rate increase plans could change if future claims experience varies from current expectations. As with this increase, any future increases would continue to be based on the overall experience of your class of insureds and filed with your state insurance department for approval, if required. You will be notified in advance of such increases as stated in your policy. We believe this information will enable you to anticipate the likelihood of future premium increases and to make an informed decision as to any benefit change options that could lower your premium now.]

[Future rate increases are planned and there is a high likelihood that in the future you will receive additional premium increases. As mentioned in the cover letter, the Company anticipates the need to pursue additional rate action in the future with approximately one year between each future rate increase request. In addition to the current rate increase, the Company will be implementing [a/an] [xx]% rate increase approximately one year after the current increase. Also, the Company anticipates the need to request additional rate increases with approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form. Future rate increase plans could change if future claims experience varies from current expectations. As with this increase, any future increases would continue to be based on the overall experience of your class of insureds and filed with your state insurance department for approval, if required. You will be notified in advance of such increases as stated in your policy. We believe this information will enable you to anticipate the likelihood of future premium increases and to make an informed decision as to any benefit change options that could lower your premium now.]

[As mentioned in the cover letter, the Company does not anticipate the need to pursue additional rate action in the future. This is the Company's current best estimate for future rate increase action on this policy form. Future rate increase plans could change if future claims experience varies from current expectations. As with this increase, any future increases would continue to be based on the overall experience of your class of insureds and filed with your state insurance department for approval, if required. You will be notified in advance of such increases as stated in your policy. We believe this information will enable you to anticipate the likelihood of future premium increases and to make an informed decision as to any benefit change options that could lower your premium now.]

Benefit Reduction Options

I understand that my premiums are being increased. I am not sure I want to pay the increased premium. Do I have any options?
We may be able to provide you with alternative approaches to offset the increase by modifying the

benefits in your policy. Our Client Services Department can give you detailed information about your policy. Some considerations might include removing optional riders that you may have purchased. However, you should always consider that if you reduce your coverage, you run the risk of increasing your out of pocket costs at time of claim.

If I choose to reduce my premiums, how long do I have to pick an option?
Your premium will increase on the effective date stated in your notice letter, but you may change your coverage at any time. You may elect now, or anytime in the future, to reduce benefits as outlined above. If you select any of the attached benefit reduction options, they will become effective on the rate increase effective date of [date] unless you specify otherwise.

Can the Company delay making my premium increase effective until I decide which option is best for me?
All policyholders within the same premium class must be treated similarly. We make sure that notices are mailed in advance of the increase to allow you time to make a decision. We cannot delay the premium increase on a policy by policy basis.

Survivorship Considerations

If I have a Paid-Up Survivorship Benefit in my policy, how is this affected by the premium adjustment?
The Paid-Up Survivorship Benefit can be a very valuable policy feature. If your policy contains this benefit and you think you may be eligible for this benefit in the future, you may find it to be in your best interest to pay the premium increase adjustment.

NOTE: Please refer to your specific policy language for information relating to how your Paid-Up Survivorship Benefit may work and any qualifications that may apply.

Contingent Nonforfeiture Benefit

If I choose not to pay future premiums, what happens to my coverage?
If you do not pay your premium when it becomes due, your current coverage will lapse, i.e. terminate. However, in order to help you avoid losing the amount of the premiums you have paid up to this point for your coverage, the Company will provide you with a Contingent Nonforfeiture Benefit. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum benefits available will be reduced. The new maximum benefit will be determined as indicated on the enclosed Contingent Nonforfeiture Benefit Option page. Any inflation protection on your policy will stop at this time. This is not a cash value. It is benefit days available to you in the event that you become eligible for and receive covered services in the future. Once your Contingent Nonforfeiture Benefit has been exercised, you may not resume the payment of premiums or make any changes to your policy.

You can “elect” the Contingent Nonforfeiture Benefit by completing and returning the attached Contingent Nonforfeiture Benefit Option form now or within 120 days following the due date of the rate increase. This benefit is automatic if you stop paying your premiums within 120 days after the effective date of the rate increase.

NOTE: The Contingent Nonforfeiture Benefit provides limited benefits and is not a cash value. We urge you to carefully consider whether or not such limited benefits are appropriate for you.

Other Questions

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?
No, your existing authorization will allow us to deduct the correct premium from your account.

I am currently receiving benefits under my policy. How does this impact me if my premiums are being waived?

The premium increase will not impact your current claim. Your policy will continue to provide you with benefits in accordance with the terms of the coverage you purchased. The policy benefit that waives premium will continue to work the same way. If your premiums are currently being waived, the new premium will also be waived until such time as you are no longer eligible for waiver of premium, as stated in your policy. You will have to pay the adjusted premium when you return to a premium paying status.

I have read the enclosed documents and I still have questions. How do I get these questions answered?
If you would like assistance or have additional questions, we encourage you to contact our Client Services Department toll-free at [866-830-0607].

[BENEFIT REDUCTION OPTIONS TO REDUCE YOUR PREMIUM

If you wish to modify your coverage as outlined in the options listed on the reverse side of this page, please declare the requested option in the space provided, sign and date in the space provided, and return this letter to Continental General Insurance Company in the enclosed postage paid return envelope. The attached list of benefit reductions is not a full representation of the benefit reductions that may be available for your policy form. If you are interested in discussing additional benefit reduction options, please call our Client Services Department toll-free at [866-830-0607].

Please note that this is only a QUOTE, NOT A GUARANTEE of any rate quoted, or a revision to your current policy contract. Premium calculations are based on the information provided and policy coverage as of [date]. Actual premium may differ slightly. As a result please do not remit premium with any benefit reductions. Upon election, your policy will be endorsed to reflect the actual premium.

Changes to your coverage may not be in your best interest if you are on claim or eligible to be on claim.

[Should you elect to cancel your Return of Premium Benefit Rider (ROP) by selecting the appropriate option on the reverse side of this page, the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy. Please call the toll-free number above to receive more information regarding your one-time cash benefit.

Electing to cancel your ROP rider will not impact the status of your base policy and any additional riders attached to your policy.

The one-time cash benefit is a limited time offer. The Company must be properly notified of your intent to cancel your ROP rider within 120 days after the effective date of this rate increase. Otherwise, any benefits associated with your election to cancel your ROP rider after the 120 days will be based on the ROP provisions included in your policy. This rate increase will be effective on your premium due date of [date].]

Should you decide not to keep your policy in force at the increased premium level, or at a reduced benefit level, the Company will provide you with a Contingent Nonforfeiture Benefit at no cost to you. This benefit is described in the enclosed Contingent Nonforfeiture Benefit Option page.

Effective on your premium due date of [date], the [annual/semi-annual/quarterly/monthly] premium for your Long Term Care Insurance will be increased to [new modal premium amount]. Please select the requested benefit reduction option, which will become effective on the rate increase effective date. [You are entitled to select more than one of the following options.Please note that all benefit reduction options may not be of equal value.] Sign and date in the space provided and return this page to Continental General Insurance Company in the enclosed postage paid return envelope.

[Benefit Reduction Option 1 – Cancel Return of Premium Benefit Rider

☐ Premium After Cancelling Rider $[xxx,xxx.xx]]

[Benefit Reduction Option [2] – Downgrade Maximum Lifetime Benefit

Original Nursing Home Benefit	[$xxx,xxx]
Reduced Nursing Home Benefit	[$xxx,xxx]
Original Home Health Care Benefit	[$xxx,xxx]
Reduced Home Health Care Benefit	[$xxx,xxx]

☐ Premium After Reducing Benefit $[xxx,xxx.xx]
☐ Premium After Reducing Benefit and Cancelling ROP Rider $[xxx,xxx.xx]]

[Benefit Reduction Option [3] – Downgrade Maximum Daily Benefit

Original Nursing Home Daily Benefit	$[xxx.xx]
Reduced Nursing Home Daily Benefit	$[xxx.xx]
Original Home Health Care Daily Benefit	$[xxx.xx]
Reduced Home Health Care Daily Benefit	$[xxx.xx]

☐ Premium After Reducing Benefit $[xxx,xxx.xx]
☐ Premium After Reducing Benefit and Cancelling ROP Rider $[xxx,xxx.xx]]

[Benefit Reduction Option [4] – Increase Elimination Period

Current Elimination Period	[xxx Days]
Increased Elimination Period	[xxx Days]

☐ Premium After Increasing Elimination Period $[xxx,xxx.xx]
☐ Premium After Increasing Elimination Period and Cancelling ROP Rider $[xxx,xxx.xx]]

By signing below, I am authorizing Continental General Insurance Company to reduce my coverage as indicated by the Option(s) selected/checked above.

Signature of Insured:_____Date: _____

Signature of Spouse (if applicable):_____Date:_____
Policy No. [00000000000] Policyholder Name: [xxxxxxxxxx xxxxxxxxxxx]]

CONTINGENT NONFORFEITURE BENEFIT OPTION

Regardless of any Nonforfeiture riders attached to your policy, the Company will provide you with a Contingent Nonforfeiture Benefit if you choose to lapse your policy now or within 120 days after the effective date of this rate increase. You may elect to exercise this benefit by returning this completed form. However, if we do not hear from you and your policy lapses within this time period, the Contingent Nonforfeiture Benefit will automatically take effect.

This rate increase will be effective on your premium due date of [date]. This offer expires on [120 days + rate increase effective date].

The Contingent Nonforfeiture Benefit will convert your policy to a paid-up status which will shorten the benefit period provided by your policy but will maintain your maximum daily benefit and elimination period at the time of conversion. If you have inflation protection on your policy, no further increases will occur. Your maximum benefit amount will be equal to the greater of:

a) thirty (30) times the maximum daily long term care benefit at the time of conversion or
b) the sum of all premiums paid per insured for the policy and any attached riders less any benefits paid by a Return of Premium Benefit Rider or Premium Accrual Benefit Rider

The maximum benefit amount provided by this Contingent Nonforfeiture Benefit shall not exceed the remaining unused Maximum Lifetime Benefit of your current policy at the time of conversion. This is not a cash value option. Each day you receive any long term care benefits will count as one full day toward the exhaustion of the maximum benefit amount.

NOTE: This Contingent Nonforfeiture Benefit will automatically be provided to you if you lapse your policy within 120 days after the effective date of this rate increase. [Electing the Contingent Nonforfeiture Benefit will automatically trigger the payment of the one-time benefit associated with cancelling your Return of Premium Benefit Rider.]

DO NOT complete and return this form if you are electing a Benefit Reduction Option or are maintaining your current policy and benefits by paying the new premium.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature of Insured:_____Date: _____

Signature of Spouse (if applicable):_____Date: _____

Policy No. [00000000000] Policyholder Name: [xxxxxxxxxx xxxxxxxxxxx]

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Toll Free: (866) 830-0607
Fax: (888) 769-0737

June 11, 2018

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 4/10/2018 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. Please provide a copy of the original actuarial memorandum in Virginia, including original pricing assumptions, original anticipated loss ratio, and mix of business.

Please find that a copy of the original Actuarial Memorandum has been uploaded to SERFF.

2.For all projections requested below, please comply with the following:

a) *Please remove any policies in paid-up status from all projections, both past and future.*

The experience provided in the exhibits created for item 3 below excludes policies which had elected a contingent non-forfeiture benefit as of 12/31/2016. There are no policies on these forms with limited pay riders or survivorship benefits as of 12/31/2016.

b) *Please use the average maximum valuation interest rate for accumulation and discounting, including any discounting of claim reserves back to the incurral year.*

The average maximum valuation interest rate is 4.53% for this form series. This interest rate has been used for the accumulation and discounting of cash flows to 12/31/2016 in the exhibits created for item 3 below. Please note, historical claims and reserves were discounted back to the claim incurral date at an interest rate of 5.0% in these exhibits. As such, the accumulated value of the historical claims as of 12/31/2016 in these exhibits is slightly understated.

c) *Please recompute nationwide earned premiums to assume Virginia rate levels (both the past and proposed rate changes in Virginia).*

In the exhibits provided for items 3a through 3c below, earned premium has been adjusted as if each state had the same rate increase history as Virginia.

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3.For each of the four subsets of the business corresponding to the combinations of (up to 5 year/>5 year benefit periods) and (with/without inflation rider), please provide (in Excel format) the following six nationwide projections (24 total):

a) current assumptions and current rates
b) current assumptions with the proposed rate increase
c) current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection
d) current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
e) original assumptions and original premiums from inception
f) actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception

Please note that the projections requested have been provided separately for inflation benefits, but in aggregate for benefit periods. Experience split by benefit period is not readily available to provide to the Bureau. This is a relatively large undertaking, and we do not currently have the resources to focus on this task.

With respect to item (a), please see the attached **Exhibit 8a** through **Exhibit 8c**. In **Exhibit 8a** through **Exhibit 8c**, Nationwide earned premium has been restated as if all states Nationwide had the same rate increase history as Virginia without the impact of the proposed rate increase. **Exhibit 8b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 8c** demonstrates experience for those policies which have an active IGR. **Exhibit 8a** contains the combined experience.

With respect to item (b), please see the attached **Exhibit 9a** through **Exhibit 9c**. In **Exhibit 9a** through **Exhibit 9c**, Nationwide earned premium has been restated as if all states Nationwide had the same rate increase history as Virginia with the impact of the proposed rate increase. Shock lapse, benefit reductions, anti-selection, and NFO residual liability resulting from the proposed rate increase are reflected in these exhibits. **Exhibit 9b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 9c** demonstrates experience for those policies which have an active IGR. **Exhibit 9a** contains the combined experience.

With respect to item (c), please see the attached **Exhibit 10a** through **Exhibit 10c**. In **Exhibit 10a** through **Exhibit 10c**, Nationwide earned premium has been restated as if Nationwide had the same rate increase history as Virginia with the impact of the proposed rate increase, but excludes the impact of shock lapse, benefit reductions, NFO residual liability, and anti-selection. **Exhibit 10b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 10c** demonstrates experience for those policies which have an active IGR. **Exhibit 10a** contains the combined experience.

With respect to item (d), please see the attached **Exhibit 11a** through **Exhibit 11c**. In **Exhibit 11a** through **Exhibit 11c**, Nationwide earned premium has been restated to the proposed Virginia rate level since inception by increasing the earned premium previously presented in Exhibit 3a through Exhibit 3c since inception to reflect the proposed Nationwide rate level. **Exhibit 11b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 11c**

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demonstrates experience for those policies which have an active IGR. **Exhibit 11a** contains the combined experience.

Please note, **Exhibit 11a** through **Exhibit 11c** do not account for the different risk that would have resulted if the premium rates had been at the current rate level at the time of issue. The resulting risk pool would have been unhealthier overall, and would lead to an increase in the incurred claims experienced by the Company as compared to those demonstrated in these exhibits. Additionally, the assumptions used at the time of pricing did not support the level of premium indicated in these exhibits. Therefore, it was not feasible for the Company to have charged the proposed rates from inception. Therefore, the Company cautions against drawing conclusions from these exhibits and utilizing it as part of the review of the current rate increase proposal.

Additionally, please note that the incurred claims presented in **Exhibit 9a** through **Exhibit 11c** do not include the impact of the proposed rate increase on the premium-based claim components. As such, the incurred claims presented in **Exhibit 9a** through **Exhibit 11c** are understated relative to **Exhibit 8a** through **Exhibit 8c** for the purpose of assessing the impact of the rate increase on projected claims.

With respect to item (e), please see the attached **Exhibit 12a** through **Exhibit 12c**, which demonstrate expected nationwide experience at original premium rates since inception under original assumptions. **Exhibit 12b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 12c** demonstrates experience for those policies which have an active IGR. **Exhibit 12a** contains the combined experience.

With respect to item (f), please see the attached **Exhibit 13a** through **Exhibit 13c**, which demonstrate actual historical experience and projected experience using original assumptions, with earned premium adjusted to the original rate level from inception. **Exhibit 13b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 13c** demonstrates experience for those policies which have an active IGR. **Exhibit 13a** contains the combined experience.

4.For each of the four subsets of the business above, please provide the active life reserves on a nationwide basis.

Please see the table below which demonstrates the active life reserves held as of 12/31/2016 for each of the subsets of business above.

Inflation Grouping	Benefit Period	Active Life Reserve as of 12/31/2016
Active IGR	5 years or less	$25.1M
Active IGR	More than 5 years	$93.3M
No Active IGR	5 years or less	$11.8M
No Active IGR	More than 5 years	$28.2M

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5.Please specify whether waived premiums are included in earned premiums and incurred claims; provide the waived premium amounts and impact on requested increase.

Waived premium is included in both earned premium and incurred claims demonstrated in the above exhibits. The present value of waived premium in Exhibit 3a through Exhibit 3c on a lifetime basis is provided below. Please note, on a lifetime basis, the waiver included in earned premium is equal to the waiver included in incurred claims.

Present Value of Waiver of Premium at 5.0%			
	Lives with Active IGR	Lives Without Active IGR	All Lives
Nationwide	10.0M	14.4M	24.5M

Excluding waived premium from the cash flows would result in a higher rate increase need under the Gap Analysis formula presented in Section IV.A of the Actuarial Memorandum. This is because the present value of future waived premium is greater for earned premium than it is for incurred claims, as the earned premium is presented on an earned year basis while the incurred claims are presented on an incurred year basis.

6.Please show both the claim reserve and the paid claims separately in the projections. Please specify whether the claim reserves are fixed at the time of the claim or adjusted over time to reflect experience as it emerges. Please provide a sufficiency analysis of the actual runout experience of historical claims over time versus the claim reserves that were assumed.

Please see the attached **Exhibit 14a** through **Exhibit 14c**, which demonstrate claim reserves and paid claims separately for historical years. The projection utilized by the Company is an incurred basis projection which uses claims costs for the morbidity assumption. The incurred claims are not calculated in the projection as paid claims plus the change in reserve. As such, the paid claims and reserves associated with any future incurred claims are unable to be demonstrated separately.

The following information regarding claim reserves has been provided by our Chief Actuary:

> "The assumptions for claim reserves are set at the date of the incurral and are not updated to reflect emerging experience. However, the claim reserve is based on the status of the claim as of the valuation date, reflecting the current situs of care as well as the current persistency of the claim which will have an impact on the claim reserve calculation as of the valuation date."

A test of the prior year's claim reserves and liabilities is provided in the table below.

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TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During 2017	
1.1 On claims incurred prior to 2017	38,543,736
1.2 On claims incurred during 2017	6,652,595
2. Claim Reserves and Liabilities, December 31, 2017	
2.1 On claims incurred prior to 2017	93,284,606
2.2 On claims incurred during 2017	49,559,820
3. Test of Sufficiency	
3.1 Lines 1.1 and 2.1	131,828,342
3.2 Claim reserves and liabilities, December 31, 2016	129,112,291
3.3 Long Duration Liability Interest	4,005,021
3.3 Line 3.1 minus Line 3.2 minus Line 3.3 Deficiency / (Sufficiency)	(1,288,970)

Please note that the above information is provided for the entire block of the Company's Long-Term Care business as some historical information is not available on a form-specific basis.

7.Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Please see the attached **Exhibit 15** which demonstrates the rate increase history for each state prior to the current filing. Please note that **Exhibit 15** does not include the impact of the 20% rate decrease requested nationwide on policy form 405 alone in 1992.

Additionally, we have supplied **Exhibit 16**. **Exhibit 16** includes the status of existing rate increase requests, the cumulative approved rate increase percentage prior to the current filing, and the annualized premium for each state.

8.Appendix D-1 shows that the implied voluntary lapse rate is significantly higher in the ultimate durations than the assumptions. Since this assumption greatly impacts the projected loss ratio, please explain why an overly conservative assumption is appropriate, and provide sensitivity projections with assumed lapses at experience levels.

Please note, the Company believes the voluntary lapse assumption is appropriate as-is. The current lapse assumption is consistent with the Company's asset adequacy testing assumption for 12/31/2016 and 12/31/2017. Additionally, we would like to note that the lapse experience in later durations is not yet fully developed. As of 12/31/16, most policies on these forms are in durations 17+. However, of the 197,697 life years of exposure included in Exhibit D-1, only 10.6% of the experience is for durations 17+. As experience fully develops for the projected durations, we anticipate the actual rates to be approximately equal to our current assumptions.

The requested projections have been provided as **Exhibit 17a** through **Exhibit 17c**, which assume an ultimate voluntary lapse rate of 1.3%. We have added 50 basis points to the assumed ultimate lapse rate for these policy forms as demonstrated in Appendix E to arrive at the value

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of 1.3% for the sensitivity. **Exhibit 17b** demonstrates experience for those policies which do not have an active IGR, while **Exhibit 17c** demonstrates experience for those policies which have an active IGR. **Exhibit 17a** contains the combined experience.

In light of this information, please consider our request for a 66.3% increase on the Base Policy Forms and Riders, along with an increase of 208.2% on the IGR percentage loads for the above referenced policy forms. Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to call me at (512) 410-0854.

Sincerely,

Stephanie Entzminger, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Exhibit 8a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	163,166	20,521	12.6%
1988	335,521	66,008	19.7%
1989	346,458	92,419	26.7%
1990	322,160	102,164	31.7%
1991	327,469	128,604	39.3%
1992	365,493	168,635	46.1%
1993	608,691	82,877	13.6%
1994	1,104,862	171,596	15.5%
1995	2,906,709	244,021	8.4%
1996	6,329,508	1,328,372	21.0%
1997	11,492,201	2,397,313	20.9%
1998	14,038,520	6,404,538	45.6%
1999	14,923,273	5,939,560	39.8%
2000	15,480,285	4,919,302	31.8%
2001	14,219,171	6,665,381	46.9%
2002	13,941,121	7,420,984	53.2%
2003	13,118,686	16,098,852	122.7%
2004	12,559,531	10,679,173	85.0%
2005	12,389,090	13,911,312	112.3%
2006	17,464,924	11,614,223	66.5%
2007	21,345,140	12,292,564	57.6%
2008	20,071,397	17,077,957	85.1%
2009	18,220,171	17,239,848	94.6%
2010	16,845,440	15,563,482	92.4%
2011	17,027,830	20,584,452	120.9%
2012	20,875,452	22,290,263	106.8%
2013	19,617,052	24,253,139	123.6%
2014	18,097,134	22,184,480	122.6%
2015	15,270,399	21,120,023	138.3%
2016	15,286,980	25,098,593	164.2%
2017	14,471,558	25,446,584	175.8%
2018	13,344,593	26,424,545	198.0%
2019	12,269,920	27,187,073	221.6%
2020	11,235,383	27,699,805	246.5%
2021	10,234,557	27,920,084	272.8%
2022	9,275,100	27,901,996	300.8%
2023	8,360,863	27,669,252	330.9%
2024	7,495,989	27,235,679	363.3%
2025	6,681,241	26,598,603	398.1%
2026	5,915,891	25,728,119	434.9%
2027	5,195,806	24,641,699	474.3%
2028	4,528,964	23,363,017	515.9%
2029	3,928,576	22,044,334	561.1%
2030	3,387,434	20,684,305	610.6%
2031	2,901,304	19,266,587	664.1%
2032	2,469,475	17,805,140	721.0%
2033	2,087,965	16,313,905	781.3%
2034	1,753,532	14,831,063	845.8%
2035	1,462,161	13,381,031	915.2%
2036	1,209,584	11,951,186	988.0%
2037	990,662	10,549,438	1064.9%
2038	803,636	9,180,452	1142.4%
2039	648,427	7,946,883	1225.6%
2040	519,265	6,788,559	1307.3%
2041	412,316	5,745,999	1393.6%
2042	325,069	4,829,063	1485.6%
2043	254,368	4,029,549	1584.1%
2044	197,454	3,338,477	1690.8%
2045	151,971	2,739,825	1802.9%
2046+	396,127	8,669,999	2188.7%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	538,547,698	409,887,872	76.1%
Projected Future	100,517,876	338,085,031	336.3%
Lifetime Anticipated	639,065,574	747,972,903	117.0%

Exhibit 8b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	163,166	20,521	12.6%
1988	335,521	66,008	19.7%
1989	346,458	92,419	26.7%
1990	322,160	102,164	31.7%
1991	323,131	128,604	39.8%
1992	336,979	168,635	50.0%
1993	518,611	63,816	12.3%
1994	875,743	137,736	15.7%
1995	2,166,318	216,398	10.0%
1996	4,478,565	1,111,150	24.8%
1997	7,862,521	2,264,553	28.8%
1998	9,456,174	4,993,202	52.8%
1999	9,944,551	4,556,334	45.8%
2000	10,180,673	3,721,014	36.5%
2001	9,297,740	5,499,191	59.1%
2002	9,205,770	5,780,098	62.8%
2003	8,503,380	12,258,877	144.2%
2004	8,059,591	7,823,849	97.1%
2005	7,798,572	10,893,035	139.7%
2006	10,840,249	9,556,446	88.2%
2007	13,053,932	9,121,162	69.9%
2008	11,850,175	11,357,589	95.8%
2009	10,748,171	11,412,755	106.2%
2010	9,703,255	8,991,013	92.7%
2011	9,523,163	11,866,330	124.6%
2012	11,387,628	11,999,070	105.4%
2013	10,471,359	11,545,733	110.3%
2014	9,371,801	10,191,733	108.7%
2015	7,318,407	11,333,032	154.9%
2016	7,471,015	9,749,261	130.5%
2017	6,958,873	10,826,031	155.6%
2018	6,287,697	10,693,515	170.1%
2019	5,650,897	10,463,316	185.2%
2020	5,052,291	10,132,696	200.6%
2021	4,490,683	9,694,962	215.9%
2022	3,965,911	9,178,684	231.4%
2023	3,480,248	8,616,339	247.6%
2024	3,034,656	8,016,344	264.2%
2025	2,627,998	7,396,611	281.5%
2026	2,258,164	6,745,150	298.7%
2027	1,923,548	6,095,129	316.9%
2028	1,626,690	5,454,617	335.3%
2029	1,366,987	4,855,003	355.2%
2030	1,141,457	4,297,468	376.5%
2031	946,838	3,780,145	399.2%
2032	779,686	3,292,804	422.3%
2033	637,431	2,841,262	445.7%
2034	517,458	2,433,219	470.2%
2035	416,948	2,071,037	496.7%
2036	333,061	1,742,694	523.2%
2037	263,515	1,448,778	549.8%
2038	207,025	1,193,436	576.5%
2039	161,488	976,703	604.8%
2040	125,185	793,454	633.8%
2041	96,365	634,786	658.7%
2042	73,575	501,775	682.0%
2043	55,738	392,745	704.6%
2044	41,870	305,383	729.4%
2045	31,166	234,914	753.8%
2046+	72,811	586,501	805.5%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	334,413,640	266,301,186	79.6%
Projected Future	42,696,703	98,026,562	229.6%
Lifetime Anticipated	377,110,342	364,327,748	96.6%

Exhibit 8c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,339	0	0.0%
1992	28,514	0	0.0%
1993	90,080	19,062	21.2%
1994	229,119	33,860	14.8%
1995	740,391	27,624	3.7%
1996	1,850,942	217,223	11.7%
1997	3,629,680	132,760	3.7%
1998	4,582,346	1,411,336	30.8%
1999	4,978,722	1,383,226	27.8%
2000	5,299,612	1,198,288	22.6%
2001	4,921,430	1,166,190	23.7%
2002	4,735,351	1,640,886	34.7%
2003	4,615,305	3,839,975	83.2%
2004	4,499,940	2,855,324	63.5%
2005	4,590,518	3,018,277	65.8%
2006	6,624,675	2,057,777	31.1%
2007	8,291,208	3,171,402	38.3%
2008	8,221,222	5,720,368	69.6%
2009	7,472,000	5,827,093	78.0%
2010	7,142,185	6,572,469	92.0%
2011	7,504,667	8,718,122	116.2%
2012	9,487,824	10,291,192	108.5%
2013	9,145,693	12,707,406	138.9%
2014	8,725,333	11,992,747	137.4%
2015	7,951,992	9,786,991	123.1%
2016	7,815,965	15,349,332	196.4%
2017	7,512,685	14,620,553	194.6%
2018	7,056,897	15,731,030	222.9%
2019	6,619,023	16,723,757	252.7%
2020	6,183,092	17,567,109	284.1%
2021	5,743,874	18,225,122	317.3%
2022	5,309,189	18,723,312	352.7%
2023	4,880,615	19,052,913	390.4%
2024	4,461,332	19,219,335	430.8%
2025	4,053,243	19,201,992	473.7%
2026	3,657,727	18,982,969	519.0%
2027	3,272,257	18,546,570	566.8%
2028	2,902,274	17,908,400	617.0%
2029	2,561,589	17,189,331	671.0%
2030	2,245,976	16,386,837	729.6%
2031	1,954,466	15,486,442	792.4%
2032	1,689,789	14,512,336	858.8%
2033	1,450,533	13,472,642	928.8%
2034	1,236,074	12,397,844	1003.0%
2035	1,045,214	11,309,993	1082.1%
2036	876,523	10,208,492	1164.7%
2037	727,147	9,100,660	1251.6%
2038	596,611	7,987,016	1338.7%
2039	486,939	6,970,180	1431.4%
2040	394,079	5,995,105	1521.3%
2041	315,951	5,111,213	1617.7%
2042	251,494	4,327,288	1720.6%
2043	198,629	3,636,805	1830.9%
2044	155,584	3,033,094	1949.5%
2045	120,805	2,504,911	2073.5%
2046+	323,316	8,083,498	2500.2%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	204,134,058	143,586,687	70.3%
Projected Future	57,821,173	240,058,468	415.2%
Lifetime Anticipated	261,955,231	383,645,155	146.5%

Exhibit 9a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History and Proposed Increase
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	163,166	20,521	12.6%
1988	335,521	66,008	19.7%
1989	346,458	92,419	26.7%
1990	322,160	102,164	31.7%
1991	327,469	128,604	39.3%
1992	365,493	168,635	46.1%
1993	608,691	82,877	13.6%
1994	1,104,862	171,596	15.5%
1995	2,906,709	244,021	8.4%
1996	6,329,508	1,328,372	21.0%
1997	11,492,201	2,397,313	20.9%
1998	14,038,520	6,404,538	45.6%
1999	14,923,273	5,939,560	39.8%
2000	15,480,285	4,919,302	31.8%
2001	14,219,171	6,665,381	46.9%
2002	13,941,121	7,420,984	53.2%
2003	13,118,686	16,098,852	122.7%
2004	12,559,531	10,679,173	85.0%
2005	12,389,090	13,911,312	112.3%
2006	17,464,924	11,614,223	66.5%
2007	21,345,140	12,292,564	57.6%
2008	20,071,397	17,077,957	85.1%
2009	18,220,171	17,239,848	94.6%
2010	16,845,440	15,563,482	92.4%
2011	17,027,830	20,584,452	120.9%
2012	20,875,452	22,290,263	106.8%
2013	19,617,052	24,253,139	123.6%
2014	18,097,134	22,184,480	122.6%
2015	15,270,399	21,120,023	138.3%
2016	15,286,980	25,098,593	164.2%
2017	14,471,558	25,446,584	175.8%
2018	15,646,198	26,344,473	168.4%
2019	23,653,770	26,661,667	112.7%
2020	22,762,654	27,030,068	118.7%
2021	20,851,901	27,170,195	130.3%
2022	19,006,344	27,078,881	142.5%
2023	17,232,864	26,780,098	155.4%
2024	15,540,799	26,288,197	169.2%
2025	13,933,214	25,602,335	183.8%
2026	12,410,685	24,697,699	199.0%
2027	10,963,926	23,593,392	215.2%
2028	9,610,408	22,313,717	232.2%
2029	8,384,969	21,000,758	250.5%
2030	7,271,290	19,645,894	270.2%
2031	6,262,300	18,246,574	291.4%
2032	5,359,970	16,816,884	313.7%
2033	4,556,851	15,368,595	337.3%
2034	3,847,635	13,936,993	362.2%
2035	3,225,302	12,544,362	388.9%
2036	2,682,269	11,178,661	416.8%
2037	2,207,847	9,846,496	446.0%
2038	1,799,221	8,551,947	475.3%
2039	1,458,882	7,389,276	506.5%
2040	1,173,763	6,301,658	536.9%
2041	936,201	5,325,008	568.8%
2042	741,513	4,468,024	602.6%
2043	582,892	3,722,417	638.6%
2044	454,533	3,079,437	677.5%
2045	351,430	2,523,605	718.1%
2046+	929,326	7,949,997	855.5%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	538,547,698	409,887,872	76.1%
Projected Future	180,961,060	326,355,886	180.3%
Lifetime Anticipated	719,508,758	736,243,758	102.3%

Exhibit 9b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History and Proposed Increase
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	163,166	20,521	12.6%
1988	335,521	66,008	19.7%
1989	346,458	92,419	26.7%
1990	322,160	102,164	31.7%
1991	323,131	128,604	39.8%
1992	336,979	168,635	50.0%
1993	518,611	63,816	12.3%
1994	875,743	137,736	15.7%
1995	2,166,318	216,398	10.0%
1996	4,478,565	1,111,150	24.8%
1997	7,862,521	2,264,553	28.8%
1998	9,456,174	4,993,202	52.8%
1999	9,944,551	4,556,334	45.8%
2000	10,180,673	3,721,014	36.5%
2001	9,297,740	5,499,191	59.1%
2002	9,205,770	5,780,098	62.8%
2003	8,503,380	12,258,877	144.2%
2004	8,059,591	7,823,849	97.1%
2005	7,798,572	10,893,035	139.7%
2006	10,840,249	9,556,446	88.2%
2007	13,053,932	9,121,162	69.9%
2008	11,850,175	11,357,589	95.8%
2009	10,748,171	11,412,755	106.2%
2010	9,703,255	8,991,013	92.7%
2011	9,523,163	11,866,330	124.6%
2012	11,387,628	11,999,070	105.4%
2013	10,471,359	11,545,733	110.3%
2014	9,371,801	10,191,733	108.7%
2015	7,318,407	11,333,032	154.9%
2016	7,471,015	9,749,261	130.5%
2017	6,958,873	10,826,031	155.6%
2018	6,801,598	10,628,514	156.3%
2019	8,108,108	10,095,473	124.5%
2020	7,454,797	9,720,609	130.4%
2021	6,626,130	9,283,478	140.1%
2022	5,851,813	8,774,512	149.9%
2023	5,135,204	8,223,700	160.1%
2024	4,477,721	7,639,421	170.6%
2025	3,877,686	7,038,624	181.5%
2026	3,331,984	6,409,911	192.4%
2027	2,838,250	5,784,553	203.8%
2028	2,400,226	5,170,567	215.4%
2029	2,017,028	4,596,454	227.9%
2030	1,684,253	4,061,596	241.2%
2031	1,397,086	3,566,671	255.3%
2032	1,150,448	3,101,983	269.6%
2033	940,548	2,672,644	284.2%
2034	763,524	2,285,563	299.3%
2035	615,218	1,942,676	315.8%
2036	491,441	1,632,646	332.2%
2037	388,824	1,355,677	348.7%
2038	305,471	1,115,502	365.2%
2039	238,279	911,956	382.7%
2040	184,715	740,163	400.7%
2041	142,189	591,673	416.1%
2042	108,562	467,347	430.5%
2043	82,243	365,545	444.5%
2044	61,781	284,050	459.8%
2045	45,986	218,376	474.9%
2046+	107,435	544,510	506.8%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	334,413,640	266,301,186	79.6%
Projected Future	57,240,831	94,328,014	164.8%
Lifetime Anticipated	391,654,470	360,629,200	92.1%

Exhibit 9c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History and Proposed Increase
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,339	0	0.0%
1992	28,514	0	0.0%
1993	90,080	19,062	21.2%
1994	229,119	33,860	14.8%
1995	740,391	27,624	3.7%
1996	1,850,942	217,223	11.7%
1997	3,629,680	132,760	3.7%
1998	4,582,346	1,411,336	30.8%
1999	4,978,722	1,383,226	27.8%
2000	5,299,612	1,198,288	22.6%
2001	4,921,430	1,166,190	23.7%
2002	4,735,351	1,640,886	34.7%
2003	4,615,305	3,839,975	83.2%
2004	4,499,940	2,855,324	63.5%
2005	4,590,518	3,018,277	65.8%
2006	6,624,675	2,057,777	31.1%
2007	8,291,208	3,171,402	38.3%
2008	8,221,222	5,720,368	69.6%
2009	7,472,000	5,827,093	78.0%
2010	7,142,185	6,572,469	92.0%
2011	7,504,667	8,718,122	116.2%
2012	9,487,824	10,291,192	108.5%
2013	9,145,693	12,707,406	138.9%
2014	8,725,333	11,992,747	137.4%
2015	7,951,992	9,786,991	123.1%
2016	7,815,965	15,349,332	196.4%
2017	7,512,685	14,620,553	194.6%
2018	8,844,600	15,715,958	177.7%
2019	15,545,662	16,566,194	106.6%
2020	15,307,857	17,309,459	113.1%
2021	14,225,771	17,886,717	125.7%
2022	13,154,531	18,304,368	139.1%
2023	12,097,660	18,556,398	153.4%
2024	11,063,078	18,648,776	168.6%
2025	10,055,528	18,563,711	184.6%
2026	9,078,701	18,287,788	201.4%
2027	8,125,677	17,808,839	219.2%
2028	7,210,182	17,143,150	237.8%
2029	6,367,941	16,404,305	257.6%
2030	5,587,037	15,584,299	278.9%
2031	4,865,215	14,679,904	301.7%
2032	4,209,521	13,714,901	325.8%
2033	3,616,303	12,695,951	351.1%
2034	3,084,110	11,651,430	377.8%
2035	2,610,084	10,601,687	406.2%
2036	2,190,828	9,546,015	435.7%
2037	1,819,023	8,490,819	466.8%
2038	1,493,751	7,436,445	497.8%
2039	1,220,603	6,477,320	530.7%
2040	989,048	5,561,494	562.3%
2041	794,012	4,733,335	596.1%
2042	632,951	4,000,677	632.1%
2043	500,649	3,356,873	670.5%
2044	392,752	2,795,387	711.7%
2045	305,444	2,305,229	754.7%
2046+	821,892	7,405,487	901.0%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	204,134,058	143,586,687	70.3%
Projected Future	123,720,229	232,027,872	187.5%
Lifetime Anticipated	327,854,288	375,614,559	114.6%

Exhibit 10a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History and Proposed Increase
Excluding Shock Lapse, Benefit Reductions, NFO Residual Liability, and Anti-Selection
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	163,166	20,521	12.6%
1988	335,521	66,008	19.7%
1989	346,458	92,419	26.7%
1990	322,160	102,164	31.7%
1991	327,469	128,604	39.3%
1992	365,493	168,635	46.1%
1993	608,691	82,877	13.6%
1994	1,104,862	171,596	15.5%
1995	2,906,709	244,021	8.4%
1996	6,329,508	1,328,372	21.0%
1997	11,492,201	2,397,313	20.9%
1998	14,038,520	6,404,538	45.6%
1999	14,923,273	5,939,560	39.8%
2000	15,480,285	4,919,302	31.8%
2001	14,219,171	6,665,381	46.9%
2002	13,941,121	7,420,984	53.2%
2003	13,118,686	16,098,852	122.7%
2004	12,559,531	10,679,173	85.0%
2005	12,389,090	13,911,312	112.3%
2006	17,464,924	11,614,223	66.5%
2007	21,345,140	12,292,564	57.6%
2008	20,071,397	17,077,957	85.1%
2009	18,220,171	17,239,848	94.6%
2010	16,845,440	15,563,482	92.4%
2011	17,027,830	20,584,452	120.9%
2012	20,875,452	22,290,263	106.8%
2013	19,617,052	24,253,139	123.6%
2014	18,097,134	22,184,480	122.6%
2015	15,270,399	21,120,023	138.3%
2016	15,286,980	25,098,593	164.2%
2017	14,471,558	25,446,584	175.8%
2018	16,277,990	26,424,545	162.3%
2019	26,765,060	27,187,073	101.6%
2020	25,899,379	27,699,805	107.0%
2021	23,728,565	27,920,084	117.7%
2022	21,631,403	27,901,996	129.0%
2023	19,615,704	27,669,252	141.1%
2024	17,692,122	27,235,679	153.9%
2025	15,864,185	26,598,603	167.7%
2026	14,132,602	25,728,119	182.0%
2027	12,486,796	24,641,699	197.3%
2028	10,946,677	23,363,017	213.4%
2029	9,552,081	22,044,334	230.8%
2030	8,284,424	20,684,305	249.7%
2031	7,135,703	19,266,587	270.0%
2032	6,108,249	17,805,140	291.5%
2033	5,193,611	16,313,905	314.1%
2034	4,385,780	14,831,063	338.2%
2035	3,676,802	13,381,031	363.9%
2036	3,058,074	11,951,186	390.8%
2037	2,517,433	10,549,438	419.1%
2038	2,051,692	9,180,452	447.5%
2039	1,663,746	7,946,883	477.7%
2040	1,338,701	6,788,559	507.1%
2041	1,067,839	5,745,999	538.1%
2042	845,840	4,829,063	570.9%
2043	664,952	4,029,549	606.0%
2044	518,559	3,338,477	643.8%
2045	400,962	2,739,825	683.3%
2046+	1,057,077	8,669,999	820.2%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	538,547,698	409,887,872	76.1%
Projected Future	202,484,634	338,085,031	167.0%
Lifetime Anticipated	741,032,332	747,972,903	100.9%

Exhibit 10b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History and Proposed Increase
Excluding Shock Lapse, Benefit Reductions, NFO Residual Liability, and Anti-Selection
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	163,166	20,521	12.6%
1988	335,521	66,008	19.7%
1989	346,458	92,419	26.7%
1990	322,160	102,164	31.7%
1991	323,131	128,604	39.8%
1992	336,979	168,635	50.0%
1993	518,611	63,816	12.3%
1994	875,743	137,736	15.7%
1995	2,166,318	216,398	10.0%
1996	4,478,565	1,111,150	24.8%
1997	7,862,521	2,264,553	28.8%
1998	9,456,174	4,993,202	52.8%
1999	9,944,551	4,556,334	45.8%
2000	10,180,673	3,721,014	36.5%
2001	9,297,740	5,499,191	59.1%
2002	9,205,770	5,780,098	62.8%
2003	8,503,380	12,258,877	144.2%
2004	8,059,591	7,823,849	97.1%
2005	7,798,572	10,893,035	139.7%
2006	10,840,249	9,556,446	88.2%
2007	13,053,932	9,121,162	69.9%
2008	11,850,175	11,357,589	95.8%
2009	10,748,171	11,412,755	106.2%
2010	9,703,255	8,991,013	92.7%
2011	9,523,163	11,866,330	124.6%
2012	11,387,628	11,999,070	105.4%
2013	10,471,359	11,545,733	110.3%
2014	9,371,801	10,191,733	108.7%
2015	7,318,407	11,333,032	154.9%
2016	7,471,015	9,749,261	130.5%
2017	6,958,873	10,826,031	155.6%
2018	7,004,198	10,693,515	152.7%
2019	9,076,837	10,463,316	115.3%
2020	8,401,959	10,132,696	120.6%
2021	7,468,006	9,694,962	129.8%
2022	6,595,310	9,178,684	139.2%
2023	5,787,653	8,616,339	148.9%
2024	5,046,634	8,016,344	158.8%
2025	4,370,361	7,396,611	169.2%
2026	3,755,326	6,745,150	179.6%
2027	3,198,861	6,095,129	190.5%
2028	2,705,185	5,454,617	201.6%
2029	2,273,299	4,855,003	213.6%
2030	1,898,244	4,297,468	226.4%
2031	1,574,591	3,780,145	240.1%
2032	1,296,617	3,292,804	254.0%
2033	1,060,048	2,841,262	268.0%
2034	860,533	2,433,219	282.8%
2035	693,384	2,071,037	298.7%
2036	553,881	1,742,694	314.6%
2037	438,226	1,448,778	330.6%
2038	344,282	1,193,436	346.6%
2039	268,554	976,703	363.7%
2040	208,183	793,454	381.1%
2041	160,255	634,786	396.1%
2042	122,355	501,775	410.1%
2043	92,693	392,745	423.7%
2044	69,630	305,383	438.6%
2045	51,829	234,914	453.2%
2046+	121,085	586,501	484.4%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	334,413,640	266,301,186	79.6%
Projected Future	62,974,696	98,026,562	155.7%
Lifetime Anticipated	397,388,336	364,327,748	91.7%

Exhibit 10c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Reflect Virginia Rate History and Proposed Increase
Excluding Shock Lapse, Benefit Reductions, NFO Residual Liability, and Anti-Selection
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,339	0	0.0%
1992	28,514	0	0.0%
1993	90,080	19,062	21.2%
1994	229,119	33,860	14.8%
1995	740,391	27,624	3.7%
1996	1,850,942	217,223	11.7%
1997	3,629,680	132,760	3.7%
1998	4,582,346	1,411,336	30.8%
1999	4,978,722	1,383,226	27.8%
2000	5,299,612	1,198,288	22.6%
2001	4,921,430	1,166,190	23.7%
2002	4,735,351	1,640,886	34.7%
2003	4,615,305	3,839,975	83.2%
2004	4,499,940	2,855,324	63.5%
2005	4,590,518	3,018,277	65.8%
2006	6,624,675	2,057,777	31.1%
2007	8,291,208	3,171,402	38.3%
2008	8,221,222	5,720,368	69.6%
2009	7,472,000	5,827,093	78.0%
2010	7,142,185	6,572,469	92.0%
2011	7,504,667	8,718,122	116.2%
2012	9,487,824	10,291,192	108.5%
2013	9,145,693	12,707,406	138.9%
2014	8,725,333	11,992,747	137.4%
2015	7,951,992	9,786,991	123.1%
2016	7,815,965	15,349,332	196.4%
2017	7,512,685	14,620,553	194.6%
2018	9,273,792	15,731,030	169.6%
2019	17,688,223	16,723,757	94.5%
2020	17,497,420	17,567,109	100.4%
2021	16,260,558	18,225,122	112.1%
2022	15,036,092	18,723,312	124.5%
2023	13,828,052	19,052,913	137.8%
2024	12,645,488	19,219,335	152.0%
2025	11,493,824	19,201,992	167.1%
2026	10,377,276	18,982,969	182.9%
2027	9,287,935	18,546,570	199.7%
2028	8,241,492	17,908,400	217.3%
2029	7,278,782	17,189,331	236.2%
2030	6,386,180	16,386,837	256.6%
2031	5,561,112	15,486,442	278.5%
2032	4,811,631	14,512,336	301.6%
2033	4,133,562	13,472,642	325.9%
2034	3,525,247	12,397,844	351.7%
2035	2,983,418	11,309,993	379.1%
2036	2,504,193	10,208,492	407.7%
2037	2,079,208	9,100,660	437.7%
2038	1,707,410	7,987,016	467.8%
2039	1,395,192	6,970,180	499.6%
2040	1,130,517	5,995,105	530.3%
2041	907,584	5,111,213	563.2%
2042	723,485	4,327,288	598.1%
2043	572,259	3,636,805	635.5%
2044	448,929	3,033,094	675.6%
2045	349,133	2,504,911	717.5%
2046+	935,993	8,083,498	863.6%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	204,134,058	143,586,687	70.3%
Projected Future	139,509,938	240,058,468	172.1%
Lifetime Anticipated	343,643,996	383,645,155	111.6%

Exhibit 11a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	832,348	20,521	2.5%
1988	1,711,577	66,008	3.9%
1989	1,767,368	92,419	5.2%
1990	1,643,417	102,164	6.2%
1991	1,669,834	128,604	7.7%
1992	1,876,237	168,635	9.0%
1993	3,394,097	82,877	2.4%
1994	6,454,927	171,596	2.7%
1995	17,473,612	244,021	1.4%
1996	38,902,674	1,328,372	3.4%
1997	71,595,111	2,397,313	3.3%
1998	87,988,839	6,404,538	7.3%
1999	93,918,616	5,939,560	6.3%
2000	97,906,766	4,919,302	5.0%
2001	90,122,084	6,665,381	7.4%
2002	88,038,737	7,420,984	8.4%
2003	83,414,308	16,098,852	19.3%
2004	80,149,666	10,679,173	13.3%
2005	79,533,696	13,911,312	17.5%
2006	72,075,064	11,614,223	16.1%
2007	67,733,595	12,292,564	18.1%
2008	64,433,948	17,077,957	26.5%
2009	58,506,865	17,239,848	29.5%
2010	54,501,279	15,563,482	28.6%
2011	49,258,647	20,584,452	41.8%
2012	46,416,956	22,290,263	48.0%
2013	43,277,343	24,253,139	56.0%
2014	40,260,024	22,184,480	55.1%
2015	34,658,269	21,120,023	60.9%
2016	34,527,378	25,098,593	72.7%
2017	32,818,030	25,446,584	77.5%
2018	30,411,665	26,424,545	86.9%
2019	28,121,535	27,187,073	96.7%
2020	25,899,379	27,699,805	107.0%
2021	23,728,565	27,920,084	117.7%
2022	21,631,403	27,901,996	129.0%
2023	19,615,704	27,669,252	141.1%
2024	17,692,122	27,235,679	153.9%
2025	15,864,185	26,598,603	167.7%
2026	14,132,602	25,728,119	182.0%
2027	12,486,796	24,641,699	197.3%
2028	10,946,677	23,363,017	213.4%
2029	9,552,081	22,044,334	230.8%
2030	8,284,424	20,684,305	249.7%
2031	7,135,703	19,266,587	270.0%
2032	6,108,249	17,805,140	291.5%
2033	5,193,611	16,313,905	314.1%
2034	4,385,780	14,831,063	338.2%
2035	3,676,802	13,381,031	363.9%
2036	3,058,074	11,951,186	390.8%
2037	2,517,433	10,549,438	419.1%
2038	2,051,692	9,180,452	447.5%
2039	1,663,746	7,946,883	477.7%
2040	1,338,701	6,788,559	507.1%
2041	1,067,839	5,745,999	538.1%
2042	845,840	4,829,063	570.9%
2043	664,952	4,029,549	606.0%
2044	518,559	3,338,477	643.8%
2045	400,962	2,739,825	683.3%
2046+	1,057,077	8,669,999	820.2%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	2,500,320,564	409,887,872	16.4%
Projected Future	234,868,356	338,085,031	143.9%
Lifetime Anticipated	2,735,188,920	747,972,903	27.3%

Exhibit 11b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	832,348	20,521	2.5%
1988	1,711,577	66,008	3.9%
1989	1,767,368	92,419	5.2%
1990	1,643,417	102,164	6.2%
1991	1,639,724	128,604	7.8%
1992	1,670,478	168,635	10.1%
1993	2,626,770	63,816	2.4%
1994	4,467,385	137,736	3.1%
1995	11,050,936	216,398	2.0%
1996	22,846,292	1,111,150	4.9%
1997	40,108,705	2,264,553	5.6%
1998	48,238,333	4,993,202	10.4%
1999	50,729,663	4,556,334	9.0%
2000	51,934,184	3,721,014	7.2%
2001	47,430,120	5,499,191	11.6%
2002	46,960,960	5,780,098	12.3%
2003	43,377,890	12,258,877	28.3%
2004	41,114,007	7,823,849	19.0%
2005	39,747,411	10,893,035	27.4%
2006	35,344,601	9,556,446	27.0%
2007	32,563,034	9,121,162	28.0%
2008	29,560,261	11,357,589	38.4%
2009	26,811,312	11,412,755	42.6%
2010	24,204,770	8,991,013	37.1%
2011	21,050,054	11,866,330	56.4%
2012	19,205,884	11,999,070	62.5%
2013	17,413,870	11,545,733	66.3%
2014	15,585,305	10,191,733	65.4%
2015	12,170,511	11,333,032	93.1%
2016	12,424,298	9,749,261	78.5%
2017	11,572,605	10,826,031	93.5%
2018	10,456,440	10,693,515	102.3%
2019	9,397,442	10,463,316	111.3%
2020	8,401,959	10,132,696	120.6%
2021	7,468,006	9,694,962	129.8%
2022	6,595,310	9,178,684	139.2%
2023	5,787,653	8,616,339	148.9%
2024	5,046,634	8,016,344	158.8%
2025	4,370,361	7,396,611	169.2%
2026	3,755,326	6,745,150	179.6%
2027	3,198,861	6,095,129	190.5%
2028	2,705,185	5,454,617	201.6%
2029	2,273,299	4,855,003	213.6%
2030	1,898,244	4,297,468	226.4%
2031	1,574,591	3,780,145	240.1%
2032	1,296,617	3,292,804	254.0%
2033	1,060,048	2,841,262	268.0%
2034	860,533	2,433,219	282.8%
2035	693,384	2,071,037	298.7%
2036	553,881	1,742,694	314.6%
2037	438,226	1,448,778	330.6%
2038	344,282	1,193,436	346.6%
2039	268,554	976,703	363.7%
2040	208,183	793,454	381.1%
2041	160,255	634,786	396.1%
2042	122,355	501,775	410.1%
2043	92,693	392,745	423.7%
2044	69,630	305,383	438.6%
2045	51,829	234,914	453.2%
2046+	121,085	586,501	484.4%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	1,290,440,581	266,301,186	20.6%
Projected Future	71,004,617	98,026,562	138.1%
Lifetime Anticipated	1,361,445,197	364,327,748	26.8%

Exhibit 11c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Nationwide Earned Premium Adjusted to Virginia Proposed Level Since Inception
As of 12/31/2016

Year	Restated Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	30,110	0	0.0%
1992	205,759	0	0.0%
1993	767,327	19,062	2.5%
1994	1,987,541	33,860	1.7%
1995	6,422,676	27,624	0.4%
1996	16,056,382	217,223	1.4%
1997	31,486,406	132,760	0.4%
1998	39,750,506	1,411,336	3.6%
1999	43,188,952	1,383,226	3.2%
2000	45,972,583	1,198,288	2.6%
2001	42,691,965	1,166,190	2.7%
2002	41,077,777	1,640,886	4.0%
2003	40,036,418	3,839,975	9.6%
2004	39,035,659	2,855,324	7.3%
2005	39,786,285	3,018,277	7.6%
2006	36,730,463	2,057,777	5.6%
2007	35,170,561	3,171,402	9.0%
2008	34,873,687	5,720,368	16.4%
2009	31,695,553	5,827,093	18.4%
2010	30,296,510	6,572,469	21.7%
2011	28,208,593	8,718,122	30.9%
2012	27,211,072	10,291,192	37.8%
2013	25,863,473	12,707,406	49.1%
2014	24,674,719	11,992,747	48.6%
2015	22,487,758	9,786,991	43.5%
2016	22,103,080	15,349,332	69.4%
2017	21,245,425	14,620,553	68.8%
2018	19,955,225	15,731,030	78.8%
2019	18,724,093	16,723,757	89.3%
2020	17,497,420	17,567,109	100.4%
2021	16,260,558	18,225,122	112.1%
2022	15,036,092	18,723,312	124.5%
2023	13,828,052	19,052,913	137.8%
2024	12,645,488	19,219,335	152.0%
2025	11,493,824	19,201,992	167.1%
2026	10,377,276	18,982,969	182.9%
2027	9,287,935	18,546,570	199.7%
2028	8,241,492	17,908,400	217.3%
2029	7,278,782	17,189,331	236.2%
2030	6,386,180	16,386,837	256.6%
2031	5,561,112	15,486,442	278.5%
2032	4,811,631	14,512,336	301.6%
2033	4,133,562	13,472,642	325.9%
2034	3,525,247	12,397,844	351.7%
2035	2,983,418	11,309,993	379.1%
2036	2,504,193	10,208,492	407.7%
2037	2,079,208	9,100,660	437.7%
2038	1,707,410	7,987,016	467.8%
2039	1,395,192	6,970,180	499.6%
2040	1,130,517	5,995,105	530.3%
2041	907,584	5,111,213	563.2%
2042	723,485	4,327,288	598.1%
2043	572,259	3,636,805	635.5%
2044	448,929	3,033,094	675.6%
2045	349,133	2,504,911	717.5%
2046+	935,993	8,083,498	863.6%

Present Values at 4.53%

Nationwide	Restated Earned Premium	Incurred Claims	Loss Ratio
Historical	1,209,879,983	143,586,687	11.9%
Projected Future	163,863,740	240,058,468	146.5%
Lifetime Anticipated	1,373,743,722	383,645,155	27.9%

Exhibit 12a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Expected Nationwide Cash Flows Under Original Pricing Assumptions
As of 12/31/2016

Year	Original-Level Earned Premium	Expected Incurred Claims	Loss Ratio
1987	163,166	39,144	24.0%
1988	316,204	80,557	25.5%
1989	292,927	83,846	28.6%
1990	241,683	79,678	33.0%
1991	229,576	83,665	36.4%
1992	267,076	99,470	37.2%
1993	533,754	171,513	32.1%
1994	1,069,579	315,731	29.5%
1995	2,815,803	765,304	27.2%
1996	6,049,100	1,621,374	26.8%
1997	10,356,887	2,826,112	27.3%
1998	11,918,378	3,493,268	29.3%
1999	11,982,363	3,844,243	32.1%
2000	11,327,806	4,029,090	35.6%
2001	9,971,249	4,033,060	40.4%
2002	8,683,274	4,020,582	46.3%
2003	7,623,045	4,028,979	52.9%
2004	6,682,935	4,034,560	60.4%
2005	5,874,265	4,039,309	68.8%
2006	5,167,644	4,036,942	78.1%
2007	4,546,941	4,023,284	88.5%
2008	4,001,086	4,001,923	100.0%
2009	3,520,692	3,968,169	112.7%
2010	3,097,857	3,919,387	126.5%
2011	2,725,592	3,856,688	141.5%
2012	2,397,602	3,780,675	157.7%
2013	2,108,070	3,692,561	175.2%
2014	1,851,625	3,590,509	193.9%
2015	1,623,768	3,474,186	214.0%
2016	1,420,995	3,346,857	235.5%
2017	1,240,440	3,207,249	258.6%
2018	1,079,640	3,055,295	283.0%
2019	936,381	2,892,244	308.9%
2020	808,849	2,719,946	336.3%
2021	695,617	2,539,908	365.1%
2022	595,364	2,354,673	395.5%
2023	506,861	2,168,366	427.8%
2024	428,953	1,993,202	464.7%
2025	360,662	1,837,707	509.5%
2026	301,203	1,706,248	566.5%
2027	249,765	1,568,428	628.0%
2028	205,517	1,426,712	694.2%
2029	167,670	1,284,536	766.1%
2030	135,409	1,139,541	841.6%
2031	108,109	997,811	923.0%
2032	85,236	862,791	1012.2%
2033	66,644	739,824	1110.1%
2034	51,600	628,248	1217.5%
2035	39,418	525,889	1334.1%
2036	29,646	432,893	1460.2%
2037	21,845	349,103	1598.1%
2038	15,980	279,983	1752.0%
2039	11,586	222,673	1921.8%
2040	8,247	173,477	2103.4%
2041	5,728	131,249	2291.5%
2042	3,801	94,691	2491.5%
2043	2,493	67,932	2724.6%
2044	1,618	48,359	2988.7%
2045	1,015	33,138	3263.3%
2046+	1,101	39,520	3589.6%

Present Values at 4.53%

Nationwide	Original-Level Earned Premium	Expected Incurred Claims	Loss Ratio
Historical	248,612,602	131,089,240	52.7%
Projected Future	6,587,574	26,025,275	395.1%
Lifetime Anticipated	255,200,176	157,114,515	61.6%

Exhibit 12b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Expected Nationwide Cash Flows Under Original Pricing Assumptions
As of 12/31/2016

Year	Original-Level Earned Premium	Expected Incurred Claims	Loss Ratio
1987	163,166	39,144	24.0%
1988	316,204	80,557	25.5%
1989	292,927	83,846	28.6%
1990	241,683	79,678	33.0%
1991	225,237	82,625	36.7%
1992	238,701	92,538	38.8%
1993	431,418	146,026	33.8%
1994	817,691	251,456	30.8%
1995	2,065,526	574,329	27.8%
1996	4,230,825	1,152,831	27.2%
1997	7,017,741	1,941,124	27.7%
1998	7,915,897	2,354,714	29.7%
1999	7,845,818	2,560,839	32.6%
2000	7,311,583	2,656,653	36.3%
2001	6,402,817	2,651,398	41.4%
2002	5,579,951	2,644,470	47.4%
2003	4,900,776	2,650,135	54.1%
2004	4,298,989	2,653,727	61.7%
2005	3,779,434	2,655,766	70.3%
2006	3,324,873	2,652,773	79.8%
2007	2,925,472	2,642,221	90.3%
2008	2,574,194	2,626,513	102.0%
2009	2,265,031	2,602,481	114.9%
2010	1,992,893	2,568,535	128.9%
2011	1,753,280	2,525,438	144.0%
2012	1,542,128	2,473,640	160.4%
2013	1,355,683	2,413,930	178.1%
2014	1,190,483	2,345,105	197.0%
2015	1,043,652	2,266,956	217.2%
2016	912,962	2,182,188	239.0%
2017	796,595	2,089,684	262.3%
2018	692,973	1,988,895	287.0%
2019	600,671	1,880,844	313.1%
2020	518,523	1,766,911	340.8%
2021	445,617	1,648,022	369.8%
2022	381,095	1,526,128	400.5%
2023	324,169	1,404,025	433.1%
2024	274,094	1,290,326	470.8%
2025	230,236	1,189,643	516.7%
2026	192,084	1,104,329	574.9%
2027	159,109	1,013,980	637.3%
2028	130,767	920,890	704.2%
2029	106,552	827,395	776.5%
2030	85,924	732,552	852.6%
2031	68,493	640,371	935.0%
2032	53,912	552,756	1025.3%
2033	42,091	473,220	1124.3%
2034	32,543	401,234	1232.9%
2035	24,816	335,218	1350.8%
2036	18,623	275,329	1478.4%
2037	13,688	221,498	1618.2%
2038	9,996	177,333	1774.1%
2039	7,237	140,817	1945.9%
2040	5,141	109,427	2128.7%
2041	3,556	82,452	2318.4%
2042	2,346	59,165	2522.0%
2043	1,534	42,327	2759.8%
2044	993	30,075	3028.0%
2045	622	20,527	3301.0%
2046+	655	23,663	3612.1%

Present Values at 4.53%

Nationwide	Original-Level Earned Premium	Expected Incurred Claims	Loss Ratio
Historical	165,433,044	87,589,247	52.9%
Projected Future	4,217,903	16,856,709	399.6%
Lifetime Anticipated	169,650,947	104,445,956	61.6%

Exhibit 12c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Expected Nationwide Cash Flows Under Original Pricing Assumptions
As of 12/31/2016

Year	Original-Level Earned Premium	Expected Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,339	1,041	24.0%
1992	28,375	6,932	24.4%
1993	102,336	25,487	24.9%
1994	251,888	64,275	25.5%
1995	750,277	190,975	25.5%
1996	1,818,275	468,543	25.8%
1997	3,339,146	884,987	26.5%
1998	4,002,481	1,138,554	28.4%
1999	4,136,545	1,283,405	31.0%
2000	4,016,223	1,372,436	34.2%
2001	3,568,433	1,381,662	38.7%
2002	3,103,323	1,376,112	44.3%
2003	2,722,269	1,378,844	50.7%
2004	2,383,946	1,380,834	57.9%
2005	2,094,832	1,383,543	66.0%
2006	1,842,772	1,384,169	75.1%
2007	1,621,469	1,381,063	85.2%
2008	1,426,892	1,375,410	96.4%
2009	1,255,661	1,365,689	108.8%
2010	1,104,964	1,350,853	122.3%
2011	972,313	1,331,250	136.9%
2012	855,474	1,307,036	152.8%
2013	752,387	1,278,631	169.9%
2014	661,142	1,245,404	188.4%
2015	580,116	1,207,230	208.1%
2016	508,032	1,164,669	229.3%
2017	443,844	1,117,565	251.8%
2018	386,666	1,066,400	275.8%
2019	335,710	1,011,400	301.3%
2020	290,326	953,035	328.3%
2021	250,000	891,886	356.8%
2022	214,269	828,545	386.7%
2023	182,692	764,341	418.4%
2024	154,858	702,876	453.9%
2025	130,426	648,064	496.9%
2026	109,119	601,919	551.6%
2027	90,656	554,448	611.6%
2028	74,750	505,822	676.7%
2029	61,118	457,141	748.0%
2030	49,485	406,989	822.4%
2031	39,616	357,440	902.3%
2032	31,323	310,035	989.8%
2033	24,553	266,604	1085.8%
2034	19,058	227,014	1191.2%
2035	14,602	190,671	1305.8%
2036	11,023	157,564	1429.4%
2037	8,157	127,605	1564.3%
2038	5,985	102,650	1715.2%
2039	4,350	81,856	1881.8%
2040	3,107	64,050	2061.6%
2041	2,171	48,797	2247.4%
2042	1,455	35,526	2442.2%
2043	960	25,606	2668.4%
2044	625	18,285	2926.1%
2045	394	12,611	3203.6%
2046+	446	15,857	3556.6%

Present Values at 4.53%

Nationwide	Original-Level Earned Premium	Expected Incurred Claims	Loss Ratio
Historical	83,179,558	43,499,993	52.3%
Projected Future	2,369,671	9,168,566	386.9%
Lifetime Anticipated	85,549,229	52,668,559	61.6%

Exhibit 13a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Actual Nationwide Historical Experience with Projected Cash Flows Under Original Assumptions
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	163,166	20,521	12.6%
1988	335,521	66,008	19.7%
1989	346,458	92,419	26.7%
1990	322,160	102,164	31.7%
1991	327,469	128,604	39.3%
1992	368,463	168,635	45.8%
1993	664,608	82,877	12.5%
1994	1,219,731	171,596	14.1%
1995	3,022,462	244,021	8.1%
1996	6,428,672	1,328,372	20.7%
1997	11,584,756	2,397,313	20.7%
1998	14,123,592	6,404,538	45.3%
1999	15,002,485	5,939,560	39.6%
2000	15,555,455	4,919,302	31.6%
2001	14,285,812	6,665,381	46.7%
2002	14,008,356	7,420,984	53.0%
2003	13,177,190	16,098,852	122.2%
2004	12,616,335	10,679,173	84.6%
2005	12,427,520	13,911,312	111.9%
2006	11,203,933	11,614,223	103.7%
2007	10,476,434	12,292,564	117.3%
2008	9,847,514	17,077,957	173.4%
2009	8,942,020	17,239,848	192.8%
2010	8,264,927	15,563,482	188.3%
2011	7,401,849	20,584,452	278.1%
2012	6,922,570	22,290,263	322.0%
2013	6,414,968	24,253,139	378.1%
2014	5,917,404	22,184,480	374.9%
2015	4,993,448	21,120,023	423.0%
2016	4,997,808	25,098,593	502.2%
2017	4,363,743	11,225,806	257.3%
2018	3,798,938	10,699,011	281.6%
2019	3,295,488	10,133,256	307.5%
2020	2,847,149	9,534,430	334.9%
2021	2,449,043	8,907,497	363.7%
2022	2,096,601	8,258,344	393.9%
2023	1,785,336	7,603,285	425.9%
2024	1,511,072	6,987,660	462.4%
2025	1,270,578	6,456,568	508.2%
2026	1,061,219	6,009,630	566.3%
2027	880,161	5,523,763	627.6%
2028	724,389	5,026,434	693.9%
2029	591,013	4,524,919	765.6%
2030	477,245	4,014,822	841.2%
2031	380,818	3,515,652	923.2%
2032	300,147	3,039,981	1012.8%
2033	234,838	2,609,840	1111.3%
2034	181,866	2,217,371	1219.2%
2035	138,923	1,856,291	1336.2%
2036	104,308	1,525,356	1462.4%
2037	76,742	1,228,713	1601.1%
2038	56,254	988,060	1756.4%
2039	40,830	786,923	1927.3%
2040	29,082	613,455	2109.4%
2041	20,106	461,746	2296.5%
2042	13,263	331,159	2496.9%
2043	8,746	238,955	2732.0%
2044	5,698	170,877	2998.9%
2045	3,592	117,624	3274.2%
2046+	3,814	136,716	3584.6%

Present Values at 4.53%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	395,199,178	409,887,872	103.7%
Projected Future	23,190,481	91,341,199	393.9%
Lifetime Anticipated	418,389,659	501,229,072	119.8%

Exhibit 13b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Actual Nationwide Historical Experience with Projected Cash Flows Under Original Assumptions
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	163,166	20,521	12.6%
1988	335,521	66,008	19.7%
1989	346,458	92,419	26.7%
1990	322,160	102,164	31.7%
1991	323,131	128,604	39.8%
1992	338,953	168,635	49.8%
1993	557,414	63,816	11.4%
1994	956,032	137,736	14.4%
1995	2,246,722	216,398	9.6%
1996	4,547,038	1,111,150	24.4%
1997	7,926,237	2,264,553	28.6%
1998	9,514,618	4,993,202	52.5%
1999	9,999,005	4,556,334	45.6%
2000	10,231,874	3,721,014	36.4%
2001	9,342,098	5,499,191	58.9%
2002	9,250,104	5,780,098	62.5%
2003	8,543,404	12,258,877	143.5%
2004	8,098,105	7,823,849	96.6%
2005	7,823,818	10,893,035	139.2%
2006	6,955,353	9,556,446	137.4%
2007	6,407,985	9,121,162	142.3%
2008	5,815,333	11,357,589	195.3%
2009	5,276,346	11,412,755	216.3%
2010	4,761,231	8,991,013	188.8%
2011	4,139,702	11,866,330	286.6%
2012	3,776,719	11,999,070	317.7%
2013	3,424,195	11,545,733	337.2%
2014	3,063,996	10,191,733	332.6%
2015	2,393,464	11,333,032	473.5%
2016	2,442,755	9,749,261	399.1%
2017	2,132,095	5,548,640	260.2%
2018	1,855,345	5,284,069	284.8%
2019	1,608,670	5,000,569	310.9%
2020	1,389,065	4,700,742	338.4%
2021	1,194,147	4,387,086	367.4%
2022	1,021,645	4,063,592	397.7%
2023	869,335	3,738,608	430.1%
2024	735,196	3,438,201	467.7%
2025	617,674	3,181,220	515.0%
2026	515,463	2,958,115	573.9%
2027	427,133	2,715,256	635.7%
2028	351,176	2,466,754	702.4%
2029	286,185	2,217,207	774.7%
2030	230,758	1,963,181	850.8%
2031	183,846	1,716,379	933.6%
2032	144,759	1,482,775	1024.3%
2033	113,140	1,271,499	1123.8%
2034	87,509	1,078,751	1232.7%
2035	66,703	900,860	1350.6%
2036	49,963	738,328	1477.7%
2037	36,724	594,322	1618.4%
2038	26,900	477,556	1775.3%
2039	19,503	379,827	1947.5%
2040	13,841	294,777	2129.7%
2041	9,523	220,606	2316.5%
2042	6,269	158,001	2520.4%
2043	4,132	113,995	2758.7%
2044	2,692	81,476	3027.0%
2045	1,684	55,521	3296.4%
2046+	1,752	62,804	3585.6%

Present Values at 4.53%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	254,824,564	266,301,186	104.5%
Projected Future	11,302,300	44,939,211	397.6%
Lifetime Anticipated	266,126,863	311,240,396	117.0%

Exhibit 13c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Actual Nationwide Historical Experience with Projected Cash Flows Under Original Assumptions
As of 12/31/2016

Year	Original-Level Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,339	0	0.0%
1992	29,510	0	0.0%
1993	107,194	19,062	17.8%
1994	263,699	33,860	12.8%
1995	775,740	27,624	3.6%
1996	1,881,635	217,223	11.5%
1997	3,658,519	132,760	3.6%
1998	4,608,974	1,411,336	30.6%
1999	5,003,480	1,383,226	27.6%
2000	5,323,581	1,198,288	22.5%
2001	4,943,713	1,166,190	23.6%
2002	4,758,251	1,640,886	34.5%
2003	4,633,786	3,839,975	82.9%
2004	4,518,231	2,855,324	63.2%
2005	4,603,702	3,018,277	65.6%
2006	4,248,580	2,057,777	48.4%
2007	4,068,449	3,171,402	78.0%
2008	4,032,181	5,720,368	141.9%
2009	3,665,674	5,827,093	159.0%
2010	3,503,696	6,572,469	187.6%
2011	3,262,147	8,718,122	267.3%
2012	3,145,851	10,291,192	327.1%
2013	2,990,773	12,707,406	424.9%
2014	2,853,408	11,992,747	420.3%
2015	2,599,984	9,786,991	376.4%
2016	2,555,053	15,349,332	600.7%
2017	2,231,648	5,677,166	254.4%
2018	1,943,594	5,414,942	278.6%
2019	1,686,818	5,132,687	304.3%
2020	1,458,085	4,833,689	331.5%
2021	1,254,896	4,520,411	360.2%
2022	1,074,955	4,194,752	390.2%
2023	916,001	3,864,676	421.9%
2024	775,876	3,549,459	457.5%
2025	652,904	3,275,347	501.7%
2026	545,756	3,051,516	559.1%
2027	453,028	2,808,506	619.9%
2028	373,213	2,559,680	685.9%
2029	304,828	2,307,711	757.1%
2030	246,487	2,051,641	832.4%
2031	196,972	1,799,273	913.5%
2032	155,388	1,557,206	1002.1%
2033	121,698	1,338,342	1099.7%
2034	94,357	1,138,620	1206.7%
2035	72,220	955,431	1322.9%
2036	54,345	787,029	1448.2%
2037	40,018	634,391	1585.3%
2038	29,355	510,504	1739.1%
2039	21,326	407,095	1908.9%
2040	15,240	318,678	2091.0%
2041	10,583	241,140	2278.5%
2042	6,994	173,158	2475.8%
2043	4,614	124,959	2708.1%
2044	3,006	89,402	2973.7%
2045	1,908	62,103	3254.6%
2046+	2,062	73,912	3583.7%

Present Values at 4.53%

Nationwide	Original-Level Earned Premium	Incurred Claims	Loss Ratio
Historical	140,374,615	143,586,687	102.3%
Projected Future	11,888,181	46,401,989	390.3%
Lifetime Anticipated	152,262,796	189,988,676	124.8%

Exhibit 14a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Nationwide
Base Policy and Riders excluding ROP Rider
Policies With and Without Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
1987	181,295	22,801	0	22,801	12.6%
1988	372,801	73,343	0	73,343	19.7%
1989	384,953	102,688	0	102,688	26.7%
1990	357,955	113,515	0	113,515	31.7%
1991	363,911	142,894	0	142,894	39.3%
1992	405,158	187,373	0	187,373	46.2%
1993	673,323	92,086	0	92,086	13.7%
1994	1,215,627	190,663	0	190,663	15.7%
1995	3,213,274	271,135	0	271,135	8.4%
1996	6,986,198	1,470,015	0	1,470,015	21.0%
1997	12,633,435	2,653,628	0	2,653,628	21.0%
1998	15,476,583	7,029,710	0	7,029,710	45.4%
1999	16,521,198	6,478,340	0	6,478,340	39.2%
2000	17,406,713	5,393,614	0	5,393,614	31.0%
2001	17,589,072	7,221,521	0	7,221,521	41.1%
2002	17,550,435	7,987,199	0	7,987,199	45.5%
2003	17,798,651	16,947,372	109,991	17,057,363	95.8%
2004	18,951,524	10,936,659	116,081	11,052,741	58.3%
2005	21,665,584	13,766,194	455,641	14,221,835	65.6%
2006	22,295,915	11,547,342	190,083	11,737,425	52.6%
2007	21,047,119	12,133,320	255,994	12,389,313	58.9%
2008	19,902,586	15,726,297	1,559,849	17,286,146	86.9%
2009	18,118,620	16,161,694	1,315,231	17,476,925	96.5%
2010	17,538,157	13,772,554	1,794,338	15,566,892	88.8%
2011	18,072,651	16,534,961	4,209,992	20,744,952	114.8%
2012	18,664,771	15,696,169	6,642,262	22,338,430	119.7%
2013	18,627,855	14,397,464	9,960,075	24,357,539	130.8%
2014	17,822,615	10,878,848	11,641,397	22,520,245	126.4%
2015	15,727,552	6,519,184	15,157,258	21,676,442	137.8%
2016	16,688,815	1,588,429	24,146,641	25,735,070	154.2%
Total	374,254,347	216,037,010	77,554,833	293,591,843	78.4%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
1	22,454,315	1,187,585	0	1,187,585	5.3%
2	20,255,079	3,456,492	0	3,456,492	17.1%
3	19,006,226	5,894,023	0	5,894,023	31.0%
4	18,477,996	5,898,867	0	5,898,867	31.9%
5	18,194,466	8,685,078	0	8,685,078	47.7%
6	18,522,843	10,086,080	24,020	10,110,099	54.6%
7	18,739,282	10,484,860	202,053	10,570,832	56.4%
8	19,487,124	13,946,523	281,537	14,123,083	72.5%
9	20,890,953	14,452,963	515,311	15,037,501	72.0%
10	21,792,469	14,574,965	878,266	14,855,452	68.2%
11	20,914,857	18,246,846	1,235,879	19,148,421	91.6%
12	19,931,741	15,384,054	1,552,517	16,808,084	84.3%
13	19,281,058	16,082,950	2,290,916	18,068,030	93.7%
14	18,729,734	15,066,717	3,539,585	18,145,673	96.9%
15	18,641,896	11,932,866	6,781,276	15,927,235	85.4%
16	18,396,463	13,950,620	9,262,868	21,748,479	118.2%
17	17,366,451	14,456,221	11,227,128	25,151,750	144.8%
18	15,379,634	10,209,436	14,332,687	21,952,186	142.7%
19	12,241,572	7,371,339	12,799,432	22,737,297	185.7%
20	9,152,533	3,259,907	6,861,742	14,137,875	154.5%
21	4,430,845	1,050,091	3,491,918	6,216,142	140.3%
22	1,495,034	270,630	1,375,843	2,698,804	180.5%
23	348,867	40,809	550,090	616,191	176.6%
24	95,400	1,701	346,361	84,587	88.7%
25	22,151	45,386	5,095	331,276	1495.5%
26	3,362	0	311	800	23.8%
27	1,530	0	0	0	0.0%
28	466	0	0	0	0.0%
Total	374,254,347	216,037,010	77,554,833	293,591,843	78.4%

Present Values at 5%

Nationwide	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
Historical	644,646,507	351,787,031	88,467,111	440,254,143	68.3%

Exhibit 14b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Nationwide
Base Policy and Riders excluding ROP Rider
Policies Without Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
1987	181,295	22,801	0	22,801	12.6%
1988	372,801	73,343	0	73,343	19.7%
1989	384,953	102,688	0	102,688	26.7%
1990	357,955	113,515	0	113,515	31.7%
1991	359,234	142,894	0	142,894	39.8%
1992	374,281	187,373	0	187,373	50.1%
1993	574,749	70,906	0	70,906	12.3%
1994	965,013	153,040	0	153,040	15.9%
1995	2,396,699	240,442	0	240,442	10.0%
1996	4,949,584	1,232,378	0	1,232,378	24.9%
1997	8,651,095	2,506,148	0	2,506,148	29.0%
1998	10,426,084	5,509,813	0	5,509,813	52.8%
1999	11,003,273	4,997,264	0	4,997,264	45.4%
2000	11,424,224	4,140,460	0	4,140,460	36.2%
2001	11,474,202	5,964,672	0	5,964,672	52.0%
2002	11,555,508	6,260,140	0	6,260,140	54.2%
2003	11,513,309	12,931,979	109,991	13,041,970	113.3%
2004	12,145,611	8,125,306	0	8,125,306	66.9%
2005	13,630,313	11,055,811	82,503	11,138,314	81.7%
2006	13,844,778	9,453,626	190,083	9,643,709	69.7%
2007	12,871,872	9,096,304	114,408	9,210,712	71.6%
2008	11,784,153	10,927,848	595,814	11,523,663	97.8%
2009	10,717,048	11,037,689	520,117	11,557,807	107.8%
2010	10,129,051	7,942,427	1,043,726	8,986,153	88.7%
2011	10,100,328	10,248,073	1,643,992	11,892,065	117.7%
2012	10,168,724	9,600,874	2,442,421	12,043,295	118.4%
2013	9,796,381	7,895,912	3,726,137	11,622,049	118.6%
2014	9,030,680	5,659,927	4,808,327	10,468,254	115.9%
2015	7,241,748	3,858,833	7,870,059	11,728,892	162.0%
2016	7,732,759	720,361	9,270,556	9,990,918	129.2%
Total	226,157,705	150,272,847	32,418,137	182,690,984	80.8%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
1	14,737,220	1,099,965	0	1,099,965	7.5%
2	13,301,264	2,949,728	0	2,949,728	22.2%
3	12,455,849	4,655,650	0	4,655,650	37.4%
4	12,112,039	4,655,081	0	4,655,081	38.4%
5	11,968,195	7,154,287	0	7,154,287	59.8%
6	12,051,431	7,424,383	24,020	7,448,403	61.8%
7	12,139,272	8,654,315	85,972	8,740,286	72.0%
8	12,378,729	11,081,293	60,479	11,141,772	90.0%
9	13,079,844	10,678,661	363,481	11,042,142	84.4%
10	13,546,301	11,192,474	128,657	11,321,132	83.6%
11	12,863,769	12,523,079	151,967	12,675,046	98.5%
12	11,954,222	10,271,456	340,118	10,611,573	88.8%
13	11,424,015	11,921,924	772,681	12,694,605	111.1%
14	10,690,439	10,221,077	1,560,721	11,781,798	110.2%
15	10,385,993	7,320,121	2,015,504	9,335,625	89.9%
16	9,920,023	8,110,320	3,032,088	11,142,408	112.3%
17	9,041,194	8,865,463	4,464,750	13,330,213	147.4%
18	7,885,186	5,222,990	4,980,371	10,203,362	129.4%
19	6,162,910	4,008,334	6,013,643	10,021,976	162.6%
20	4,588,606	1,404,374	4,092,179	5,496,553	119.8%
21	2,353,219	691,934	2,396,487	3,088,421	131.2%
22	852,526	123,429	1,332,743	1,456,172	170.8%
23	198,395	40,809	532,282	573,091	288.9%
24	51,846	1,701	65,077	66,779	128.8%
25	10,809	0	4,606	4,606	42.6%
26	2,415	0	311	311	12.9%
27	1,530	0	0	0	0.0%
28	466	0	0	0	0.0%
Total	226,157,705	150,272,847	32,418,137	182,690,984	80.8%

Present Values at 5%

Nationwide	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
Historical	402,588,045	252,444,046	36,952,765	289,396,811	71.9%

Exhibit 14c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Nationwide
Base Policy and Riders excluding ROP Rider
Policies With Active Inflation Guard Rider

Historical Experience by Loss Year
As of 12/31/2016

Year	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
1987	0	0	0	0	0.0%
1988	0	0	0	0	0.0%
1989	0	0	0	0	0.0%
1990	0	0	0	0	0.0%
1991	4,677	0	0	0	0.0%
1992	30,877	0	0	0	0.0%
1993	98,574	21,180	0	21,180	21.5%
1994	250,615	37,623	0	37,623	15.0%
1995	816,575	30,693	0	30,693	3.8%
1996	2,036,613	237,637	0	237,637	11.7%
1997	3,982,341	147,480	0	147,480	3.7%
1998	5,050,499	1,519,897	0	1,519,897	30.1%
1999	5,517,925	1,481,076	0	1,481,076	26.8%
2000	5,982,489	1,253,154	0	1,253,154	20.9%
2001	6,114,870	1,256,849	0	1,256,849	20.6%
2002	5,994,927	1,727,059	0	1,727,059	28.8%
2003	6,285,341	4,015,393	0	4,015,393	63.9%
2004	6,805,913	2,811,354	116,081	2,927,435	43.0%
2005	8,035,271	2,710,383	373,138	3,083,520	38.4%
2006	8,451,137	2,093,717	0	2,093,717	24.8%
2007	8,175,247	3,037,016	141,585	3,178,601	38.9%
2008	8,118,433	4,798,449	964,034	5,762,483	71.0%
2009	7,401,572	5,124,005	795,114	5,919,119	80.0%
2010	7,409,106	5,830,127	750,612	6,580,739	88.8%
2011	7,972,323	6,286,888	2,565,999	8,852,887	111.0%
2012	8,496,046	6,095,295	4,199,840	10,295,135	121.2%
2013	8,831,475	6,501,552	6,233,938	12,735,490	144.2%
2014	8,791,936	5,218,921	6,833,070	12,051,992	137.1%
2015	8,485,804	2,660,351	7,287,199	9,947,550	117.2%
2016	8,956,056	868,068	14,876,084	15,744,152	175.8%
Total	148,096,641	65,764,163	45,136,697	110,900,860	74.9%

Historical Experience by Duration
As of 12/31/2016

Duration	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
1	7,717,095	87,620	0	87,620	1.1%
2	6,953,816	506,765	0	506,765	7.3%
3	6,550,377	1,238,373	0	1,238,373	18.9%
4	6,365,957	1,243,787	0	1,243,787	19.5%
5	6,226,270	1,530,790	0	1,530,790	24.6%
6	6,471,412	2,661,697	0	2,661,697	41.1%
7	6,600,009	1,830,545	116,081	1,830,545	27.7%
8	7,108,395	2,865,230	221,058	2,981,312	41.9%
9	7,811,109	3,774,301	151,830	3,995,359	51.1%
10	8,246,168	3,382,491	749,608	3,534,320	42.9%
11	8,051,088	5,723,767	1,083,913	6,473,375	80.4%
12	7,977,519	5,112,598	1,212,399	6,196,511	77.7%
13	7,857,043	4,161,026	1,518,235	5,373,425	68.4%
14	8,039,295	4,845,641	1,978,864	6,363,875	79.2%
15	8,255,903	4,612,746	4,765,772	6,591,610	79.8%
16	8,476,440	5,840,299	6,230,780	10,606,071	125.1%
17	8,325,258	5,590,758	6,762,378	11,821,537	142.0%
18	7,494,449	4,986,446	9,352,315	11,748,824	156.8%
19	6,078,662	3,363,006	6,785,789	12,715,321	209.2%
20	4,563,926	1,855,533	2,769,563	8,641,322	189.3%
21	2,077,626	358,157	1,095,430	3,127,721	150.5%
22	642,508	147,201	43,100	1,242,631	193.4%
23	150,471	0	17,809	43,100	28.6%
24	43,554	0	281,284	17,809	40.9%
25	11,342	45,386	489	326,670	2880.1%
26	947	0	0	489	51.6%
27	0	0	0	0	0.0%
28	0	0	0	0	0.0%
Total	148,096,641	65,764,163	45,136,697	110,900,860	74.9%

Present Values at 5%

Nationwide	Earned Premium	Paid Claims	Reserves	Incurred Claims	Loss Ratio
Historical	242,058,463	99,342,986	51,514,346	150,857,332	62.3%

Exhibit 15
Continental General Insurance Company
Policy Forms: 420 Series et al.
Nationwide
Rate Increase History by State for Base and Non-ROP Riders

State	Approved Inc. %	Effective Date	Approved Inc. %	Effective Date	Approved Inc. %	Effective Date	Approved Inc. %	Effective Date	Approved Inc. %	Effective Date	Approved Inc. %	Effective Date	Approved Inc. %	Effective Date	Approved Inc. %	Effective Date	Approved Inc. %	Effective Date	Approved Base Inc.	Approved IGR Inc.	Effective Date	Approved Base Inc.	Approved IGR Inc.	Effective Date	Approved Base Inc.	Approved IGR Inc.	Effective Date
AK	20.0%	8/1/00	20.8%	12/2/02	41.0%	9/17/04									50.0%	2/1/11	50.0%	2/1/12									
AL	20.0%	5/1/00	20.8%	11/1/03	20.0%	11/15/04									35.0%	7/1/10	50.0%	8/28/11	4.2%	50.0%	12/17/12						
AR	20.0%	5/1/00					70.4%	12/18/05							15.0%	7/26/10											
AZ			45.0%	1/1/03			15.0%	1/29/05							15.0%	7/1/10	40.0%	8/8/12									
CA			25.0%	12/2/02	30.0%	10/3/04									25.0%	8/1/10											
CO							50.0%	3/17/05							50.0%	7/1/10			25.0%	50.0%	4/4/14						
CT															10.0%	8/1/10						18.0%		1/27/16			
DE	20.0%	10/1/00	20.8%	12/2/02			20.0%	1/29/05							25.0%	12/18/10	11.8%	12/18/11	11.8%		12/18/12	25.0%		6/18/15			
GA	15.0%	8/1/03					20.0%	2/4/05							15.0%	7/1/10	15.0%	7/1/11	15.0%		12/13/12	12.0%	12.0%	1/7/15			
HI	20.0%	5/1/00	20.8%	12/2/02					20.0%	5/18/06					11.5%[1]	7/24/10	50.0%	10/11/11	25.4%[2]		5/28/14						
IA			20.0%	1/1/03	20.8%	1/27/04	36.0%	3/22/05							20.0%	7/1/10	20.0%	7/1/11	22.0%		4/23/13	13.7%	9.4%	7/9/15			
ID	20.0%	5/1/00	20.8%	6/1/03	20.0%	11/18/04									25.0%	8/13/10	15.0%	10/13/11									
IL	20.0%	8/1/00	20.8%	3/1/03	41.0%	9/19/04									50.0%	7/1/10	50.0%	10/8/11					50.0%	2/1/17			
IN					35.0%	11/3/04									32.5%	7/1/10	9.5%	6/4/12	15.0%		6/4/13						
KS			25.0%	3/1/03	25.0%	11/25/04									25.0%	7/1/10	15.0%	2/20/12	10.0%	10.0%	4/23/13	15.0%		6/17/15			
KY	15.0%	11/1/00	26.1%	12/2/02			20.0%	1/5/05							14.3%[5]	7/2/10	22.0%[6]	8/6/12				16.3%[7]		3/21/16			
LA	20.0%	5/1/00	20.8%	12/7/02	41.0%	6/27/04									50.0%	7/1/10											
MA	20.0%	12/1/00					20.0%	8/1/05	16.7%	8/1/06	14.30%	8/1/07	6.50%	8/1/08													
MD	15.0%	9/1/00	15.0%	12/7/02	20.0%	11/25/04									15.0%	9/14/10	15.0%	5/14/12	15.0%		11/14/13	15.0%		7/14/15			
MI			25.0%	12/2/02	16.0%	1/17/04	41.0%	1/17/05							50.0%	7/1/10	39.0%	7/1/11		50.0%	8/25/13		50.0%	1/10/15			
MN	20.0%	3/1/01	20.8%	3/1/03			41.0%	3/19/05							25.0%	7/22/10											
MO	20.0%	5/1/00	20.8%	7/15/03			25.0%	4/17/05							35.0%	7/1/10	20.0%	12/27/12				20.0%		1/8/15			
MS	20.0%	5/1/00	20.8%	12/2/02	25.0%	11/22/04									25.0%	7/1/10	25.0%	7/1/11	25.0%		1/11/13	14.2%	28.5%	1/11/15			
MT			45.0%	7/1/03	20.0%	4/17/05									50.0%	7/1/10	30.0%	7/1/11	8.2%	25.0%	12/25/12	10.1%		1/23/15			
NC			36.9%	4/1/03			24.5%	1/16/05							40.0%	7/1/10	23.7%	10/12/11									
ND			30.0%	12/2/02	11.5%	1/17/04	20.0%	3/27/05							25.0%	7/1/10	25.0%	8/11/11	25.0%	30.0%	2/18/13	15.0%		1/10/15			
NE	20.0%	3/1/00	20.8%	12/2/02	25.0%	9/17/04									25.0%	7/1/10	20.0%	10/1/11	25.0%	50.0%	12/10/12	18.9%	50.0%	4/7/15			
NM	20.0%	8/1/00	20.8%	1/1/03			41.0%	12/3/05							22.5%	7/22/10	22.5%	7/22/11	10.0%		1/22/13	1.0%		1/22/15			
NV							70.0%	8/7/05							25.0%	7/26/10	25.0%	6/1/13				17.5%	20.0%	12/26/15		12.5%	12/26/2016
OH	20.0%	6/1/00	20.8%	12/2/02	25.0%	10/18/04									50.0%	7/1/10	20.0%	1/20/12	12.0%	20.0%	11/4/13	7.8%	21.5%	7/20/16			
OK			15.0%	12/22/02	15.0%	2/6/04	9.6%	2/6/05	14.0%	6/27/06					10.0%[3]	2/10/11			25.0%	50.0%	4/4/14	10.0%		5/6/16			
OR			45.0%	2/1/03			10.0%	3/31/05							25.0%	10/1/10	25.0%	10/1/11									
PA			45.0%	12/7/02	41.0%	11/2/04									15.0%	7/1/10	15.0%	9/14/11	15.0%		12/12/12	20.0%		5/7/15			
RI			45.0%	8/1/03			41.0%	5/29/05																			
SC			45.0%	1/1/03	41.0%	11/11/04									20.0%	7/3/10	20.0%	12/28/11	20.0%		3/28/13	14.4%	13.1%	8/1/15			
SD	20.0%	5/1/00	20.8%	1/1/03	41.0%	9/19/04									50.0%	7/7/10	41.0%	7/7/11		50.0%	8/20/13		50.0%	1/6/15			
TN	20.0%	2/1/01	20.8%	12/2/02			25.0%	8/4/05							25.0%	7/1/10	25.0%	7/7/11	25.0%	50.0%	9/9/13	14.2%	50.0%	1/9/15			
TX	20.0%	5/1/00					35.0%	1/1/05							44.0%	7/1/10	25.0%	7/9/12				7.0%	18.0%	1/8/15			
UT							20.0%	1/22/05							50.0%	7/7/10	30.0%	10/6/11	25.0%	50.0%	4/28/13						
VA							104.5%	12/17/05									50.0%	6/12/11									
WA			25.0%	8/1/03	16.0%	9/12/04	25.0%	9/12/05							50.0%	7/4/10	47.8%	7/4/11		50.0%	8/28/13		50.0%	1/6/15			
WI	20.0%	1/1/01	20.8%	1/5/03	41.0%	10/12/04									25.0%[4]	7/1/10	25.0%[4]	7/1/11				25.0%[4]	50.0%[4]	6/15/15			
WV			20.4%	3/1/03			35.0%	6/2/05							35.0%	7/1/10	50.0%	9/7/12				15.0%		1/8/15			
WY	20.0%	5/1/00	20.8%	12/2/02	41.0%	9/5/04									50.0%	2/17/10	50.0%	7/1/11		46.8%	8/27/13		50.0%	1/6/15			

[1] HI approved a rate increase which varied by issue age and ranged from 0% to 23%. The average approved increase in HI was 11.5%.
[2] HI approved a rate increase which varied by policy benefits and ranged from 10.2% to 28.6%. The average increase in HI was 25.4%.
[3] OK approved a 10.0% rate increase for policyholders under the age of 75.
[4] WI regulations cap the increase to 10.0% for certain policyholders. The approved rate increase is shown.
[5] KY approved a rate increase which varied by issue age and ranged from 0% to 50%. The average increase in KY was 14.3%.
[6] KY approved a rate increase which varied by policy benefits and ranged from 10% to 35%. The average increase in KY was 22.0%.
[7] KY approved a rate increase which varied by issue age and ranged from 0% to 25%. The average increase in KY was 16.3%.

Exhibit 16
Continental General Insurance Company
Policy Forms: 420 Series et al.
Filing Status Summary
As of 6/11/2018

State	Annualized Premium[1]	Base Proposed	Inflation Guard Rider Proposed	Filing Date	Filing Status	Approval Date	Base Approved	Inflation Guard Rider Approved
AL	111,120	39.0%	105.5%	11/20/2017	Pending Approval		0.0%	0.0%
AZ	85,199	91.0%	208.2%		To Be Filed		0.0%	0.0%
AR	19,419	116.9%	208.2%	3/8/2018	Disapproved	N/A	0.0%	0.0%
CA	14,891	151.1%	208.2%		To Be Filed		0.0%	0.0%
CO	370,530	82.3%	105.5%		To Be Filed		0.0%	0.0%
CT	143,251	293.0%	208.2%		To Be Filed		0.0%	0.0%
DE	4,223	50.1%	208.2%		To Be Filed		0.0%	0.0%
FL[3]	664,866	266.5%	208.2%	8/17/2017	Pending Approval		0.0%	0.0%
GA	333,327	117.0%	175.2%	1/12/2018	Approved	2/21/2018	12.0%	12.0%
HI	295,237	39.8%	208.2%	11/20/2017	Pending Approval		0.0%	0.0%
ID	11,561	103.9%	208.2%	12/1/2017	Pending Approval		0.0%	0.0%
IL	1,241,706	0.0%	105.5%	11/20/2017	Pending Approval		0.0%	0.0%
IN	298,094	126.5%	208.2%		To Be Filed		0.0%	0.0%
IA	1,639,482	30.1%	181.7%	11/22/2017	Approved	2/20/2018	30.0%	0.0%
KS	1,700,236	79.5%	180.2%	11/22/2017	Pending Approval		0.0%	0.0%
KY	146,562	80.8%	0.0%	11/22/2017	Approved	2/19/2018	17.1%	40.6%
LA[2]	72,474	0.0%	0.0%		Not Filed	N/A	0.0%	0.0%
MD	1,820	129.7%	0.0%		To Be Filed		0.0%	0.0%
MA	17,937	149.4%	208.2%		To Be Filed		0.0%	0.0%
MI	249,058	0.0%	37.0%	11/20/2017	Approved	1/31/2018	0.0%	37.0%
MN	2,177,999	99.6%	208.2%	12/12/2017	Approved	4/24/2018	15.0%	0.0%
MS[2]	24,001	25.0%	0.0%	12/1/2017	Pending Approval		0.0%	0.0%
MO	513,450	20.0%	125.0%	11/22/2017	Approved	2/1/2018	20.0%	125.0%
MT	72,359	26.2%	146.6%		To Be Filed		0.0%	0.0%
NE	3,201,681	26.2%	37.0%	11/22/2017	Pending Approval		0.0%	0.0%
NV	31,206	63.4%	128.3%	3/8/2018	Pending Approval		0.0%	0.0%
NC[2]	208,934	56.3%	0.0%	12/28/2017	Pending Approval		0.0%	0.0%
ND	386,789	24.8%	137.1%	9/8/2017	Approved	11/17/2017	24.8%	10.0%
OH[2]	979,221	15.0%	0.0%	11/20/2017	Approved	2/23/2018	15.0%	0.0%
OK	194,506	121.1%	0.0%	1/12/2018	Approved	5/18/2018	10.0%	0.0%
OR	2,584	104.7%	208.2%		To Be Filed		0.0%	0.0%
PA	484,517	36.7%	0.0%	11/22/2017	Approved	5/23/2018	5.9%	0.0%
RI	3,326	149.5%	0.0%		To Be Filed		0.0%	0.0%
SC[2]	20,197	20.0%	0.0%	11/22/2017	Approved	1/16/2018	20.0%	0.0%
SD	422,672	0.0%	37.0%	11/20/2017	Approved	1/17/2018	0.0%	37.0%
TN	382,758	26.2%	37.0%	11/20/2017	Approved	5/16/2018	21.5%	0.0%
TX	685,560	64.3%	161.2%	11/20/2017	Disapproved	N/A	0.0%	0.0%
UT	10,019	74.4%	105.5%		To Be Filed		0.0%	0.0%
VA	103,815	66.3%	208.2%	3/8/2018	Pending Approval		0.0%	0.0%
WA	39,051	26.9%	37.0%	11/20/2017	Pending Approval		0.0%	0.0%
WV	55,029	35.4%	21.4%	12/1/2017	Approved	5/11/2018	35.4%	21.4%
WI[2]	611,670	62.3%	47.1%	11/20/2017	Approved	3/22/2018	62.3%	47.1%
WY	65,818	10.9%	40.0%		To Be Filed		0.0%	0.0%

[1] Annualized Premium is as of 12/31/16.

[2] The requested rate increase is limited by state policies and/or regulations.

[3] A separate rate increase request was filed with Florida. The impact of this rate increase is not demonstrated in this filing.

Exhibit 17a
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with and without Active Inflation Guard Rider
Historical and Projected Nationwide Experience With 1.3% Ultimate Lapse Rate
As of 12/31/2016

	Historical Experience		
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	363,911	142,894	39.3%
1992	405,158	187,373	46.2%
1993	673,323	92,086	13.7%
1994	1,215,627	190,663	15.7%
1995	3,213,274	271,135	8.4%
1996	6,986,198	1,470,015	21.0%
1997	12,633,435	2,653,628	21.0%
1998	15,476,583	7,029,710	45.4%
1999	16,521,198	6,478,340	39.2%
2000	17,406,713	5,393,614	31.0%
2001	17,589,072	7,221,521	41.1%
2002	17,550,435	7,987,199	45.5%
2003	17,798,651	17,057,363	95.8%
2004	18,951,524	11,052,741	58.3%
2005	21,665,584	14,221,835	65.6%
2006	22,295,915	11,737,425	52.6%
2007	21,047,119	12,389,313	58.9%
2008	19,902,586	17,286,146	86.9%
2009	18,118,620	17,476,925	96.5%
2010	17,538,157	15,566,892	88.8%
2011	18,072,651	20,744,952	114.8%
2012	18,664,771	22,338,430	119.7%
2013	18,627,855	24,357,539	130.8%
2014	17,822,615	22,520,245	126.4%
2015	15,727,552	21,676,442	137.8%
2016	16,688,815	25,735,070	154.2%
2017	16,139,239	25,819,806	160.0%
2018	14,948,235	26,614,488	178.0%
2019	13,720,521	27,175,007	198.1%
2020	12,504,609	27,473,111	219.7%
2021	11,334,199	27,472,314	242.4%
2022	10,219,158	27,230,396	266.5%
2023	9,163,212	26,776,796	292.2%
2024	8,170,473	26,129,951	319.8%
2025	7,241,334	25,294,283	349.3%
2026	6,374,531	24,247,046	380.4%
2027	5,564,891	23,011,685	413.5%
2028	4,820,259	21,615,026	448.4%
2029	4,154,513	20,200,359	486.2%
2030	3,558,696	18,769,674	527.4%
2031	3,027,375	17,311,330	571.8%
2032	2,558,999	15,839,730	619.0%
2033	2,148,428	14,368,532	668.8%
2034	1,791,361	12,931,694	721.9%
2035	1,482,801	11,550,412	779.0%
2036	1,217,594	10,211,870	838.7%
2037	989,738	8,922,444	901.5%
2038	796,724	7,686,425	964.8%
2039	637,966	6,587,496	1032.6%
2040	507,001	5,572,658	1099.1%
2041	399,521	4,669,861	1168.9%
2042	312,615	3,885,101	1242.8%
2043	242,819	3,209,831	1321.9%
2044	187,126	2,633,667	1407.4%
2045	143,001	2,140,343	1496.7%
2046+	361,541	6,454,951	1785.4%

Present Values at 5%

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	644,646,507	440,254,143	68.3%
Projected Future	107,513,837	309,054,817	287.5%
Lifetime Anticipated	752,160,345	749,308,959	99.6%

Exhibit 17b
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies without Active Inflation Guard Rider
Historical and Projected Nationwide Experience With 1.3% Ultimate Lapse Rate
As of 12/31/2016

	Historical Experience		
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	359,234	142,894	39.8%
1992	374,281	187,373	50.1%
1993	574,749	70,906	12.3%
1994	965,013	153,040	15.9%
1995	2,396,699	240,442	10.0%
1996	4,949,584	1,232,378	24.9%
1997	8,651,095	2,506,148	29.0%
1998	10,426,084	5,509,813	52.8%
1999	11,003,273	4,997,264	45.4%
2000	11,424,224	4,140,460	36.2%
2001	11,474,202	5,964,672	52.0%
2002	11,555,508	6,260,140	54.2%
2003	11,513,309	13,041,970	113.3%
2004	12,145,611	8,125,306	66.9%
2005	13,630,313	11,138,314	81.7%
2006	13,844,778	9,643,709	69.7%
2007	12,871,872	9,210,712	71.6%
2008	11,784,153	11,523,663	97.8%
2009	10,717,048	11,557,807	107.8%
2010	10,129,051	8,986,153	88.7%
2011	10,100,328	11,892,065	117.7%
2012	10,168,724	12,043,295	118.4%
2013	9,796,381	11,622,049	118.6%
2014	9,030,680	10,468,254	115.9%
2015	7,241,748	11,728,892	162.0%
2016	7,732,759	9,990,918	129.2%
2017	7,262,735	11,113,973	153.0%
2018	6,573,313	10,919,906	166.1%
2019	5,899,179	10,627,430	180.2%
2020	5,256,314	10,235,345	194.7%
2021	4,654,980	9,739,130	209.2%
2022	4,095,478	9,169,185	223.9%
2023	3,579,885	8,558,888	239.1%
2024	3,108,887	7,917,689	254.7%
2025	2,680,998	7,263,727	270.9%
2026	2,293,693	6,585,608	287.1%
2027	1,945,027	5,915,996	304.2%
2028	1,637,230	5,262,805	321.4%
2029	1,369,248	4,656,456	340.1%
2030	1,137,732	4,097,454	360.1%
2031	938,995	3,582,805	381.6%
2032	769,243	3,102,317	403.3%
2033	625,585	2,660,782	425.3%
2034	505,119	2,265,524	448.5%
2035	404,793	1,917,315	473.7%
2036	321,571	1,604,397	498.9%
2037	253,002	1,326,271	524.2%
2038	197,651	1,086,375	549.6%
2039	153,311	884,283	576.8%
2040	118,187	714,653	604.7%
2041	90,478	568,740	628.6%
2042	68,705	447,219	650.9%
2043	51,770	348,230	672.7%
2044	38,682	269,458	696.6%
2045	28,640	206,274	720.2%
2046+	65,153	501,063	769.1%

Present Values at 5%

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	402,588,045	289,396,811	71.9%
Projected Future	43,080,431	94,525,837	219.4%
Lifetime Anticipated	445,668,475	383,922,648	86.1%

Exhibit 17c
Continental General Insurance Company
Policy Forms: 420 Series et al.
Base Policy and Riders excluding ROP Rider
Policies with Active Inflation Guard Rider
Historical and Projected Nationwide Experience With 1.3% Ultimate Lapse Rate
As of 12/31/2016

	Historical Experience		
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,677	0	0.0%
1992	30,877	0	0.0%
1993	98,574	21,180	21.5%
1994	250,615	37,623	15.0%
1995	816,575	30,693	3.8%
1996	2,036,613	237,637	11.7%
1997	3,982,341	147,480	3.7%
1998	5,050,499	1,519,897	30.1%
1999	5,517,925	1,481,076	26.8%
2000	5,982,489	1,253,154	20.9%
2001	6,114,870	1,256,849	20.6%
2002	5,994,927	1,727,059	28.8%
2003	6,285,341	4,015,393	63.9%
2004	6,805,913	2,927,435	43.0%
2005	8,035,271	3,083,520	38.4%
2006	8,451,137	2,093,717	24.8%
2007	8,175,247	3,178,601	38.9%
2008	8,118,433	5,762,483	71.0%
2009	7,401,572	5,919,119	80.0%
2010	7,409,106	6,580,739	88.8%
2011	7,972,323	8,852,887	111.0%
2012	8,496,046	10,295,135	121.2%
2013	8,831,475	12,735,490	144.2%
2014	8,791,936	12,051,992	137.1%
2015	8,485,804	9,947,550	117.2%
2016	8,956,056	15,744,152	175.8%
2017	8,876,504	14,705,833	165.7%
2018	8,374,922	15,694,581	187.4%
2019	7,821,342	16,547,576	211.6%
2020	7,248,295	17,237,765	237.8%
2021	6,679,220	17,733,183	265.5%
2022	6,123,681	18,061,211	294.9%
2023	5,583,327	18,217,908	326.3%
2024	5,061,586	18,212,262	359.8%
2025	4,560,335	18,030,556	395.4%
2026	4,080,839	17,661,438	432.8%
2027	3,619,864	17,095,689	472.3%
2028	3,183,029	16,352,221	513.7%
2029	2,785,265	15,543,903	558.1%
2030	2,420,964	14,672,219	606.0%
2031	2,088,380	13,728,525	657.4%
2032	1,789,755	12,737,413	711.7%
2033	1,522,843	11,707,750	768.8%
2034	1,286,242	10,666,170	829.3%
2035	1,078,008	9,633,097	893.6%
2036	896,023	8,607,473	960.6%
2037	736,736	7,596,173	1031.1%
2038	599,073	6,600,050	1101.7%
2039	484,656	5,703,213	1176.8%
2040	388,814	4,858,004	1249.4%
2041	309,043	4,101,121	1327.0%
2042	243,910	3,437,882	1409.5%
2043	191,050	2,861,601	1497.8%
2044	148,444	2,364,209	1592.7%
2045	114,362	1,934,068	1691.2%
2046+	296,387	5,953,888	2008.8%

Present Values at 5%

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	242,058,463	150,857,332	62.3%
Projected Future	64,433,407	214,528,979	332.9%
Lifetime Anticipated	306,491,870	365,386,311	119.2%

Continental General Insurance Company

Omaha, Nebraska

Form 420

Long Term Care Insurance Policy

MILLIMAN & ROBERTSON, INC.

A. Benefits

1. Form 420 is designed to provide coverage of qualified services for long term care, as defined and limited in the policy.

2. Qualifying long term care is defined in terms of three eligibility conditions:

   a. Such care is medically necessary, as defined in the policy; or

   b. Such care is needed because the insured meets the "activities of daily living" test, as defined in the policy and outlined in A.3. below; or

   c. Such care is due to cognitive impairment, defined in the policy in terms of loss of intellectual capacity.

3. Form 420 defines five essential activities of daily living: bathing, dressing, eating, toileting and transferring. The activities of daily living test is met by the inability to perform two or more of these activities without the assistance of another person.

4. At the time of application and issue, the insured selects the long term care daily benefit amount, the elimination period and the aggregate maximum benefit limit. All three are shown in the policy schedule.

5. Subject to the elimination period, the long term care daily benefit is payable for each covered day of confinement in a long term care facility, subject to the aggregate maximum benefit limit. Certain requirements are listed in the policy, including the need for a periodic physician's statement as to the necessity of such long term care.

6. For each covered day of confinement in an alternate care facility, the benefit payable is the lesser of the long term care daily benefit amount and 80% of the expense actually incurred for that day. As in A.5., this benefit is subject to the elimination period and the aggregate maximum benefit limit.

7. Form 420 includes an alternate plan of care provision which allows payment for services under a written alternate care plan in lieu of confinement in a long term care facility. Such an alternate care plan must be a medically acceptable option, and it must be mutually agreeable to the insured, his physician and the Company. This benefit is subject to the aggregate maximum benefit limit, but it is not necessarily subject to the elimination period.

8. A bed reservation benefit applies if a covered person continues to be charged for his room in a long term care facility while temporarily confined as a hospital inpatient. This benefit is equal to the long term care daily benefit amount, and is limited to no more than 21 days in a calendar year. Such days may be applied to satisfy the elimination period, and they are subject to the aggregate maximum benefit limit.

A. Benefits (continued)

9. During the receipt of long term care facility benefits under this policy, prescription drugs are payable at 100% of actual charges, up to $60 each calendar month.

10. Actual charges are payable for local ambulance services to or from a long term care facility or hospital, subject to limits of $50 per trip and $150 for one period of care.

11. Form 420 includes a $10,000 accidental death benefit in addition to all other policy benefits.

12. The premium waiver provision waives premiums during an extended long term care facility confinement, beginning with premiums falling due more than 90 days after satisfaction of the policy elimination period. The waiver continues as long as benefits are payable for long term care facility confinement.

13. Form 420 includes a restoration of benefits provision. If a covered person remains "treatment free" for six months following a compensable long term care facility confinement, the remaining aggregate maximum benefit limit will be restored to the extent of those long term care facility confinement benefit amounts. Restored amounts are available only for subsequent long term care facility confinements.

14. Form 420 is guaranteed renewable for the lifetime of the insured. The Company retains the right to revise premiums by class by state of residence.

B. Assumptions for Premium Testing

1. Assumed net claim costs are based on a combination of several sources, including:

   a. Milliman & Robertson's unpublished long term care cost guidelines;

   b. Unpublished experience of other companies;

   c. 1985 National Nursing Home Survey;

   d. Publications from the National Center for Health Statistics; and

   e. Medicare experience data.

   No single data source forms the basis for these claim costs, but item a. above is the primary starting point.

B. Assumptions for Premium Testing *(continued)*

2. Tabular costs are modified to reflect such factors as selection, underwriting, company markets, and necessary margins for insured experience over population experience. In addition, they are modified to account for the expected impact of a 15% "spouse discount" which is part of the rate structure.

3. Premium waiver costs are reflected as percentage loadings on the underlying base benefit costs.

4. Premium test calculations are based on a level 5% interest rate.

5. Assumed termination rates are based on limited known experience under similar products. Attachment A shows the assumed termination rates, along with the mortality table used in testing and a description of how it applies. Note that the presence of the return-of-premium benefit rider is expected to affect the termination rates, as described in the filing outline for that rider.

6. First year and renewal policy expenses are based on Company estimates of current costs for acquisition, underwriting and maintenance. Specific assumptions per policy are $165 first year and $35 each renewal year.

   These policy expenses are converted to unit costs based on an assumed average policy size.

7. Claim administration expense is expressed as 5% of claims.

8. Other percentage expenses are based on known levels of commissions, premium taxes, fees, agency contests and other similar items. Combined expenses vary by issue age:

Issue Ages	Year 1	Years 2 & 3	Thereafter
Under 80	71%	21%	19%
80-85	61%	18%	13%

9. For profit study testing, midterminal policy reserves are calculated from the pricing claim costs combined with 1980 CSO mortality and 5% interest, under the one-year preliminary term method.

C. Basic Formula for Test Premiums

$$GP_{[x]} = \frac{(1+e^{c})K_{[x]} + {}^{1}e^{a} \cdot D_{[x]} + {}^{r}e^{a} \cdot N_{[x]+1}}{N_{[x]} - {}^{1}e^{p} \cdot D_{[x]} - {}^{2}e^{p} \cdot (N_{[x]+1} - N_{[x]+3}) - {}^{r}e^{p} \cdot N_{[x]+3}}$$

e^{c} is claim administration expense.

${}^{1}e^{a}$ is policy expense of acquisition & maintenance.

${}^{1}e^{p}$ is expense and margin expressed as a percentage of gross premium.

D. Summary Conclusions

1. The aggregate expected incurred loss ratio for Form 420 is 60%. This is based on the ratio of the present value of benefits to the present value of premiums, for an assumed mix of business by plan, age and size.

   The table below shows the expected loss ratios by policy year for the first ten years, as required by certain states for filing:

Policy Year	Ratio	Policy Year	Ratio
1	25%	6	80%
2	45	7	80
3	60	8	80
4	70	9	80
5	75	10	80

2. The average annual premium per policy will depend on the distribution of sales by plan, age and size. Based on past experience, the assumed mix used in D.1. gives an estimated average annual premium per policy of about $1,000-$1,100.

D. Summary Conclusions *(continued)*

3. To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the states in which it is to be filed, the anticipated loss ratio meets or exceeds the benchmarks of those states, and the premiums are reasonable in relation to the benefits provided.

MILLIMAN & ROBERTSON, INC.

By _____

Kris E. Peterson, F.S.A.
Member, American Academy of Actuaries

Attachment A

Continental General Insurance Company

Form 420

I. **Representative Total Termination Rates (modified as described below in item II):**

Policy Year	Termination Rate
1	22.0%
2	18.0
3	15.0
4	13.5
5+	12.0

II. Pricing Mortality Rates:

Attained Age	Rate per 100,000	Attained Age	Rate per 100,000	Attained Age	Rate per 100,000
65	2,745	77	7,717	89	19,830
66	3,007	78	8,432	90	20,664
67	3,281	79	9,180	91	21,404
68	3,560	80	9,945	92	22,394
69	3,846	81	10,746	93	23,945
70	4,169	82	11,607	94	25,838
71	4,547	83	12,557	95	27,386
72	4,960	84	13,620	96	28,631
73	5,408	85	14,787	97	29,949
74	5,904	86	16,062	98	31,295
75	6,453	87	17,434	99	32,665
76	7,056	88	18,753	100	34,056

In the gross premium calculations, these mortality rates are used only as a comparison basis to ensure that the total termination rate by attained age never falls below some reasonable mortality rate. In other words, for any given attained age, the effective total termination rate is the greater of:

a. The appropriate rate from I. above (depends on policy duration); and

b. The appropriate mortality rate from the table above.

Continental General Insurance Company

Omaha, Nebraska

Form HC/CC

Home and Community Care Benefits Rider

MILLIMAN & ROBERTSON, INC.

A. Benefits

1. Rider Form HC/CC is designed for use with long term care policy Form 420. It provides home and community care benefits as outlined below.

2. Four types of care are covered under this rider, each as defined:

   a. Home health care, split between advanced services and basic services;
   b. Adult day care;
   c. Hospice care; and
   d. Respite care.

3. Rider benefit qualification is the same as that of policy Form 420. Covered care must be medically necessary, or needed due to satisfaction of the activities of daily living test (defined in Form 420), or due to cognitive impairment (also defined in Form 420).

4. The rider daily benefit and the aggregate maximum benefit limit are shown in the rider and policy schedule.

5. Form HC/CC includes an elimination period of five days independent of any such period under the base policy. A day for which any of the covered types of care would otherwise be payable counts toward satisfaction of the elimination period.

6. Once the rider elimination period has been satisfied, covered care is payable as shown below, subject to both the rider maximum daily benefit and the rider aggregate maximum benefit:

   a. 100% of advanced home health care services;

   b. 80% of all other covered services.

7. Rider benefits will not duplicate any coverage provided by the base policy to which the rider is attached. In the event of such potential duplication, the greater of the two benefit amounts will be paid. Also, rider benefits will not duplicate coverage to the extent already paid by Medicare.

8. Form HC/CC terminates when the base policy terminates, when the insured submits a request to cancel the rider, or when the rider aggregate maximum benefit limit is reached, whichever occurs first.

9. Form HC/CC takes its renewability from the underlying policy Form 420, which is guaranteed renewable for the lifetime of the insured. The Company retains the right to revise premiums by class by state of residence.

B. Assumptions for Premium Testing

1. Assumed rider claim costs are based on a combination of several sources, including:

   a. Milliman & Robertson's unpublished long term care cost guidelines;

   b. Medicare experience data;

   c. Unpublished experience of other companies;

   d. 1987 Massachusetts Home Care Program; and

   e. 1988-89 Wisconsin Home Health Agency Utilization Survey.

   No single data source forms the basis for these claim costs, but item a. above is the primary starting point.

2. Tabular costs are modified to reflect such factors as selection, underwriting, company markets, and necessary margins for insured experience over population experience.

3. No additional flat expenses are assumed to apply to this rider. All percentage expenses and margins carry over from the base policy premiums, viz., claim administration expense of 5% of claims, and other combined percentage expenses of:

Issue Ages	Year 1	Year 2	Thereafter
Under 80	71%	21%	19%
80-85	61%	18%	13%

4. Other premium assumptions carry over from the base policy, as well. Attachment A shows the assumed termination rates.

5. Test premium calculations and formulas follow those of underlying base policy Form 420.

C. Summary Conclusions

1. The aggregate expected incurred loss ratio for Form HC/CC is 65%. This is based on the ratio of the present value of benefits to the present value of premiums, for an assumed mix of business by plan, age and size.

2. The average annual premium per rider will depend on the distribution of sales by plan, age and size. Consistent with the estimated average annual premium per policy on Form 420, the corresponding estimate for Form HC/CC is about $350-$450.

C. Summary Conclusions *(continued)*

3. To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the states in which it is to be filed, the anticipated loss ratio meets or exceeds the benchmarks of those states, and the premiums are reasonable in relation to the benefits provided.

MILLIMAN & ROBERTSON, INC.

By KEPeterson

Kris E. Peterson, F.S.A.
Member, American Academy of Actuaries

Attachment A

Continental General Insurance Company

Rider HC/CC Attached to Form 420

I. Representative Total Termination Rates (modified as described below in item II):

A. Without Rider RP(LTC)(10)

Policy Year	Termination Rate
1	22.0%
2	18.0
3	15.0
4	13.5
5+	12.0

B. With Rider RP(LTC)(10)

Policy Year	Termination Rate	Policy Year	Termination Rate
1	20%	6	8%
2	16	7	7
3	13	8	6
4	11	9	5
5	9	10	5

II. Pricing Mortality Rates:

Attained Age	Rate per 100,000	Attained Age	Rate per 100,000	Attained Age	Rate per 100,000
65	2,745	77	7,717	89	19,830
66	3,007	78	8,432	90	20,664
67	3,281	79	9,180	91	21,404
68	3,560	80	9,945	92	22,394
69	3,846	81	10,746	93	23,945
70	4,169	82	11,607	94	25,838
71	4,547	83	12,557	95	27,386
72	4,960	84	13,620	96	28,631
73	5,408	85	14,787	97	29,949
74	5,904	86	16,062	98	31,295
75	6,453	87	17,434	99	32,665
76	7,056	88	18,753	100	34,056

In the gross premium calculations, these mortality rates are used only as a comparison basis to ensure that the total termination rate by attained age never falls below some reasonable mortality rate. In other words, for any given attained age, the effective total termination rate is the greater of:

a. The appropriate rate from I. above (depends on policy duration); and

b. The appropriate mortality rate from the table above.

Continental General Insurance Company

Omaha, Nebraska

Form GPO

Guaranteed Purchase Option Rider

MILLIMAN & ROBERTSON, INC.

A. Benefits

1. Rider Form GPO is designed for use with long term care policy Form 420. It provides a guaranteed benefit increase option as outlined below.

2. The original daily benefit amount under the policy will be increased 15% on every third anniversary through the attainment of age 85, unless declined by the insured. No further increases will occur past attained age 85.

3. The additional premium for the amount of benefit increase is based on the insured's attained age at the time of the increase.

4. Form GPO terminates when the base policy terminates, when the insured submits a request to cancel the rider, when the insured elects to decline a benefit increase due to this rider, or on the first anniversary date on or after the insured's 85th birthday, whichever occurs first.

5. Form GPO takes its renewability from the underlying policy Form 420, which is guaranteed renewable for the lifetime of the insured. The Company retains the right to revise premiums by class by state of residence.

B. Rider Premium Assumptions

1. Premium rates for benefit increases due to this rider are to be based on the insured's attained age at the time of the increase. Therefore, expected rider costs are a function of the expected cumulative adverse selection on the part of those who exercise these rider options.

2. Rider premium testing was based on a range of reasonable alternative patterns for the expected adverse selection. That testing led to the adoption of rider rates derived as a percentage of the corresponding base policy premiums.

3. No additional flat expenses are assumed to apply to this rider. All percentage expenses and margins carry over from the base policy premiums, viz., claim administration expense of 5% of claims, and other combined percentage expenses of:

Issue Ages	Year 1	Years 2 & 3	Thereafter
Under 80	71%	21%	19%
80-85	61%	18%	13%

4. Other premium assumptions carry over from the base policy, as well. Attachment A shows the assumed termination rates.

C. Summary Conclusions

1. The approach/methodology used to derive premiums for Form GPO dictates an aggregate expected incurred loss ratio of 60%, the same as for Form 420. This is based on the ratio of the present value of benefits to the present value of premiums.

2. The average annual premium per rider will depend on the average premium of the underlying policy. Consistent with the estimated average annual premium per policy, the corresponding estimate for Form GPO is about $50-$60.

3. To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the states in which it is to be filed, the anticipated loss ratio meets or exceeds the benchmarks of those states, and the premiums are reasonable in relation to the benefits provided.

MILLIMAN & ROBERTSON, INC.

By _____

Kris E. Peterson, F.S.A.
Member, American Academy of Actuaries

Attachment A

Continental General Insurance Company

Rider GPO Attached to Form 420

I. Representative Total Termination Rates (modified as described below in item II):

A. Without Rider RP(LTC)(10)

Policy Year	Termination Rate
1	22.0%
2	18.0
3	15.0
4	13.5
5+	12.0

B. With Rider RP(LTC)(10)

Policy Year	Termination Rate	Policy Year	Termination Rate
1	20%	6	8%
2	16	7	7
3	13	8	6
4	11	9	5
5	9	10	5

II. Pricing Mortality Rates:

Attained Age	Rate per 100,000	Attained Age	Rate per 100,000	Attained Age	Rate per 100,000
65	2,745	77	7,717	89	19,830
66	3,007	78	8,432	90	20,664
67	3,281	79	9,180	91	21,404
68	3,560	80	9,945	92	22,394
69	3,846	81	10,746	93	23,945
70	4,169	82	11,607	94	25,838
71	4,547	83	12,557	95	27,386
72	4,960	84	13,620	96	28,631
73	5,408	85	14,787	97	29,949
74	5,904	86	16,062	98	31,295
75	6,453	87	17,434	99	32,665
76	7,056	88	18,753	100	34,056

In the gross premium calculations, these mortality rates are used only as a comparison basis to ensure that the total termination rate by attained age never falls below some reasonable mortality rate. In other words, for any given attained age, the effective total termination rate is the greater of:

a. The appropriate rate from I. above (depends on policy duration); and

b. The appropriate mortality rate from the table above.

Continental General Insurance Company

Omaha, Nebraska

Form IGR(1)

Inflation Benefit Rider

MILLIMAN & ROBERTSON, INC.

A. Benefits

1. Rider Form IGR(1) is designed for use with long term care policy Form 420. It provides inflation protection as outlined below.

2. The current daily benefit amount under the policy will be increased 5% on each policy anniversary for the first twenty years of this rider. These compounded increases will apply to the benefit limits of any optional riders, as well.

3. Form IGR(1) terminates when the base policy terminates, or when the insured submits a request to cancel the rider.

4. Form IGR(1) takes its renewability from the underlying policy Form 420, which is guaranteed renewable for the lifetime of the insured. The Company retains the right to revise premiums by class by state of residence.

B. Gross Premium Assumptions

1. Rider premium testing was based on the following general approach:

   a. For a given plan, modify the base net claim costs by duration to reflect the increases due to Form IGR(1).

   b. Calculate test premiums based on these modified claim costs, keeping all other base plan premium assumptions unchanged.

   c. Compare the resulting premiums to those corresponding base plan premiums. The difference is the premium for this inflation benefit, expressed either in dollar amounts or as a percentage increase in the base plan premium.

2. This rider premium testing led to the adoption of rider rates derived as a percentage of the corresponding base policy premiums, where the percentage varies somewhat by issue age.

3. No additional flat expenses are assumed to apply to this rider. All percentage expenses and margins carry over from the base policy premiums, viz., claim administration expense of 5% of claims, and other combined percentage expenses of:

Issue Ages	Year 1	Years 2 & 3	Thereafter
Under 80	71%	21%	19%
80-85	61%	18%	13%

4. Other premium assumptions carry over from the base policy, as well. Attachment A shows the assumed termination rates.

C. Summary Conclusions

1. The approach/methodology used to derive premiums for Form IGR(1) points to an aggregate expected incurred loss ratio of 65%. This is based on the ratio of the present value of benefits to the present value of premiums for this rider alone.

2. The average annual premium per rider will depend on the average premium of the underlying policy. Consistent with the estimated average annual premium per policy, the corresponding estimate for Form IGR(1) is about $500-$550.

3. To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the states in which it is to be filed, the anticipated loss ratio meets or exceeds the benchmarks of those states, and the premiums are reasonable in relation to the benefits provided.

MILLIMAN & ROBERTSON, INC.

By _____

Kris E. Peterson, F.S.A.
Member, American Academy of Actuaries

Attachment A

Continental General Insurance Company

Rider IGR(1) Attached to Form 420

I. Representative Total Termination Rates (modified as described below in item II):

A. Without Rider RP(LTC)(10)

Policy Year	Termination Rate
1	22.0%
2	18.0
3	15.0
4	13.5
5+	12.0

B. With Rider RP(LTC)(10)

Policy Year	Termination Rate	Policy Year	Termination Rate
1	20%	6	8%
2	16	7	7
3	13	8	6
4	11	9	5
5	9	10	5

II. Pricing Mortality Rates:

Attained Age	Rate per 100,000	Attained Age	Rate per 100,000	Attained Age	Rate per 100,000
65	2,745	77	7,717	89	19,830
66	3,007	78	8,432	90	20,664
67	3,281	79	9,180	91	21,404
68	3,560	80	9,945	92	22,394
69	3,846	81	10,746	93	23,945
70	4,169	82	11,607	94	25,838
71	4,547	83	12,557	95	27,386
72	4,960	84	13,620	96	28,631
73	5,408	85	14,787	97	29,949
74	5,904	86	16,062	98	31,295
75	6,453	87	17,434	99	32,665
76	7,056	88	18,753	100	34,056

In the gross premium calculations, these mortality rates are used only as a comparison basis to ensure that the total termination rate by attained age never falls below some reasonable mortality rate. In other words, for any given attained age, the effective total termination rate is the greater of:

a. The appropriate rate from I. above (depends on policy duration); and

b. The appropriate mortality rate from the table above.

Continental General Insurance Company

Omaha, Nebraska

Form RP(LTC)(10)

Return-of-Premium Benefit Rider

MILLIMAN & ROBERTSON, INC.

A. Benefits

1. Rider Form RP(LTC)(10) is designed for use with long term care policy Form 420. It provides a return-of-premium (ROP) benefit as outlined below.

2. At the end of ten years, this rider provides a premium refund equal to 80% of the premiums paid during that ten years, subject to A.4. below. At the insured's option, a new ten-year rider period then begins.

3. If the rider is surrendered after it has been in force more than five years, a reduced portion of all premiums paid will be refunded, according to the schedule in the rider. The scheduled refund percentages increase by duration, reaching 80% at the end of ten years.

4. The premium refund amount is reduced by the sum of all claims paid under the policy and riders during the current rider period.

5. Form RP(LTC)(10) terminates when the base policy terminates, or when the insured submits a request to cancel the rider.

6. This ROP rider takes its renewability from the underlying policy Form 420, which is guaranteed renewable for the lifetime of the insured. The Company retains the right to revise premiums by class by state of residence.

B. Rider Premium Assumptions

1. The ROP rider premium should be expressed as a percentage loading on the base plan premiums, since the rider benefit amount is a function of the total premium, including the rider premium.

2. The presence of the ROP rider will affect both the lapse pattern and the claim pattern under the base plan. Hence, the pricing of the rider must be based on the combined base plan/rider package.

3. The claim offset provision is represented by assuming that the average ROP benefit will be reduced by some percentage to reflect the offset. Based on past experience of other companies, this reduction is assumed to be 5-15%, depending on age.

4. Based on the known levels for commissions, premium taxes and other rider expenses, about 75% of the ROP gross premium is available to cover the cost of the ROP benefit. Percentage expenses include claim administration expense of 5% of claims, plus other combined percentage expenses of 71% first year and 3% in renewal years.

   No additional flat expenses are assumed to apply.

B. Rider Premium Assumptions *(continued)*

5. Most other premium assumptions carry over from the base policy. Attachment A shows representative assumed termination rates, which are different from those assumed for the base policy alone.

6. Rider premium testing was based on a range of reasonable combinations of certain assumptions, primarily the termination rates and the interest rate. That testing led to the adoption of ROP rider rates derived as percentages of the corresponding base policy premiums.

C. Formula for ROP Premium Percentage

Assuming a $100 base plan premium unit:

$$[0.75(100R)][PA] = (1+R)(DCV \text{ per } \$100)$$

R is the ROP loading (or rider premium) for which we are solving.

PA is the sum of the test period premium annuity reflecting terminations and interest.

DCV is the sum of the discounted cash value payments reflecting terminations and interest, per $100 premium, and incorporates the assumed claim offset.

The left side of the general formula represents the present value at issue of the net premiums available to cover the cost of the ROP benefits. The right side represents the present value at issue of the ROP benefits to be paid over the rider period.

D. Summary Conclusions

1. The aggregate expected incurred loss ratio for Form RP(LTC)(10) is 75%. This is based on the ratio of the present value of the expected cash value benefits to be paid under the rider to the present value of the ROP rider premium portion only.

2. The average annual premium per rider will depend on the average premium of the underlying policy. Consistent with the estimated average annual premium per policy, the corresponding estimate for Form RP(LTC)(10) is about $650-$750.

D. Summary Conclusions *(continued)*

3. To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the states in which it is to be filed, the anticipated loss ratio meets or exceeds the benchmarks of those states, and the premiums are reasonable in relation to the benefits provided.

MILLIMAN & ROBERTSON, INC.

By _____
Kris E. Peterson, F.S.A.
Member, American Academy of Actuaries

Attachment A

Continental General Insurance Company

Rider RP(LTC)(10) Attached to Form 420

I. Representative Total Termination Rates (modified as described below in item II):

Policy Year	Termination Rate	Policy Year	Termination Rate
1	20%	6	8%
2	16	7	7
3	13	8	6
4	11	9	5
5	9	10	5

II. Pricing Mortality Rates:

Attained Age	Rate per 100,000	Attained Age	Rate per 100,000	Attained Age	Rate per 100,000
65	2,745	77	7,717	89	19,830
66	3,007	78	8,432	90	20,664
67	3,281	79	9,180	91	21,404
68	3,560	80	9,945	92	22,394
69	3,846	81	10,746	93	23,945
70	4,169	82	11,607	94	25,838
71	4,547	83	12,557	95	27,386
72	4,960	84	13,620	96	28,631
73	5,408	85	14,787	97	29,949
74	5,904	86	16,062	98	31,295
75	6,453	87	17,434	99	32,665
76	7,056	88	18,753	100	34,056

In the gross premium calculations, these mortality rates are used only as a comparison basis to ensure that the total termination rate by attained age never falls below some reasonable mortality rate. In other words, for any given attained age, the effective total termination rate is the greater of:

a. The appropriate rate from I. above (depends on policy duration); and

b. The appropriate mortality rate from the table above.

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

June 13, 2018

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 5/31/2018 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. *Please explain the delay in requesting this rate increase. In the 2017 Annual Report submitted under SERFF GLTC-130623422, the actuary certified on June 30, 2017 that the premium was not sufficient to cover anticipated costs under best estimate assumptions and, "that a plan of action will be submitted to the commission within 60 days of this certification." The rate increase request was not submitted until 3/08/2018, well beyond 60 days from the actuarial certification that a plan of action would be submitted.*

   The Company would like to apologize for the oversight of failing to submit a plan of action within 60 days of filing the 2017 Annual Report. The Company plans to submit the required plan of action along with the 2018 Annual Report for these forms in the filing due on 6/30/2018. We will instill a control to ensure that the plan of action is submitted along with the Annual Report in future annual certification filings for forms with insufficient premium.

2. *Objections were sent on 4/10/2018 to which there has been no response. Please advise if the Company still plans to pursue their request for a rate increase.*

   A response to the Bureau's objections sent on 4/10/2018 was provided on 6/11/2018. The Company does intend to pursue the requested rate increase.

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

In light of this information, please consider our request for a 66.3% increase on the Base Policy Forms and Riders, along with an increase of 208.2% on the IGR percentage loads for the above referenced policy forms. Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to call me at (512) 410-0854.

Sincerely,

Stephanie Entzminger, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

July 19, 2018

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 7/9/2018 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. *Please provide the exhibits in Excel format so that analysis can be performed on the data.*

   Please see "420 Objection 4 Response Exhibits.xlsx" which has been uploaded to SERFF. This file contains Exhibit 8a through Exhibit 17c in an Excel format.

2. *Please explain why the company is unable to split the projections by lifetime vs. limited benefit periods.*

   Experience split by benefit period is not readily available to provide to the Bureau. We are able to easily produce baseline projected experience split by benefit period, but the historical experience split is more time-consuming and will take more resources to complete than are currently available. To determine if baseline projected experience split by benefit period is reasonable, analyzing the data in relation to historical experience data is required. The split projections might need to be adjusted differently from the combined baseline projections depending on the trends indicated in the split historical experience. The split projections cannot be deemed final until we have analyzed them against the appropriate historical experience.

In light of this information, please consider our request for a 66.3% increase on the Base Policy Forms and Riders, along with an increase of 208.2% on the IGR percentage loads for the above referenced policy forms. Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to call me at (512) 410-0854.

Sincerely,

Stephanie Entzminger, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

November 30, 2018

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 10/29/2018 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. *Since the policyholder notification letter and change request form are required to be filed for review, they should be moved under the Form Schedule" section. If the Company intends to use a previously approved policyholder letter form, please provide the SERFF tracking number for the approved letter.*

   Please find that the form "CGI – RINC(VA)(0518)" has been added to the Form Schedule section.

2. *If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?*

   The Company does not consider claimant status when notifying insureds of the rate increase, however for insureds eligible for a waiver of premium benefit the new premium will continue to be waived until the insured is no longer eligible for waiver of premium. Election of any option contingent upon the rate increase must occur within 120 days of the effective date of the rate increase.

3. *Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.*

   The Company will provide notice of an upcoming rate increase to all policyholders at least 75 days prior to the implementation of the premium rate increase pursuant to 14VAC5-200-75 D.

4. *The policyholder notification letter states, However, the total claims experience for this policy form is significantly in excess of expected levels. Please provide a description, in consumer-friendly language,*

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of the reasons for the rate increase. Provide an description of the expected levels and the results and cause(s) of those increase(s).

The Company respectfully asks that the letter be allowed to remain unchanged, as the Company strives to keep the content of our rate increase notification letters as uniform as possible on a Nationwide basis.

5. *Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.*

   If an insured elects a benefit reduction offer, the Company provides a policy endorsement which reflects the changes to the policy. The contingent nonforfeiture benefit endorsement form was filed under SERFF tracking number GLTC-131574054.

6. *Please include a statement of variability for the policyholder notification letter.*

   Please find that the requested statement of variability has been uploaded to SERFF as "CGI Statement of Variability.pdf".

7. *Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.*

   The policyholder notification letter includes the policyholder's revised premium rate. The Company believes that including a statement in the form regarding the right to a revised premium rate or rate schedule may be redundant, and respectfully requests the letter be allowed to remain unchanged.

8. *Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.*

   No partnership policies are included in this filing.

9. *Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.*

   Please find the requested certification uploaded to SERFF as "CGI RINC(VA)(0518) Certificate of Compliance – VA.pdf".

10. *Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.*

    The Company has reviewed 14VAC5-200-75 D and 14VAC5-100 et seq.

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In light of this information, please consider our request for a 66.3% increase on the Base Policy Forms and Riders, along with an increase of 208.2% on the IGR percentage loads for the above referenced policy forms. Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to contact the Company.

Sincerely,

Eric Coldewey
Actuarial Analyst
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

STATE OF VIRGINIA
ACTUARIAL CERTIFICATION

Form Number: CGI – RINC(VA)(0518)

SERFF Filings: GLTC-131253864, GLTC-131254015

The company has reviewed the enclosed policy 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.

November 28, 2018
Date

COMPANY NAME
Continental General Insurance Company

Beth Lovaas

Beth Lovaas, AVP and Compliance Officer

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098
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February 14, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 1/15/2019 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1) *Please note that the Company Logo "Continental General Insurance Company" at the top of the letter must be as prominent, if not more so, than the company name that appears in the first sentence of the first paragraph of the letter. Please revise so that the Company name at the top of the letter is the same font size or larger than the company name in the first sentence.*

   The Company respectfully requests that this section of the letter be allowed to remain unchanged, as the Company strives to keep the structure of our rate increase notification letters as uniform as possible on a Nationwide basis.

2) *Please explain why the sentence that appears at the end of the third paragraph, "[This adjustment is effective on your premium due date of [date]." along with the Premium Adjustment chart that follows, is variable? It would appear that the premium adjustment should be sent to each policyholder.*

   Please find a revised policyholder notification letter uploaded to SERFF as "CGI Policyholder Notification Letter – VA (Revised)". This letter has removed the brackets from the referenced sentence as well as the Premium Adjustment chart.

3) *Please ensure that all bracketed language appears on the Statement of Variability. As an example, there is no Statement of Variability entry for:*
   [Template ID]
   [Date]
   [First Name, Last Name]
   [This adjustment is effective on your premium due date of [date].

   Please find that a revised Statement of Variability has been uploaded to SERFF.

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

In light of this information, please consider our request for a 66.3% increase on the Base Policy Forms and Riders, along with an increase of 208.2% on the IGR percentage loads for the above referenced policy forms. Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to contact the Company.

Sincerely,

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

February 21, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 1/17/2019 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1) *Benefit Reduction Options To Reduce Your Premium*

   We have concerns with the first sentence that states, "If you wish to modify your coverage as outlined in the options on the reverse side of this page,..." Is there a reverse side, or did the Company intend the sentence to read, ".....on the following page,"?

   The policyholder notification letters print double-sided, so the page containing the benefit quotes is on the reverse side of the referenced page.

2) *We are concerned that the policyholder is required to sign and return pages or the entire letter in order to notify the Company of a change request. A policyholder should not have to return an explanatory document.*

   Please review the letter and revise it so that the policyholder is able to retain the explanatory information in the event they are unable to make a photocopy. We could not find any information how to fax or scan and email portions of the letter that are required to be signed and returned.

   The policyholder is not required to return the entire letter. If electing a benefit reduction option shown in the letter, the policyholder needs only to return the signed quotes page. The policyholder would keep the explanatory first page, and all Frequently Asked Questions, even if they return a signed quote page.

   Once a policyholder elects a benefit reduction option, they receive an endorsement reflecting the benefit change. This policyholder is also welcome to call Client Services at the phone number in the letter if they would like to review what options were available on the quote page that they returned if they were unable to make a photocopy.

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Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

In light of this information, please consider our request for a 66.3% increase on the Base Policy Forms and Riders, along with an increase of 208.2% on the IGR percentage loads for the above referenced policy forms. Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to contact the Company.

Sincerely,

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

March 1, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 2/21/2019 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1) *Please provide a complete version of a "John Doe" policyholder notification letter along with all accompanying documents*

   Please find the requested notification letter has been uploaded to SERFF as "Policyholder Notification Letter – John Doe – VA.pdf"

In light of this information, please consider our request for a 66.3% increase on the Base Policy Forms and Riders, along with an increase of 208.2% on the IGR percentage loads for the above referenced policy forms. Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to contact the Company.

Sincerely,

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Continental General Insurance Company
P.O. Box 203098 | Austin, TX 78720-3098

[Template ID]

[John Doe]
[123 Insurance Street]
[Anytown, VA, 12345]

[February 26, 2098]
RE: Policy No. [CN99999999]

Dear Policyholder:

At Continental General Insurance Company, we make every effort to provide quality coverage at reasonable and affordable premium rates. However, the total claims experience for this policy form is significantly in excess of expected levels.

Accordingly, it has become necessary for the Company to increase those premium rates. This adjustment is not related to your personal claims experience, but rather the claims experience for all policies on this policy form. 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. This adjustment is effective on your premium due date of [May 15, 2098].

Premium Adjustment

Current [Monthly] Premium	New [Monthly] Premium	Rate Increase Percentage
$[999,999.99]	$[999,999.99]	[99]%

[Also, the Company anticipates the need to request an additional rate increase approximately one year after the current increase. This is the Company's current best estimate for future rate increase action on this policy form. However, this plan could change if future claims experience varies from current expectations.]

[Also, the Company anticipates the need to request additional rate increases with approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form. However, this plan could change if future claims experience varies from current expectations.]

[In addition to the current rate increase, the Company will be implementing [a/an] [99]% rate increase approximately one year after the current increase. Also, the Company anticipates the need to request additional rate increases with approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form, but this plan could change if future claims experience varies from current expectations.]

[In addition to the current rate increase, the Company will be implementing [a/an] [99]% rate increase approximately one year after the current increase. Also, the Company anticipates the need to request an additional rate increase approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form. However, this plan could change if future claims experience varies from current expectations.]

[The Company does not currently anticipate the need for additional rate increases. This is the Company's current best estimate for future rate increase action on this policy form. However, this plan could change if future claims experience varies from current expectations.]

We have enclosed some information for you in the form of Frequently Asked Questions. We recommend that you review this material, which we believe will address many of your questions and concerns about certain coverage considerations.

[The benefits available to you in your policy offer valuable insurance protection. To assist you in planning for this increase, enclosed you will also find some of the applicable benefit reduction options and information on a Contingent Nonforfeiture Benefit that is being offered to you at this time. If you are interested in discussing options to reduce your premium, please call our Client Services Department toll-free at [866-830-0607].]

[The benefits available to you in your policy offer valuable insurance protection. Should you decide not to keep your policy in force at the increased premium level, or at a reduced benefit level, the Company is offering a Contingent Nonforfeiture Benefit at this time. This benefit is described in the enclosed Contingent Nonforfeiture Benefit Option page. If you are interested in discussing benefit reduction options to reduce your premium, please call our Client Services Department toll-free at [866-830-0607].]

Sincerely,

[W. Travis Simpson
Vice President, Operations]

FREQUENTLY ASKED QUESTIONS

Additional Premium Increases

My premiums are being increased. Where is that allowed by my policy?
The Company has the right to adjust premiums in accordance with the terms of the policy. The face page of your policy discusses how this must be done. The premium increase has been filed with the Department of Insurance in the state where your policy was issued.

You have told me that you are going to increase my premiums. Can I expect additional increases in the future?
[Future rate increases are planned and there is a high likelihood that in the future you will receive additional premium increases. As mentioned in the cover letter, the Company anticipates the need to pursue additional rate action in the future with approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form. Future rate increase plans could change if future claims experience varies from current expectations. As with this increase, any future increases would continue to be based on the overall experience of your class of insureds and filed with your state insurance department for approval, if required. You will be notified in advance of such increases as stated in your policy. We believe this information will enable you to anticipate the likelihood of future premium increases and to make an informed decision as to any benefit change options that could lower your premium now.]

[Future rate increases are planned and there is a high likelihood that in the future you will receive additional premium increases. As mentioned in the cover letter, the Company anticipates the need to pursue additional rate action in the future with approximately one year between each future rate increase request. In addition to the current rate increase, the Company will be implementing [a/an] [99]% rate increase approximately one year after the current increase. Also, the Company anticipates the need to request additional rate increases with approximately one year between each future rate increase request. This is the Company's current best estimate for future rate increase action on this policy form. Future rate increase plans could change if future claims experience varies from current expectations. As with this increase, any future increases would continue to be based on the overall experience of your class of insureds and filed with your state insurance department for approval, if required. You will be notified in advance of such increases as stated in your policy. We believe this information will enable you to anticipate the likelihood of future premium increases and to make an informed decision as to any benefit change options that could lower your premium now.]

[As mentioned in the cover letter, the Company does not anticipate the need to pursue additional rate action in the future. This is the Company's current best estimate for future rate increase action on this policy form. Future rate increase plans could change if future claims experience varies from current expectations. As with this increase, any future increases would continue to be based on the overall experience of your class of insureds and filed with your state insurance department for approval, if required. You will be notified in advance of such increases as stated in your policy. We believe this information will enable you to anticipate the likelihood of future premium increases and to make an informed decision as to any benefit change options that could lower your premium now.]

Benefit Reduction Options

I understand that my premiums are being increased. I am not sure I want to pay the increased premium. Do I have any options?
We may be able to provide you with alternative approaches to offset the increase by modifying the

benefits in your policy. Our Client Services Department can give you detailed information about your policy. Some considerations might include removing optional riders that you may have purchased. However, you should always consider that if you reduce your coverage, you run the risk of increasing your out of pocket costs at time of claim.

If I choose to reduce my premiums, how long do I have to pick an option?
Your premium will increase on the effective date stated in your notice letter, but you may change your coverage at any time. You may elect now, or anytime in the future, to reduce benefits as outlined above. If you select any of the attached benefit reduction options, they will become effective on the rate increase effective date of [May 15, 2098] unless you specify otherwise.

Can the Company delay making my premium increase effective until I decide which option is best for me?
All policyholders within the same premium class must be treated similarly. We make sure that notices are mailed in advance of the increase to allow you time to make a decision. We cannot delay the premium increase on a policy by policy basis.

Survivorship Considerations

If I have a Paid-Up Survivorship Benefit in my policy, how is this affected by the premium adjustment?
The Paid-Up Survivorship Benefit can be a very valuable policy feature. If your policy contains this benefit and you think you may be eligible for this benefit in the future, you may find it to be in your best interest to pay the premium increase adjustment.

NOTE: Please refer to your specific policy language for information relating to how your Paid-Up Survivorship Benefit may work and any qualifications that may apply.

Contingent Nonforfeiture Benefit

If I choose not to pay future premiums, what happens to my coverage?
If you do not pay your premium when it becomes due, your current coverage will lapse, i.e. terminate. However, in order to help you avoid losing the amount of the premiums you have paid up to this point for your coverage, the Company will provide you with a Contingent Nonforfeiture Benefit. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum benefits available will be reduced. The new maximum benefit will be determined as indicated on the enclosed Contingent Nonforfeiture Benefit Option page. Any inflation protection on your policy will stop at this time. This is not a cash value. It is benefit days available to you in the event that you become eligible for and receive covered services in the future. Once your Contingent Nonforfeiture Benefit has been exercised, you may not resume the payment of premiums or make any changes to your policy.

You can “elect” the Contingent Nonforfeiture Benefit by completing and returning the attached Contingent Nonforfeiture Benefit Option form now or within 120 days following the due date of the rate increase. This benefit is automatic if you stop paying your premiums within 120 days after the effective date of the rate increase.

NOTE: The Contingent Nonforfeiture Benefit provides limited benefits and is not a cash value. We urge you to carefully consider whether or not such limited benefits are appropriate for you.

Other Questions

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?
No, your existing authorization will allow us to deduct the correct premium from your account.

I am currently receiving benefits under my policy. How does this impact me if my premiums are being waived?

The premium increase will not impact your current claim. Your policy will continue to provide you with benefits in accordance with the terms of the coverage you purchased. The policy benefit that waives premium will continue to work the same way. If your premiums are currently being waived, the new premium will also be waived until such time as you are no longer eligible for waiver of premium, as stated in your policy. You will have to pay the adjusted premium when you return to a premium paying status.

I have read the enclosed documents and I still have questions. How do I get these questions answered?
If you would like assistance or have additional questions, we encourage you to contact our Client Services Department toll-free at [866-830-0607].

[BENEFIT REDUCTION OPTIONS TO REDUCE YOUR PREMIUM

If you wish to modify your coverage as outlined in the options listed on the reverse side of this page, please declare the requested option in the space provided, sign and date in the space provided, and return this letter to Continental General Insurance Company in the enclosed postage paid return envelope. The attached list of benefit reductions is not a full representation of the benefit reductions that may be available for your policy form. If you are interested in discussing additional benefit reduction options, please call our Client Services Department toll-free at [866-830-0607].

Please note that this is only a QUOTE, NOT A GUARANTEE of any rate quoted, or a revision to your current policy contract. Premium calculations are based on the information provided and policy coverage as of [February 25, 2098]. Actual premium may differ slightly. As a result please do not remit premium with any benefit reductions. Upon election, your policy will be endorsed to reflect the actual premium.

Changes to your coverage may not be in your best interest if you are on claim or eligible to be on claim.

[Should you elect to cancel your Return of Premium Benefit Rider (ROP) by selecting the appropriate option on the reverse side of this page, the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy. Please call the toll-free number above to receive more information regarding your one-time cash benefit.

Electing to cancel your ROP rider will not impact the status of your base policy and any additional riders attached to your policy.

The one-time cash benefit is a limited time offer. The Company must be properly notified of your intent to cancel your ROP rider within 120 days after the effective date of this rate increase. Otherwise, any benefits associated with your election to cancel your ROP rider after the 120 days will be based on the ROP provisions included in your policy. This rate increase will be effective on your premium due date of [May 15, 2098].]

Should you decide not to keep your policy in force at the increased premium level, or at a reduced benefit level, the Company will provide you with a Contingent Nonforfeiture Benefit at no cost to you. This benefit is described in the enclosed Contingent Nonforfeiture Benefit Option page.

Effective on your premium due date of [May 15, 2098], the [monthly] premium for your Long Term Care Insurance will be increased to [$999,999.99]. Please select the requested benefit reduction option, which will become effective on the rate increase effective date. [You are entitled to select more than one of the following options. Please note that all benefit reduction options may not be of equal value.] Sign and date in the space provided and return this page to Continental General Insurance Company in the enclosed postage paid return envelope.

[Benefit Reduction Option 1 – Cancel Return of Premium Benefit Rider

☐ Premium After Cancelling Rider $[999,999.99]]

[Benefit Reduction Option [2] – Downgrade Maximum Lifetime Benefit

Original Nursing Home Benefit	[$999,999]
Reduced Nursing Home Benefit	[$999,999]
Original Home Health Care Benefit	[$999,999]
Reduced Home Health Care Benefit	[$999,999]

☐ Premium After Reducing Benefit	$[999,999.99]
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$[999,999.99]]

[Benefit Reduction Option [3] – Downgrade Maximum Daily Benefit

Original Nursing Home Daily Benefit	$[999.99]
Reduced Nursing Home Daily Benefit	$[999.99]
Original Home Health Care Daily Benefit	$[999.99]
Reduced Home Health Care Daily Benefit	$[999.99]

☐ Premium After Reducing Benefit	$[999,999.99]
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$[999,999.99]]

[Benefit Reduction Option [4] – Increase Elimination Period

Current Elimination Period	[999 Days]
Increased Elimination Period	[999 Days]

☐ Premium After Increasing Elimination Period	$[999,999.99]
☐ Premium After Increasing Elimination Period and Cancelling ROP Rider	$[999,999.99]]

By signing below, I am authorizing Continental General Insurance Company to reduce my coverage as indicated by the Option(s) selected/checked above.

Signature of Insured:_____Date: _____

Signature of Spouse (if applicable):_____Date:_____
Policy No. [CN99999999] Policyholder Name: [John Doe]]

CONTINGENT NONFORFEITURE BENEFIT OPTION

Regardless of any Nonforfeiture riders attached to your policy, the Company will provide you with a Contingent Nonforfeiture Benefit if you choose to lapse your policy now or within 120 days after the effective date of this rate increase. You may elect to exercise this benefit by returning this completed form. However, if we do not hear from you and your policy lapses within this time period, the Contingent Nonforfeiture Benefit will automatically take effect.

This rate increase will be effective on your premium due date of [May 15, 2098]. This offer expires on [September 12, 2098].

The Contingent Nonforfeiture Benefit will convert your policy to a paid-up status which will shorten the benefit period provided by your policy but will maintain your maximum daily benefit and elimination period at the time of conversion. If you have inflation protection on your policy, no further increases will occur. Your maximum benefit amount will be equal to the greater of:

a) thirty (30) times the maximum daily long term care benefit at the time of conversion or
b) the sum of all premiums paid per insured for the policy and any attached riders less any benefits paid by a Return of Premium Benefit Rider or Premium Accrual Benefit Rider

The maximum benefit amount provided by this Contingent Nonforfeiture Benefit shall not exceed the remaining unused Maximum Lifetime Benefit of your current policy at the time of conversion. This is not a cash value option. Each day you receive any long term care benefits will count as one full day toward the exhaustion of the maximum benefit amount.

NOTE: This Contingent Nonforfeiture Benefit will automatically be provided to you if you lapse your policy within 120 days after the effective date of this rate increase. [Electing the Contingent Nonforfeiture Benefit will automatically trigger the payment of the one-time benefit associated with cancelling your Return of Premium Benefit Rider.]

DO NOT complete and return this form if you are electing a Benefit Reduction Option or are maintaining your current policy and benefits by paying the new premium.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature of Insured:_____Date: _____

Signature of Spouse (if applicable):_____Date: _____

Policy No. [CN99999999] Policyholder Name: [John Doe]

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098
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May 7, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 4/12/2019 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

The VA Bureau of Insurance has a concern regarding the proposed rate increase given that only 31 policyholders remain. In addition, the Company's proposed increase request raises the VA cumulative increase total to 410% for policies without inflation and 845% for policies with inflation. The nationwide cumulative pending is much lower at 335% and 512% respectively. We understand that under 14VAC5-200-150 the requested increase is supported. However, in order to determine the appropriateness of the increase we also examine state rate equity, calculations of lifetime loss ratio assuming the requested rates had been in effect from inception of the policy (which are well below 60%). The purpose of the additional tests is to rule out state subsidization and recoupment of prior losses. When the block of business is broken down into benefit periods of less than 5 years and those greater than 5 years, the segments of business with benefit periods of less than 5 years do not support a rate increase.

1) *Please provide a detailed explanation of the Company's plans for future rate increases if the proposed rate increase were approved. Provide a description of the lifetime loss ratio to which the Company will manage this block of business going forward and what would trigger a request for an additional rate increase.*

   Based on the analysis provided, a nationwide rate increase amount of 54.4% is justified for base and a rate increase of 119.1% is justified for Inflation Guard Rider. Given Virginia's rate increase approvals thus far, a rate increase of 66.3% and 208.2% was requested during this rate increase filing. As demonstrated in Exhibit 3b, the lifetime loss ratio after the Nationwide justified rate increase for policies without an active inflation guard rider is 83.5%. Similarly, as demonstrated in Exhibit 3c, the lifetime loss ratio after the Nationwide justified rate increase for policies with an active inflation guard rider is 102.2%. The Company intends to pursue rate increases until the full justified rate increase is provided.

CONTINENTAL GENERAL INSURANCE COMPANY

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2) *Provide the Company's response, considering the additional tests performed regarding state rate equity and recoupment of past losses, towards the consideration of revising the rate increase to 0% for policy benefit periods of less than 5 years, 42% for non-inflation policies with benefits greater than 5 years, and 99% for inflation policies with benefit periods greater than 5 years.*

   While we firmly believe that the requested 66.3% base rate increase and 208.2% Inflation Guard Rider (IGR) percentage load increase is actuarially justified, we will accept the Bureau's offer of a 42% base increase for non-inflation policies with benefit periods greater than 5 years, and a 99% base increase for inflation policies with benefit periods greater than 5 years. Policies with a benefit period less than 5 years will not receive a rate increase. As the Bureau's counteroffer is below the requested increase, the Company does intend to file for future rate increases.

   It was noted above that calculations of lifetime loss ratio assuming the requested rates had been in effect from inception of the policy were performed to determine the appropriateness of the rate increase. We would like to note at this time that the Company disagrees with the use of the methodology which assumes that all past premiums were paid at the newly proposed rate level in determining if the premiums are adequate. The premise in this approach is that all changes in assumptions, even those resulting from the accumulation of actual experience should have been known at issue creates a "phantom premium" and increases the actual earned premium in the denominator of the loss ratio calculation by the amount of the "phantom premium". At the time of pricing for this product, it was not possible to have charged this level of premium. Assumptions believed to be the best estimate at the time these policy forms were issued did not support this premium level. Therefore, it was not feasible for the Company to have charged the rates indicated by this methodology, which include the "phantom premium", from inception. Additionally, this calculation does not account for the different risk that would have resulted if the premium rates had been at the indicated rate level at the time of issue. The resulting risk pool would have been unhealthier overall, and this would have led to an increase in the incurred claims experienced by the Company as compared to those included in these calculations.

Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to contact the Company.

Sincerely,

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

September 11, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 8/28/2019 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

Please revise the following documents to conform with the company's agreement to make no rate increase on policies with benefit periods less than 5 years; 42% increase on policies without an inflation guard rider when the benefit period is > 5 years; and 99% increase for policies with inflation guard rider and the benefit period is > 5 years.

a. The actuarial memorandum
b. The Rate Request Summary
c. The 420 Rate Sheets under the Rate/Review Schedule
d. The Company Rate Information under the Rate/Rule Schedule

Please find the requested documents attached with this response.

Because the Bureau's counteroffer is below the requested amounts, the Company intends to file for future rate increases. Acceptance of this counteroffer does not imply acceptance of the resulting lifetime loss ratio (i.e. the resulting lifetime loss ratio is not the new baseline for future rate increase requests).

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Toll Free: (866) 830-0607
Fax: (888) 769-0737

Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to contact the Company.

Sincerely,

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

CONTINENTAL GENERAL INSURANCE COMPANY
Home Office:
P.O. Box 203098
Austin, Texas 78720-3098

Actuarial Memorandum for Premium Rate Increases for
Continental General Insurance Company
Individual Long-Term Care Insurance Policy Forms:
403, 405, 407, 408, 409, 410, 411, 414, 420, 421, 422, 423, 428, 429, 430, 431, 432, 435, 436

Benefit Increase Riders: GPO, GPO(429)(WI)
Inflation Guard Riders: IGR(1), IGR-MN(422), IGR-MN(423), IGR(1)(A)(428), IGR(1)(A)(429), et al.
Home Health Care Rider: HC/CC, et al.
Return of Premium Rider: RP(LTC)(10), RP(10)(WI), et al.

I. Purpose of Filing

The purpose of this rate filing is to support a 66.3% rate increase on the Base Policy Forms and Riders for the above listed policy form series, and a 208.2% rate increase on the Inflation Guard Rider (IGR) percentage load. This filing may not be appropriate for other purposes.

Details on the methodology for calculating the unfunded gap in future liabilities and the resulting overall rate increase can be found in Section IV below.

As shown in **Exhibit 3a** which has been included with this filing, the projected lifetime loss ratio for Base Policy Forms and Non-ROP Riders, assuming implementation of the rate increases justified Nationwide, is 91.8%.

II. Policyholder Options to Mitigate Impact of Premium Rate Increases

Offers for Policyholders with Perpetual Return of Premium Riders: RP(LTC)(10), RP(10)(WI)
In order to mitigate the impact of the increases on policyholders with Return of Premium riders, the Company will implement a program in which the policyholder will have the choice to surrender their ROP benefit for value, while keeping their Base Policy and other non-ROP Riders in force. The offer will vary by the duration within the 10-year ROP "cycle" as follows:

- For policyholders in durations with a scheduled ROP benefit of 0%, the offer will be 100% of cumulative paid ROP Rider premium within the current 10-year ROP cycle, less the value of any policyholder benefits paid within the current 10-year ROP cycle.
- For policyholders in durations with a scheduled ROP benefit greater than 0% (except for duration 10), the offer will be the scheduled ROP benefit + 10%, less the value of any policyholder benefits paid within the current 10-year ROP cycle.
- For policyholders in duration 10, the offer will be the scheduled ROP benefit.

Under the predominant ROP payment schedule, the ROP offers assuming no policyholder benefits having been paid within the 10-year ROP duration "cycle" will be as follows:

	% of Cumulative ROP Rider Premium					% of Total Cumulative Premium				
Duration	1	2	3	4	5	6	7	8	9	10
Refund %	100%	100%	100%	100%	100%	25%	40%	55%	70%	80%

Optional Policyholder offers to Reduce Benefits

In addition, the Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the Base policy. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period.

Non-forfeiture Offers

In addition, the Company will give the policyholder the option to accept a shortened benefit period. Acceptance of this offer will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid less any benefits paid by a Return of Premium or Premium Accrual Benefit Rider or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. This non-forfeiture benefit shall not exceed the policyholder's remaining unused Maximum Lifetime Benefit at the time of conversion. Each day any benefits are received will count as one full day toward the completion of the shortened benefit period. This offer will be made to all policyholders.

III. Scope of Filing

This filing applies to active premium-paying policies issued in this state for the policy forms listed above. These forms are no longer being marketed in any state and the Company is no longer selling any new Long-Term Care Insurance. **Exhibit 1** provides a distribution by state of the number of lives and associated annualized premium for active premium-paying lives as of 12/31/2016 under these policy forms. The annualized premium inforce Nationwide as of 12/31/2016 was 18,098,148. A breakdown of lives affected by this filing in this state is shown in **Appendix A**.

Please note that experience associated with the Return of Premium (ROP) Rider has been excluded from this filing.

IV. Premium Rate Increase Justification

A rate increase is necessary at this time because Company experience on its Long-Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. Premium rate increases that help to remediate poorly performing blocks of business and limit any future losses are important to maintaining the Company's ability to meet policyholder obligations and pay future claims.

A. Rate Increase Formula: Gap Analysis

The current projected earned premium shortfall, or "Gap," is calculated as the present value of future claims and expenses less the present value of future premium and the active life reserve as of 12/31/2016. Please note that experience associated with lives that are currently in a paid-up status due to a non-forfeiture benefit has been excluded from the calculation of the Gap Analysis. The Nationwide justified premium rate increase is calculated as the rate increase necessary so that the projected gap is zero.

Formulaically, Gap Analysis can be described as calculating the rate increase that would satisfy the equation below on a strictly prospective basis:

PV Incurred Claims + PV Expenses = PV Earned Premium + Active Life Reserves

B. Nationwide Justified Rate Increase

The Nationwide justified increase is the rate increase which would satisfy Gap Analysis given actual Nationwide experience. As demonstrated in the table below, a rate increase of 54.4% on the Base policy form and riders combined with a rate increase of 119.1% on the Inflation Guard Rider percentage load would result in a projected Gap of $0.0M. Values in the table below are shown in millions of dollars.

	Base Increase:	*54.4%*
	IGR Load Increase:	*119.1%*
	Before Increase	**After Increase**
Nationwide Active Life Reserve (ALR)	158.3	158.3
Present Value of Nationwide Projected Earned Premium	111.5	177.0
Present Value of Nationwide Projected Future Expenses	25.2	25.0
Present Value of Nationwide Projected Incurred Claims	325.4	310.4
Expected Earned Premium Shortfall (Gap)	80.7	0.0

The impact of the Nationwide justified rate increase is demonstrated in **Exhibit 3a** through **Exhibit 3c**. In **Exhibit 3a** through **Exhibit 3c**, the values in the "Projected Future Experience After Nationwide Justified Rate Increase" section reflect the expected increase in Earned Premium, Waived Premium, and Premium-based claims and expenses given implementation of the above premium rate increases on 6/1/2018. These cash flows also include the impact of shock lapse, benefit reductions, anti-selection, and non-forfeiture residual liability resulting from the rate increase. These assumptions are described in more detail in Section V below.

C. State-specific justified rate increases

State-specific justified rate increases are calculated to achieve equity across states with respect to the total amount of rate increases that will have been implemented in each state. In order to calculate the rate increase needed for this state specifically, the following formula was used:

$$\frac{(1+\text{Nationwide Rate Increase Need})(1+\text{Nationwide Cumulative Rate Increase to Date})}{(1+\text{State}-\text{Specific Cumulative Rate Increase to Date})} - 1.$$

This formula was applied separately for the base policy rate increase need and the IGR Load rate increase need. Details of this calculation can be found in **Appendix A**.

D. Minimum Loss Ratio Requirement

Although the rate increases in this filing are not calculated to achieve a target loss ratio, this filing demonstrates that, even after implementation of the Nationwide justified rate increases, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long-Term Care Insurance
Renewal Clause:	Guaranteed Renewable
Required Minimum Loss Ratio:	60%

The current lifetime anticipated loss ratio is 101.7%; assuming the rate increases justified Nationwide are approved, the lifetime anticipated loss ratio will be 91.8%. These lifetime loss ratios are demonstrated in **Exhibit 3a**.

V. Actuarial Assumptions

The actuarial assumptions used to project the future premiums and claims are described in this section. **Appendix D** provides further details of the experience studies conducted that were used to develop the actuarial assumptions.

A. Interest

A 5.0% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

B. Mortality

The best estimate future mortality assumption is 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors. Historical mortality improvement was assumed equal to 0.6% per year, with 2000 as the central year. The mortality assumption, including selection factors and historical mortality improvement, is based on industry expectations.

C. Voluntary Lapse

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company's experience on these forms and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. In addition, benefit exhaustion rates were calculated and added to reflect policy termination when a person exhausts his benefit period. It is assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. All policies in this form series are currently in durations 14+, for which the lapse rates shown below are applicable. Lapse rates vary by marital status, inflation versus non-inflation and ROP versus non-ROP. The table below shows the detailed applicable lapse assumptions.

Ultimate Lapse Rate				
	Married		Single	
Duration	Inflation	Non-Inflation	Inflation	Non-Inflation
14	0.29%	0.84%	1.52%	1.73%
15+	0.24%	0.70%	1.26%	1.44%

Additional multiplier to apply to Lapse Rates for Gender	
Gender	Multiplier
Female	85.0%
Male	135.0%

For policies with an active ROP rider, an additional shock lapse rate of 10% is assumed in addition to the above-noted lapsed rates at durations 11, 21, 31, etc.

D. Morbidity Rates

The morbidity assumptions are based on a combination of the Company's historical claim experience on these forms from 2009 through 6/30/2016, the Milliman *2014 Long-Term Care Guidelines* (*Guidelines*) and judgment. The *Guidelines* reflect over $25 billion of insured data and the experience and judgment of Milliman actuaries. The claim cost assumptions reflect the Company's current best estimate of future morbidity. In setting the morbidity assumptions, the policy design, underwriting and claim adjudication practices have been taken into consideration. The baseline assumptions do not include any adverse selection resulting from the rate increase, loads for moderately adverse experience, or future morbidity improvement.

E. Claim Reserves

The incurred claims shown in the Nationwide historical experience include paid claims, DLR, ICOS, and IBNR.

F. Expenses

The projected future experience uses the following expense assumptions:

Premium Tax – 2.5% of Paid Premium
Maintenance Expense – $155 per insured with 2.0% inflation per year
Claim Expense – 3.5% of Base Paid Claims
Commissions – 16.0% of Paid Premium at the Original Premium Rate Level

G. Shock Lapse

At the time the Nationwide justified premium rate increases become effective, the additional shock lapse is assumed to be 8.2% for lives without an active Inflation Guard Rider and 10.0% for lives with an active Inflation Guard Rider. The shock lapse is in addition to the base lapse assumption for that projection period. The "shock lapse" effect of the rate increases is assumed to temporarily increase voluntary lapses in the year that the rate increases are implemented. The shock lapse is reflected in the projected future experience after the Nationwide justified rate increase in **Exhibit 3a** through **Exhibit 3c**.

H. Benefit Reductions

As described in Section II, the Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase. The impact of benefit reductions due to the Nationwide justified increases is assumed to be 1.3% for lives without an active Inflation Guard Rider and 2.3% for lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the Nationwide justified rate increase in **Exhibit 3a** through **Exhibit 3c**.

I. Anti-Selection

Policyholders in poor health tend to keep their current policies, while those in better health may be more likely to lapse. This results in anti-selection. This is modeled in our exhibits as a 1.1% morbidity load for lives without an active Inflation Guard Rider and a 1.6% morbidity load for

lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the Nationwide rate increase in **Exhibit 3a** through **Exhibit 3c.**

J. Non-forfeiture (NFO) Residual Liability

The residual NFO liability captures the future claims expected to be incurred on policies which elect the non-forfeiture benefit. The impact of the ultimate residual NFO liability due to the Nationwide justified increases is assumed to be 0.6% for lives without an active Inflation Guard Rider and 0.8% for lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the Nationwide justified rate increase in **Exhibit 3a** through **Exhibit 3c**.

As stated above, it is known that policyholders in poor health tend to keep their current policies, while those in better health may be more likely to lapse or elect the NFO benefit. The residual NFO liability is expected to grade up over time as this selection effect wears off. Given the grading, the initial residual NFO liability is 20% of the ultimate rate, grading up to the ultimate rate over 10 years.

VI. Rate Increase History

Prior approved rate increases for these policy forms in this state are summarized in **Appendix A**.

VII. Effective Date

Policyholder notification of the rate increases will begin as soon as possible subject to state insurance department approval with the additional condition that no policyholder will receive the rate increases sooner than one year after receiving a previous rate increase.

VIII. Premium Profile

The state-specific average total annualized premiums, per insured (including riders), before and after the accepted premium rate increases are shown in **Appendix A**.

IX. Historical and Projected Future Experience

Exhibit 2a through **Exhibit 2f** present historical experience since inception by "incurred year," or "loss year," for these policy forms and riders as of 12/31/2016. **Exhibit 2a** through **Exhibit 2c** contain Nationwide experience and **Exhibit 2d** through **Exhibit 2f** contain the experience for only those policies sold in this state.

Future experience has been projected for 2017 and every year thereafter, as presented in **Exhibit 3a** through **Exhibit 3f**. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The present values of earned premium and incurred claims, discounted at 5.0% after application of the Nationwide justified rate increase and resulting shock lapse, benefit reductions, anti-selection, and NFO residual liability, are summarized in **Exhibit 3a** through **Exhibit 3c**. **Exhibit 3d** through **Exhibit 3f** contain the historical and projected experience, both with and without the impact of the Virginia justified rate increase, for only those policies sold in this state.

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums. Please note, the historical and projected experience demonstrated in **Exhibit 3a** through **Exhibit 3f** does include lives that are currently in a paid-up status due to election of a non-forfeiture benefit.

X. Accepted Rate Action

Although the Company believes the full rate increase above is justified, the purpose of this filing is to accept the Bureau's offer of 42.0% base increase for non-inflation policies with benefit periods greater than 5 years, and 99.0% base increase for inflation policies with benefit periods greater than 5 years. This filing may not be appropriate for other purposes. Given that these amounts are less than the justified increase, the Company anticipates the need for further rate action on these forms. Acceptance of this counteroffer does not imply acceptance of the resulting lifetime loss ratio (i.e. the resulting lifetime loss ratio is not the new baseline for future rate increase requests).

Rate sheets are attached showing premium rates after 42.0% base increase for non-inflation policies with benefit periods greater than 5 years, and 99.0% base increase for inflation policies with benefit periods greater than 5 years. Please note, rate sheets do not demonstrate percentage loads to add inflation protection, but instead have dollar amounts. Premium rates will be increased by an amount equivalent to 42.0% base increase for non-inflation policies with benefit periods greater than 5 years, and 99.0% base increase for inflation policies with benefit periods greater than 5 years.

XI. Summary of Appendices

Multiple Appendices have been included with this filing. They are detailed below.

Appendix A contains information that is specific to the state in which this filing is made, such as the average annual premium, the number of policyholders inforce, etc. Similar information for Nationwide is also contained in this Appendix.

Appendix B contains a summary of the benefits included under each policy form grouping.

Appendix C contains a summary of the demographic distributions for inforce policies issued Nationwide as of 12/31/2016.

Appendix D contains a detailed summary of the development of the projection assumptions.

Appendix E contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

XII. Summary of Exhibits

Multiple Exhibits have been included with this filing. They are detailed below.

Exhibit 1 contains the breakdown of policy counts, annualized premium, and average premium for all inforce policies by state under these products. This is shown for all policies, policies with active inflation riders, and polices without active inflation riders.

Exhibit 2a contains the historical Nationwide experience for all policies issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2b contains the historical Nationwide experience for all policies without an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2c contains the historical Nationwide experience for all policies with an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2d contains the historical Virginia experience for all policies issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2e contains the historical Virginia experience for all policies without an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 2f contains the historical Virginia experience for all policies with an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

Exhibit 3a contains historical and projected Nationwide experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3b contains historical and projected Nationwide experience for all policies without an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3c contains historical and projected Nationwide experience for all policies with an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3d contains historical and projected Virginia experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Virginia justified rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3e contains historical and projected Virginia experience for all policies without an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Virginia justified rate increase for these policies. The presented experience excludes the ROP rider.

Exhibit 3f contains historical and projected Virginia experience for all policies with an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Virginia justified rate increase for these policies. The presented experience excludes the ROP rider.

XIII. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed and that it complies with applicable Actuarial Standards of Practice, including Actuarial Standard of Practice Number 8. I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage and the benefits are reasonable in relation to the premiums charged.

In my opinion, the rates are not excessive or unfairly discriminatory. The filing will enhance premium adequacy but will not be sufficient to prevent future rate action.

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
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Continental General Insurance Company
Appendix A - Revised
Policy Forms: 420 Series et al.
State-Specific Filing Information

Virginia

42.0% base increase for non-inflation policies with benefit periods greater than 5 years
99.0% base increase for inflation policies with benefit periods greater than 5 years

1. Virginia Lives Affected by Requested Rate Increase (Section III in Actuarial Memorandum)

Total Virginia lives affected by this filing:	31
Virginia policies with benefit periods less than 5 years:	11
Virginia non-inflation policies with benefit periods greater than 5 years:	7
Virginia inflation policies with benefit periods greater than 5 years:	13

2. Calculation of Requested Rate Increase for Virginia (Section IV in Actuarial Memorandum)

Rate Increase Need for Base Policies and Riders

Required Nationwide Rate Increase for Base Policies and Riders:	54.4%
Cumulative Virginia Rate Increase to Date:	206.8%
Cumulative Nationwide Rate Increase to Date:	230.4%
Base Rate Increase Necessary for Virginia:	66.3%

Rate Increase Need for Inflation Guard Rider Percentage Load

Required Nationwide Rate Increase for the IGR Percentage Load:	119.1%
Cumulative Virginia Rate Increase to Date:	0.0%
Cumulative Nationwide Rate Increase to Date:	40.6%
IGR Percentage Load Increase Necessary for Virginia:	208.2%

3. Virginia Rate Increase History (Section VI in Actuarial Memorandum)

Base Rate History:	Form 420	104.5% in 2005, 50.0% in 2011
ROP & IGR Rate History:	Form 420	17.0% ROP in 2011

4. Premium Profile (Section VIII in Actuarial Memorandum)

The average annual premium for these forms and associated riders, prior to the requested rate increase, is:

Policies with benefit periods less than 5 years:		
	Virginia	$2,426
	Nationwide	$2,752
Policies with no Inflation Guard Rider and with benefit periods greater than 5 years:		
	Virginia	$4,837
	Nationwide	$3,273
Policies with Inflation Guard Rider and with benefit periods greater than 5 years:		
	Virginia	$3,328
	Nationwide	$3,380

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

Policies with benefit periods less than 5 years:		
	Virginia	$2,426
Policies with no Inflation Guard Rider and with benefit periods greater than 5 years:		
	Virginia	$6,868
Policies with Inflation Guard Rider and with benefit periods greater than 5 years:		
	Virginia	$6,624

Reset Form

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

Company Name and NAIC Number: Continental General Insurance Company, NAIC #71404

SERFF Tracking Number: GLTC-131253864

Effective Date: On approval, as allowed per regulation.

Revised Rates

Average Annual Premium Per Member: 5,189.44

Average Requested Percentage Rate Change Per Member: 54.96%

Minimum Requested Percentage Rate Change Per Member: 0.0%

Maximum Requested Percentage Rate Change Per Member: 99.0%

Number of Policy Holders Affected : 31

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

Form#	"Product Name"(if applicable)
420	N/A

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.
Please see the attached Summary of Key Information.

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.

Summary of Key Information

The main drivers of the rate increase need on policy forms 420 et al. are increased persistency and increased morbidity compared to that assumed at the time of original pricing. Policyholders are retaining their policies longer than was anticipated when these products were initially priced, which is resulting in more policies reaching advanced ages at which claims occur more frequently and with higher severity.

The rate increase justified for these policy forms was determined on a fully prospective basis using best estimate assumptions. The assumptions and methods used to calculate the justified rate increase need are summarized in more detail in Section IV and Section V of the Actuarial Memorandum.

CONTINENTAL GENERAL INSURANCE COMPANY

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January 9, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 12/5/2019 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. *We note that the company has two CGI Statement of Variability filed under the Supporting Documentation tab that appear to be for the same form. Please review and withdraw the variability document that is not applicable.*

   The CGI Statement of Variability that is not applicable has been removed from the Supporting Documentation tab as requested. Please find the revised statement of variability attached with this response, entitled "**CGI Statement of Variability (VA) Revised 2020.01**".

2. *We note that there are two 420 Rate Request Summary (Revised) under Supporting Documentation. Please withdraw the 420 Rate Request Summary (Revised) that was submitted on 5/30/2018.*

   The 420 Rate Request Summary (Revised) that was submitted on 5/30/2018 has been removed from the Supporting Documentation tab as requested.

3. *Please provide a Certificate of Readability for the policyholder notification letter.*

   Please see the "**CGI VA Readability"** attached with this response.

4. *Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.*
   a. *The Benefit Reduction Options on pages 5, 6 and 7 are designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form*

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number as that of the policyholder letter. If the Company creates separate forms for the benefit reduction options, please submit these forms under the Form Schedule for review and approval.

The Company has the Policyholder Letter, Benefit Reduction Form, and Contingent Nonforfeiture Benefit Form under different form numbers. Please find the combined pdf uploaded to Form Schedule tab, entitled **"RINC Letter - CGI - VA - Round 5 - Revised"**.

b. *Clarify if Frequently Asked Questions are a part of the policyholder notification letter or a separate document. If the Company considers this to be a separate document, it must not have the same form number as the policyholder notification letter and should be filed under the Form Schedule for review and approval.*

The Frequently Asked Questions are a part of the policyholder notification letter and will have the same form number as the letter.

c. *Please advise if the Benefit Reduction Options are made a part of the policy. Describe how the policy is updated when a change request is received by the Company from the policyholder.*

The Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the Base policy. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period.

The benefit reduction options are intended to provide a set of potential options for policyholders. When policyholders elect to reduce their benefits, they are charged the premium rate applicable to the new (reduced) benefit configuration, including the impact of the full approved rate increase.

d. *Will the policyholder receive a revised schedule page if a benefit reduction option is elected? If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval.*

As stated in the response to question 5 of the objection on 10/29/2018, if an insured elects a benefit reduction offer, the Company provides a policy endorsement which reflects the changes to the policy. The contingent nonforfeiture benefit endorsement form was filed under SERFF tracking number GLTC-132186969

e. *Pursuant to 14VAC5-200-75 D 2 C, the policyholder notification form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please*

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advise if applicable; if so, please revise the policyholder notification letter accordingly.

As stated in the response to question 8 of the objection on 10/29/2018, no partnership policies are included in this filing.

f. *14VAC5-200-75 D. 3. requires that the policyholder notification letter to clearly state the driving factors for the premium rate increase. The policyholder notification letter states, "the total claims experience for this policy form is significantly in excess of expected levels." Describe the driving factors that causes the total claims experience to be in excess of expected levels and how this impacts the policyholders?*

Please find a revised policyholder notification letter uploaded to SERFF, entitled "**RINC Letter - CGI - VA - Round 5 - Revised**". The revised notification letter includes the requested changes.

g. *Although the policyholder notification letter includes an explanation of the potential for future premium rate revisions as required by 14VAC5-200-75 A 2, it does not state the policyholder's options in the event of a premium rate revision. Please revise the form accordingly.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled "**RINC Letter - CGI - VA - Round 5 - Revised**". The revised notification letter includes the requested changes.

h. *Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholder's right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled "**RINC Letter - CGI - VA - Round 5 - Revised**". The revised notification letter includes the requested changes.

i. *The policyholder letter form pages should be numbered so that it coincides with the page numbers described on the Statement of Variability.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled "**RINC Letter - CGI - VA - Round 5 - Revised**". The revised notification letter includes the requested changes.

j. *If an insured's premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?*

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As stated in the response to question 2 of the objection on 10/29/2018, the Company does not consider claimant status when notifying insureds of the rate increase, however for insureds eligible for a waiver of premium benefit the new premium will continue to be waived until the insured is no longer eligible for waiver of premium. Election of any option contingent upon the rate increase must occur within 120 days of the effective date of the rate increase.

k. *Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.*

As stated in the response to question 3 of the objection on 10/29/2018, the Company will provide notice of the upcoming rate increase to all policyholders at least 75 days prior to the implementation of the premium rate increase pursuant to 14VAC5-200-75 D.

l. *Has the company given consideration to making its address and fax number variable in case of a change in the future. Also, it is recommended that the Virginia Bureau of Insurance's webpage address be made variable in the event of a future change.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled "**RINC Letter - CGI - VA - Round 5 - Revised**". The revised notification letter includes the requested changes.

m. *All bracketed items that appear on a form must be listed and the variance explained fully on the Statement of Variability. There are a number of bracketed items that do not appear on the Statement of Variability (examples are [xx]%; $[xxx,xxx.xx]; [Modal], [866-830-0607]; [date]; [W. Travis Simpson Vice President, Operations] etc.).*

Please find the revised statement of variability attached with this response, entitled "**CGI Statement of Variability (VA) Revised 2020.01**".

n. *Explain why the Client Services Department hours of operation are not provided.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled "**RINC Letter - CGI - VA - Round 5 - Revised**". The revised notification letter includes the requested changes.

5. *Under "BENEFIT REDUCTION OPTIONS TO REDUCE YOUR PREMIUM" the 4th paragraph states, "...the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy."*

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Please provide a description of the benefit provided or the specific location within the policy so that the policyholder may review the benefit in order to consider their option(s).

The Company respectfully requests that this section of the letter be allowed to remain unchanged, as the Company already asks the policyholder to call in if they need more information regarding that specific benefit.

6.

a. *Please describe the specific triggers that determine the variance to be utilized on pages 1 and 2 of the policyholder notification form so that we understand the variable statement, "There are different methods that a rate increase can be implemented. The approval we receive from the state will determine the paragraph that will be used."*

   Please find the revised statement of variability attached with this response, entitled "**CGI Statement of Variability (VA) Revised 2020.01**".

b. *Please describe the specific triggers that determine the variance to be utilized on page 3 "Additional Premium Increases" of the policyholder notification form so that we understand the variable statement, "There are different methods that a rate increase can be implemented. The approval we receive from the state will determine the statement that will be used."*

   The Company has removed the "Additional Premium Increases" of the policyholder notification form.

c. *All bracketed items contained in the policyholder notification letter form must appear on the Statement of Variability. It is suggested that the statement of variability clearly label the location of each bracketed item and contain a clear explanation of all the variances that are applicable.*

   Please find the revised statement of variability attached with this response, entitled "**CGI Statement of Variability (VA) Revised 2020.01**".

Because the Bureau's counteroffer is below the requested amounts, the Company intends to file for future rate increases. Acceptance of this counteroffer does not imply acceptance of the resulting lifetime loss ratio (i.e. the resulting lifetime loss ratio is not the new baseline for future rate increase requests).

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Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to contact the Company.

Sincerely,

Elizabeth A. O'Brien, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

CONTINENTAL GENERAL INSURANCE COMPANY

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February 25, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 01/28/2020 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. *In reviewing the 2nd to last paragraph of the company's 1/09/2020 response letter, please provide the target lifetime loss ratio that is the trigger for future rate increase requests.*

   The Company apologizes for the confusion caused by the 2nd to last paragraph of the previous response letter. As described in the Actuarial Memorandum, the Company uses the GAP method to calculate the rate increase need for this set of forms. Because the GAP method is purely prospective, it does not have a target lifetime loss ratio that triggers a rate increase request. The resulting lifetime loss ratio, from this method, is not the baseline for the current or future rate increase requests on this block of business.

2. *Please remove the CGI VA Readability document from the Form Schedule tab and place this under the Supporting Documentation tab. Only forms that are required to be filed and approved should be placed under the Form Schedule.*

   The CGI VA Readability document has been removed from the Form Schedule tab and has been placed under the Supporting Documentation tab under the subsection "Response to Objection Dated 01/28/2020".

3. *Each form must be listed separately under the Form Schedule.*

   Each form has been listened separately under the Form Schedule tab.

4. *Continental General Insurance Company address is stated as variable, but the variance is not described on the Statement of Variability.*

   The Company address has been added to the Statement of Variability for form number CGI – RINC(VA)(0120).

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5. *A Statement of Variability (SOV) must be created for each form separately and the applicable form number should be appropriately labeled on each SOV.*

   Separate SOV's have been created for the 3 different components of the rate increase notification letter: **CGI – RINC(VA)(0120)**, **CGI – RINC(VA)(0120)-BR**, and **CGI – RINC(VA)(0120)-CNFO**. The form number has been added underneath the company name at the top of each SOV.

6. *The policyholder notification letter should have [Enclosures] as a variable item following the Signature. The variance for enclosures should be stated on the Statement of Variability and should include Benefit Reduction Form - CGI-RINC(VA)(0120)-BR if applicable and Contingent Nonforfeiture Benefit - CGI-RINC(VA)(0120)-CNFO.*

   [Enclosures] has been added to the rate increase notification letter following the signature as requested. It has been added to the SOV under page 2 for form CGI-RINC(VA)(0120). In most cases, both the benefit reduction and contingent nonforfeiture benefit forms will be included in the rate increase letter. However, the benefit reduction form will be excluded in some cases depending on the policyholder's current benefit levels.

7. *The "Contingent Nonforfeiture Benefit Form" does not appear to be correctly labeled. It should be called the "Contingent Nonforfeiture Benefit Option" since the form (CGI-NFBR-END (0317)) is filed SERFF Tr. Number GLTC-132186969.*

   The labeling on form CGI-RINC(VA)(0120)-CNFO was not changed. The form referenced, CGI-NFBR-END (0317), is a different form than this. That form is the endorsement that is sent to the policyholder upon election of the Contingent Nonforfeiture Benefit. The form CGI-RINC(VA)(0120)-CNFO that will be mailed as part of the rate increase notice is the form the policyholder can use to elect the Contingent Nonforfeiture Benefit. Once elected, the endorsement from GLTC-132186969 will be sent to the policyholder.

8. *If page numbers are being used, please ensure that any variance to the page number(s) are stated on the Statement of Variability.*

   The variance for page numbers has been added to the Statement of Variability for CGI-RINC(VA)(0120)-CNFO. The only page number that will potentially change is the Contingent Nonforfeiture Benefit Form. If the Benefit Reduction Form is included in the letter, the Contingent Nonforfeiture Benefit Form will be page 7. If the Benefit Reduction Form is excluded from the letter based on the policyholder's benefits, the Contingent Nonforfeiture Benefit Form will be page 5.

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Thank you for reviewing the information provided herein; if you have any additional questions, please feel free to contact the Company.

Sincerely,

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

CONTINENTAL GENERAL INSURANCE COMPANY

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May 6, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 04/06/2020 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. *Pursuant to 14VAC5-200-75 A. 4. the policyholder letter must include a statement that the policyholder has the right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.*

   We believe this is addressed on the cover page of the rate increase notification letter. The premium box discloses what the new premium will be as a result of the rate increase and the following sentences will disclose pre-approvals (if applicable) as well as future rate action. Can the State please provide additional clarification on what type of "revised premium rate or rate schedule" communication they are referring to if the referenced pieces of the letter do not fulfill this requirement?

2. *14VAC5-200-75 A. 2. requires that the policyholder letter contain an explanation of potential future premium rate revisions and the policyholder's option in the event of a premium rate revision.*

   A sentence has been added under the premium box on the cover page to disclose that the Company anticipates the need to request additional premium increases in the future. Additionally, the first and second page of the letter contain information regarding potential rate revisions and policyholder options. The section titled "Why your premium is increasing" describes why there is a rate increase and discloses "If these claim trends continue, the Company may need to increase your premiums again.". This is followed by a section titled "What options you have" which details the policyholder's options as a result of a premium rate revision.

3. *The full and proper corporate name of the insurer must prominently appear on the first page of all forms pursuant to 14VAC5-101-60 2. The corporate name text size should be a least as large*

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as the largest text size in the policyholder letter. Please increase the text size for "Continental General Insurance Company."

The text size for “Continental General Insurance Company” in the upper left hand corner of the first page has been increased to size 12 font. This is consistent with the largest text size in the policyholder letter.

4. *Please explain if the [Template ID] that appears on page 1, upper right corner of the letter is included on the actual letter that is mailed to the policyholder. If it is not included, please remove this from the policyholder letter forms since this would mean the policyholder letter form is not in its final format. If it does appear on the letter that is mailed, please explain the various Template ID numbers that are used and the definition of each in the SOV.*

   The Template ID in the upper right hand corner on page 1 is included on the actual letter mailed to the policyholder. This field is used internally to determine which letter template is used for each policy. The Statement of Variability has been updated to reflect a more detailed description of the template ID.

5. *Please state all the form numbers to which this certification applies. We cannot accept "et al". The certification should list all forms under the Form Schedule tab to which this filing applies.*

   Please see the updated **420 Certificate of Compliance – VA**.

6. *The address, phone, fax numbers should be bracketed in the footer since this same information is bracketed within the letter. Please add an explanation for this to the Statement of Variability as well.*

   The address, phone, and fax numbers in the footer have been bracketed and added to the Statement of Variability.

7. *We are unable to accept the Readability Report as it does not contain the form number to which it is applicable, a statement that attests that the readability score is applicable to the form, nor a signature by an officer of the Company and the date signed . If you revise the readability report to include the missing items we will be able to reconsider this.*

   Please see the document **VA Readability Compliance Certification - CGI 420**.

8. *4 Parts:*
   a. *At the top of page 5, [BENEFIT REDUCTION FORM...] is bracketed but the bracketed item is not explained on the Statement of Variability (SOV). Our concern would be addressed if page numbers 5 and 6 were made variable and explained on the SOV.*

      The noted brackets have been removed. Those brackets were around the entirety of pages 5 and 6 in the original letter because those pages are not always included based

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on the policyholder's current benefits. Since these pages are filed as a separate form, the brackets have been removed and it is instead noted on the Statement of Variability that this form is only sent to policyholders who have benefits that can be reduced in order to lower their premium.

b. *There are a number of bracketed items on page 5 and 6, which contain the Benefit Reduction Form, that are not explained on the SOV. Please check to see if all bracketed items are explained. For example, on page 5 [Rate Increase Effective Date + 120 Days] is missing.*

   The explanation for [Rate Increase Effective Date + 120 Days] has been updated in the SOV.

c. *The last sentence on page 5 which states, "This rate increase will be effective on your premium due date of [date]." does not have [date] listed on the SOV.*

   The explanation for [date] has been updated in the SOV.

d. *Page 6 there are a number of Benefit Reduction Options that are listed as variable as wells as the amount of benefit or number of days (i.e. [xxx.xxx.xx]; $[xxx,xxx.xx] and [xxx Days]. These items need to be added to the SOV and the variances explained.*

   These had not been included previously as separate fields because we believed they were addressed in the paragraph at the top of the SOV: "Note that member-specific information in this notice such as benefit reduction options, associated benefit levels and premium quotes may vary between policy issues and therefore, are not detailed below.". The noted fields have been added to the SOV as requested.

9. *As required in 14VAC5-200-75 D 2(b), provide a disclosure that all premium reduction options may not be of equal value. Since this is a disclosure required by the regulations, the statement should appear more prominent than the surrounding text (i.e. bold text, italics).*

   This disclosure is on the Benefit Reduction Form and has been added to the FAQ page as well.

10. *Please clarify if any of the active VA policyholders have purchased a Nonforfeiture benefit as a rider that is attached to the policy, pursuant to § 38.2-5210. Nonforfeiture benefit.*

    If there are active Nonforfeiture Benefit riders, please expand the explanation to include a section pertaining to this rider in the Frequently Asked Questions section of the policyholder notification letter, under "If I choose not to pay future premiums, what happens to my coverage?

    There are no CGI policyholders with the embedded benefit.

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Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

CONTINENTAL GENERAL INSURANCE COMPANY

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VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Insurer: Continental General Insurance Company
P. O. Box 203098, Austin, Texas 78720-3098
NAIC #71404

To Go With Individual Long-Term Care Insurance Policy Forms: 420 and 403, 405, 407, 408, 409, 410, 411, 414, 421, 422, 423, 428, 429, 430, 431, 432, 435, 436

Form #	Form Title and Description
CGI – RINC(VA)(0120)	**Rate Increase Notification** This is the first 4 pages of the rate increase notification letter. It includes the cover page containing the rate increase overview and the Frequently Asked Questions.
CGI – RINC(VA)(0120) – BR	**Benefit Reduction Form** This is a 2-page form. It contains the page describing how to lower coverage limits to lower premiums as well as the page containing benefit reduction quotes and the signature line if they choose to elect one of the options.
RINC(VA)(0120)-CNFO	**Contingent Nonforfeiture Benefit Form** This is a 1-page form. It describes how the contingent nonforfeiture benefit works and has a signature line if they choose to elect this option.

All three documents mentioned above will be stapled together as one document.

I hereby certify that the Flesh Reading Ease Score of the *Rate Increase Notification Letter* is 53.8. It contains:

215 Sentences 1959 Words 3292 Syllables 11 Point Type

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

Elizabeth A. Lovaas
Signature of Officer

Elizabeth A. Lovaas
Printed Name of Officer

Secretary
Title

May 6, 2020
Date

Long-term care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®

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May 15, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore:

Thank you for your correspondence via SERFF on 05/08/2020 regarding the rate revision filing for the above referenced policy forms. Please find the requested information in support of our rate filling below.

1. *It appears that the policyholder letter, CGI-RINC(VA)(1020) has been withdrawn from the form schedule. Please place the most recent version in the Form Schedule that coincides with the company's objection responses 5/06/2020.*

   The policyholder letter, CGI-RINC(VA)(0120), has been updated in the amendment on 5/8/2020.

2. *Please update the John Doe version of the policyholder letter and forms to the most current version.*

   Please see the attached John Doe versions of the policyholder letter and form. The names are bulleted below:
   - CGI-RINC(VA)(0120) - John Doe
   - CGI-RINC(VA)(0120)-BR - John Doe
   - CGI-RINC(VA)(0120)-CNFO - John Doe
   - RINC Letter - CGI - VA - Round 5 - Revised 2020.05 - John Doe

P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Continental General Insurance Company
[P.O. Box 203098
Austin, TX 78720-3098]

[John Doe]
[123 Insurance Street]
[Apt 1234]
[Anytown, VA 12345]

[February 26, 2098]

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: [CN99999999]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [May 15, 2098].

Current [Monthly] Premium	**New [Monthly] Premium**	**Rate Increase Percentage**
[$9,999.99]	[$9,999.99]	[99]%

[The Company will be implementing a [99]% increase to your premium rates approximately one year after the current increase.] The Company currently anticipates the need to request additional premium increases in the future.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**
   Your premium change will automatically occur on [May 15, 1998] with no changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**
   This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options, please return the completed form back to Us in the envelope provided.] [

3.]**Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
   This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to Us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,
[W. Travis Simpson]
[Senior Vice President and Chief Operating Officer]

[Enclosures]

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?
Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [www.scc.virginia.gov/BOI].

Can the Company delay making my premium increase effective until I decide which option is best for me?
No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?
You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [May 15, 2098], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.**

If I choose not to pay future premiums, what happens to my coverage?
Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [September 12, 2098], the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?
No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?
If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?
Call us toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to Us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call Us at [866-830-0607]. Our Client Services Department can help.

[If you choose to cancel your Return of Premium Benefit Rider (ROP) by selecting the appropriate option on the reverse side of this page, the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy. Please call the toll-free number above to receive more information regarding your one-time cash benefit.

Choosing to cancel your ROP rider will not impact the status of your base policy and any additional riders attached to your policy.

The one-time cash benefit is a limited time offer. The Company must be properly notified of your intent to cancel your ROP rider between now and [September 12, 2098]. If you choose to cancel your ROP rider after [September 12, 2098], the benefits associated with this change will be based on the ROP provisions included in your policy. This rate increase will be effective on your premium due date of [May 15, 2098].]

Your premium will increase to [$9,999.99] on [May 15, 2098]. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** [You can choose more than one option.] Sign and date at the bottom of the form and return this page to Us in the envelope provided.

[Benefit Reduction Option 1 – Cancel Return of Premium Benefit Rider

☐ Premium After Cancelling Rider $[999,999.99]]

[Benefit Reduction Option [2] – Downgrade Maximum Lifetime Benefit

Original Nursing Home Benefit	[$999,999]
Reduced Nursing Home Benefit	[$999,999]
Original Home Health Care Benefit	[$999,999]
Reduced Home Health Care Benefit	[$999,999]
☐ Premium After Reducing Benefit	$[999,999.99]
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$[999,999.99]]

[Benefit Reduction Option [3] – Downgrade Maximum Daily Benefit

Original Nursing Home Daily Benefit	$[999.99]
Reduced Nursing Home Daily Benefit	$[999.99]
Original Home Health Care Daily Benefit	$[999.99]
Reduced Home Health Care Daily Benefit	$[999.99]
☐ Premium After Reducing Benefit	$[999,999.99]
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$[999,999.99]]

[Benefit Reduction Option [4] – Increase Elimination Period

Current Elimination Period	[120 Days]
Increased Elimination Period	[180 Days]
☐ Premium After Increasing Elimination Period	$[999,999.99]
☐ Premium After Increasing Elimination Period and Cancelling ROP Rider	$[999,999.99]]

By signing below, I am authorizing Continental General Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____ Date: _____

Signature of Spouse (if applicable): _____ Date:_____

Policy No. [CN99999999] Policy Holder Name: [John Doe]

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:
The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:
If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders less any benefits paid by a Return of Premium Benefit Rider or Premium Accrual Benefit Rider. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:
The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase. [If you have a Return of Premium Benefit Rider on your policy, this rider will be canceled, and you will receive the one-time cash benefit associated with cancelling this rider.]

If you go on claim, each day you receive any benefits will count as one full day towards your maximum lifetime benefit.

How do I choose this benefit:
To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to Us using the provided envelope.
2. Lapse your policy between now and [September 12, 2098]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature:_____Date: _____

Signature of Spouse (if applicable):_____Date: _____

Policy No. [CN99999999] Policy Holder Name: [John Doe]

Continental General Insurance Company
[P.O. Box 203098
Austin, TX 78720-3098]

[John Doe]
[123 Insurance Street]
[Apt 1234]
[Anytown, VA 12345]

[February 26, 2098]

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: [CN99999999]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [May 15, 2098].

Current [Monthly] Premium	**New [Monthly] Premium**	**Rate Increase Percentage**
[$9,999.99]	[$9,999.99]	[99]%

[The Company will be implementing a [99]% increase to your premium rates approximately one year after the current increase.] The Company currently anticipates the need to request additional premium increases in the future.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**
   Your premium change will automatically occur on [May 15, 1998] with no changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**
   This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options, please return the completed form back to Us in the envelope provided.] [

3.]**Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
   This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to Us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,
[W. Travis Simpson]
[Senior Vice President and Chief Operating Officer]

[Enclosures]

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?
Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [www.scc.virginia.gov/BOI].

Can the Company delay making my premium increase effective until I decide which option is best for me?
No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?
You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [May 15, 2098], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.**

If I choose not to pay future premiums, what happens to my coverage?
Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [September 12, 2098], the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?
No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?
If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?
Call us toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to Us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call Us at [866-830-0607]. Our Client Services Department can help.

[If you choose to cancel your Return of Premium Benefit Rider (ROP) by selecting the appropriate option on the reverse side of this page, the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy. Please call the toll-free number above to receive more information regarding your one-time cash benefit.

Choosing to cancel your ROP rider will not impact the status of your base policy and any additional riders attached to your policy.

The one-time cash benefit is a limited time offer. The Company must be properly notified of your intent to cancel your ROP rider between now and [September 12, 2098]. If you choose to cancel your ROP rider after [September 12, 2098], the benefits associated with this change will be based on the ROP provisions included in your policy. This rate increase will be effective on your premium due date of [May 15, 2098].]

Your premium will increase to [$9,999.99] on [May 15, 2098]. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** [You can choose more than one option.] Sign and date at the bottom of the form and return this page to Us in the envelope provided.

[Benefit Reduction Option 1 – Cancel Return of Premium Benefit Rider

☐ Premium After Cancelling Rider $[999,999.99]]

[Benefit Reduction Option [2] – Downgrade Maximum Lifetime Benefit

Original Nursing Home Benefit	[$999,999]
Reduced Nursing Home Benefit	[$999,999]
Original Home Health Care Benefit	[$999,999]
Reduced Home Health Care Benefit	[$999,999]
☐ Premium After Reducing Benefit	$[999,999.99]
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$[999,999.99]]

[Benefit Reduction Option [3] – Downgrade Maximum Daily Benefit

Original Nursing Home Daily Benefit	$[999.99]
Reduced Nursing Home Daily Benefit	$[999.99]
Original Home Health Care Daily Benefit	$[999.99]
Reduced Home Health Care Daily Benefit	$[999.99]
☐ Premium After Reducing Benefit	$[999,999.99]
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$[999,999.99]]

[Benefit Reduction Option [4] – Increase Elimination Period

Current Elimination Period	[120 Days]
Increased Elimination Period	[180 Days]
☐ Premium After Increasing Elimination Period	$[999,999.99]
☐ Premium After Increasing Elimination Period and Cancelling ROP Rider	$[999,999.99]]

By signing below, I am authorizing Continental General Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____ Date: _____

Signature of Spouse (if applicable): _____ Date:_____

Policy No. [CN99999999] Policy Holder Name: [John Doe]

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:
The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:
If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders less any benefits paid by a Return of Premium Benefit Rider or Premium Accrual Benefit Rider. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:
The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase. [If you have a Return of Premium Benefit Rider on your policy, this rider will be canceled, and you will receive the one-time cash benefit associated with cancelling this rider.]

If you go on claim, each day you receive any benefits will count as one full day towards your maximum lifetime benefit.

How do I choose this benefit:
To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to Us using the provided envelope.
2. Lapse your policy between now and [September 12, 2098]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature:_____Date: _____

Signature of Spouse (if applicable):_____Date: _____

Policy No. [CN99999999] Policy Holder Name: [John Doe]

July 15, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 06/15/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *For compliance with 14VAC5-200-75 A. 2. the company must provide an explanation of potential future premium rate revisions and the policyholder's option(s) in the event of an increase.*

   We are concerned that the policyholder would not understand the need for a future rate increase since they are receiving one under this current filing to address the claims experience as stated under the section, "Why your premium is increasing:". This addresses the current rate increase. If the premium increase accounts for people living longer and the rising cost of long-term care, the letter should explain why a future increase may be necessary.

   Our concerns would be addressed if the company provided an explanation for what would trigger a future rate increase and that options similar to those outlined under, "What options you have:" are available to eligible policyholders if a future increase is approved by the Virginia Bureau of Insurance.

   A sentence has been added under the premium box on the cover page to disclose that the Company anticipates the need to request additional premium increases in the future, it states "The Company reserves the right to request a future rate increase as per the policy. In the event of a future rate increase, which must first be approved by the Virginia Bureau of Insurance, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy."

2. *1) Please explain why page 4 of CGI - RINC(VA)(0120) is blank.*

   2) Since the Benefit Reduction Form, CGI - RINC(VA)(0120)-BR, and CGI - RINC(VA)(0120)-CNFO Form are designed to be returned to the company with a signature, the policyholder letter must include a description of these options in the letter itself so that the policyholder retains them. The policyholder letter body may not contain a removable form.

   1) This page is blank so that both pages of the benefit reduction form, CGI-RINC(VA)(0120)-BR, print on the same page. These letters are printed double sided.

2) A description of the benefit reduction options shown in the benefit reduction form has been added on page 2 of the letter under the "Lower your premium by choosing to lower your coverage limits" section. This field is variable because it will be specific to which benefits are shown on a policyholder's letter.

3. *Statement of Variability for CGI - RINC(VA)(0120)*

   Please advise if all items sent as an Enclosure are identified on the Statement of Variability. For example, a self-addressed return envelope.

   The self-addressed return envelope has been added to the SOV's for the CNFO form. Only 1 return envelope is enclosed with each notification letter, so it is not referenced on the other 2 SOV's.

4. *After considering the objection letter of 6/15/2020, please include updated John Doe letters for each policyholder option. Please ensure that there are no bracketed items that appear within the John Doe letters. This will help us follow the letter in the same format as received by an actual policyholder.*

   Attached is an example John Doe letter. This letter reflects the letter as it would be sent to the policyholder and therefore it is not split into the separate forms. If additional variation examples are needed please let me know.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Continental General Insurance Company
P.O. Box 203098
Austin, TX 78720-3098

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: CN99999999

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of May 15, 2098.

Current Monthly Premium	New Monthly Premium	Rate Increase Percentage
$9,999.99	$9,999.99	99%

The Company will be implementing a 99% increase to your premium rates approximately one year after the current increase. The Company reserves the right to request a future rate increase as per the policy. In the event of a future rate increase, which must first be approved by the Virginia Bureau of Insurance, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**
   Your premium change will automatically occur on May 15, 2098 with no changes to your

coverage. No action is needed from you.

2. **Lower your premium by choosing to lower your coverage limits**
   This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at 866-830-0607. If you would like to choose one of the provided options regarding your Return of Premium Benefit Rider, Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period, please return the completed form back to Us in the envelope provided.

3. **Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
   This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to Us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call Us toll-free at 866-830-0607, and our Client Services Department can help.

Sincerely,
W. Travis Simpson
Senior Vice President and Chief Operating Officer

Enclosures

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?
Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Can the Company delay making my premium increase effective until I decide which option is best for me?
No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?
You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date May 15, 2098, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.**

If I choose not to pay future premiums, what happens to my coverage?
Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until September 12, 2098, the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?
No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?
If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?
Call us toll-free at 866-830-0607, and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to Us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call Us at 866-830-0607. Our Client Services Department can help.

If you choose to cancel your Return of Premium Benefit Rider (ROP) by selecting the appropriate option on the reverse side of this page, the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy. Please call the toll-free number above to receive more information regarding your one-time cash benefit.

Choosing to cancel your ROP rider will not impact the status of your base policy and any additional riders attached to your policy.

The one-time cash benefit is a limited time offer. The Company must be properly notified of your intent to cancel your ROP rider between now and September 12, 2098. If you choose to cancel your ROP rider after September 12, 2098, the benefits associated with this change will be based on the ROP provisions included in your policy. This rate increase will be effective on your premium due date of May 15, 2098.

Your premium will increase to $9,999.99 on May 15, 2098. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** You can choose more than one option. Sign and date at the bottom of the form and return this page to Us in the envelope provided.

Benefit Reduction Option 1 – Cancel Return of Premium Benefit Rider

☐ Premium After Cancelling Rider	$999,999.99

Benefit Reduction Option 2 – Downgrade Maximum Lifetime Benefit

Original Nursing Home Benefit	$999,999
Reduced Nursing Home Benefit	$999,999
Original Home Health Care Benefit	$999,999
Reduced Home Health Care Benefit	$999,999
☐ Premium After Reducing Benefit	$999,999.99
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$999,999.99

Benefit Reduction Option 3 – Downgrade Maximum Daily Benefit

Original Nursing Home Daily Benefit	$999.99
Reduced Nursing Home Daily Benefit	$999.99
Original Home Health Care Daily Benefit	$999.99
Reduced Home Health Care Daily Benefit	$999.99
☐ Premium After Reducing Benefit	$999,999.99
☐ Premium After Reducing Benefit and Cancelling ROP Rider	$999,999.99

Benefit Reduction Option 4 – Increase Elimination Period

Current Elimination Period	999 Days
Increased Elimination Period	999 Days
☐ Premium After Increasing Elimination Period	$999,999.99
☐ Premium After Increasing Elimination Period and Cancelling ROP Rider	$999,999.99

By signing below, I am authorizing Continental General Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____ Date: _____

Signature of Spouse (if applicable): _____ Date:_____

Policy No. CN99999999 Policy Holder Name: John Doe

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:
The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:
If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders less any benefits paid by a Return of Premium Benefit Rider or Premium Accrual Benefit Rider. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:
The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase. If you have a Return of Premium Benefit Rider on your policy, this rider will be canceled, and you will receive the one-time cash benefit associated with cancelling this rider.

If you go on claim, each day you receive any benefits will count as one full day towards your maximum lifetime benefit.

How do I choose this benefit:
To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to Us using the provided envelope.
2. Lapse your policy between now and September 12, 2098. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call Us toll-free at 866-830-0607, and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature:_____Date: _____

Signature of Spouse (if applicable):_____Date: _____

Policy No. CN99999999 Policy Holder Name: John Doe

July 15, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 06/29/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *Frequently Asked Questions - 1st Paragraph*

   Please correct the VA BOI website url.

   The VA BOI website URL has been updated.

2. *Pursuant to 14VAC5-200-75 A. 4. b., please include a statement in the policyholder notification letter that they policyholder has a right to a revised rate schedule.*

   Our concern would be addressed if language similar to, "You have the right to request a revised premium rate schedule. To request one, please contact Customer Service at telephone number xxx-xxx-xxxx."

   The Company believes this is addressed on the cover page of the rate increase notification letter. The premium box discloses what the new premium will be as a result of the rate increase and the following sentences will disclose pre-approvals (if applicable) as well as future rate action.

   Can the Department please provide additional clarification on what type of "revised premium rate or rate schedule" communication they are referring to if the referenced pieces of the letter do not fulfill this requirement?

3. *1) [Enclosures] should not be variable on the notification letter. Please remove the brackets and state the enclosures that are to be sent with each letter. Statement of Variability for CGI - RINC(VA)(0120)*

   2) Please remove [Enclosures] from the SOV.

   3) *The Statement of Variability should be expanded to explain the insertion of Frequently Asked Questions, CGI-RINC(VA)(0120)-CNFO and CGI-RINC(VA)(0120)-BR*

[Enclosures] was added to the notification letter and SOV specifically at the DOI's request in the objection sent on 01/28/2020. The following is item number 6 in that objection:

6. The policyholder notification letter should have [Enclosures] as a variable item following the Signature. The variance for enclosures should be stated on the Statement of Variability and should include Benefit Reduction Form - CGI-RINC(VA)(0120)-BR if applicable and Contingent Nonforfeiture Benefit - CGI-RINC(VA)(0120)-CNFO.

Can the Department please provide further clarification on this item?

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Statement of Variability
Continental General Insurance Company
CGI – RINC(VA)(0120)

The following items are indicated as variable items in form CGI – RINC(VA)(0120).

Page	Variable Items	Justification
Page 1	[Template ID]	This is a field that is used internally to determine which of the bracketed wording variations below are included in the letter for each policyholder. This template id will be of the format CGIRI[PA][MFI][0BR][IGR]5VA5, where the bracketed pieces included will vary based on the rate increase approval and whether or not benefit reductions will be included in the letter for the policyholder.
	[P.O. Box 203098 Austin, TX 78720-3098]	The Company address is stated as variable in case of a change in the future.
	[Today's Date]	The letters are printed at different times based on the effective date of the policyholder's rate increase. The date the letter is printed will determine the date that is used here.
	[Name]	The first name and last name at the beginning of the letter are the name of the policyholder to whom the letter is being mailed.

Page 1, continued	[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code] [XXXXXXXXXX] [Rate Increase Effective Date] [Modal] [$X,XXX.XX] [XX]% [The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.] [P.O. Box 203098 ● Austin, TX 78720-3098 ● Toll Free: (866) 830-0607 ● Fax: (888) 769-0737]	The address information used here will vary based on the policyholder's mailing address. This field will reflect the policyholder's policy number. The date used here will vary based on the policyholder's premium payment dates. The mode used here will vary based on the policyholder's premium payment schedule. These fields will reflect the current modal premium and new modal premium for the policyholder. This field will reflect the rate increase percentage impacting the policyholder's premiums. There are different methods that a rate increase can be implemented. This statement will be used if the approval we receive from the state is to be implemented in multiple phases. The Company address is stated as variable in case of a change in the future.

Page 2	[2. Lower your premium by choosing to lower your coverage limits This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Return of Premium Benefit Rider, Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.] [3.] [866-830-0607] [W. Travis Simpson] [Senior Vice President and Chief Operating Officer] [Benefit Reduction Form,]	This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Return of Premium Benefit Rider, Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder's Benefit Reduction Form. This is bracketed because the numbering will reflect "2." in cases where the bracketed benefit reduction option is excluded from the letter based on the policyholder's benefits. This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information. These fields are variable in the event of a future change.
Page 2, continued		Form CGI-RINC(VA)(0120)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.
Page 3	[Rate Increase Effective Date] [Rate Increase Effective Date + 120 Days]	The date used here will vary based on the policyholder's premium payment dates. The date used here will vary based on the policyholder's premium payment dates.

	[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx] [866-830-0607]	This field is variable in the event of a future change. This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.

Statement of Variability
Continental General Insurance Company
CGI – RINC(VA)(0120)-BR

The following items are indicated as variable items in form CGI – RINC(VA)(0120)-BR. Note that member-specific information in this notice such as benefit reduction options, associated benefit levels and premium quotes may vary between policy issues. This form will only be included with the rate increase notice for policyholders who have benefits that can be reduced in order to lower their premium.

Page	Variable Items	Justification
Page 5	[866-830-0607]	This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.
	[If you choose to cancel your Return of Premium Benefit Rider (ROP) by selecting the appropriate option on the reverse side of this page, the Company will provide you with a one-time cash benefit that is no less than the benefit described in your policy and will remove the rider from your policy. Please call the toll-free number above to receive more information regarding your one-time cash benefit. Choosing to cancel your ROP rider will not impact the status of your base policy and any additional riders attached to your policy. The one-time cash benefit is a limited time offer. The Company must be properly notified of your intent to cancel your ROP rider between now and [Rate Increase Effective Date + 120 Days]. If you choose to cancel your ROP rider after [Rate Increase Effective Date + 120 Days], the benefits associated with this change will be based on the ROP provisions included in your policy. This rate increase will be effective on your premium due date of [date].]	This statement only pertains to policyholders with the Return of Premium rider.
	[Rate Increase Effective Date +120 Days]	This field will vary based on the policyholder's premium payment dates.
	[date]	This field will vary based on the policyholder's premium payment dates.

Page 6	[$X,XXX.XX]	This field will reflect the new modal premium for the policyholder.
	[Rate Increase Effective Date]	The date used here will vary based on the policyholder's premium payment dates.
	[You can choose more than one option.]	This sentence will only be included when there are multiple benefit reduction options shown.
	$[XXX,XXX.XX]	These fields will reflect the new modal premium for the policyholder if the benefit reduction is elected.
	$[XXX,XXX]	These fields will reflect the original and reduced maximum lifetime benefits for the downgrade maximum lifetime benefit reduction option.
	$[XXX.XX]	These fields will reflect the original and reduced maximum daily benefits for the downgrade maximum daily benefit reduction option.

Page 6, ctd.	[XXX Days]	These fields will reflect the original and increased elimination periods for the increase elimination period benefit reduction option.
	[Policy Number]	This field will reflect the policyholder's policy number.
	[Policy Holder Name]	This field will reflect the policyholder's name.

Statement of Variability
Continental General Insurance Company
CGI – RINC(VA)(0120)-CNFO

The following items are indicated as variable items in form CGI – RINC(VA)(0120)-CNFO.

Page	Variable Items	Justification
Page 7	[If you have a Return of Premium Benefit Rider on your policy, this rider will be canceled, and you will receive the one-time cash benefit associated with cancelling this rider.]	This statement only pertains to policyholders with the Return of Premium rider.
	[Rate Increase Effective Date + 120 Days]	The date used here will vary based on the policyholder's premium payment dates.
	[866-830-0607]	This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.
	[Policy Number]	This field will reflect the policyholder's policy number.
	[Policy Holder Name]	This field will reflect the policyholder's name.
	[7]	The page number will change to 5 in cases where the Benefit Reduction Form is not included with the rate increase notice.

July 24, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 07/16/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *The company name in the top left corner of the first page does not appear as prominent as the text in the letter. Even though it is in a 12-point font, the Times New Roman font differs from the body of the letter which is in Arial 12-point font. Our concern would be addressed if the company made the font type (Arial or Times New Roman) consistent throughout the letter. The company name should remain in bold.*

   The header in the top left corner of the first page has been updated to be in Arial 12-point font to be consistent with the body of the letter.

2. *July 15, 2020 Company Response Letter - Objection #2 - regarding the request to provide additional clarification about the "revised premium rate or rate schedule". Please refer to 14VAC5-200-75 A. 4. b. which states;*

   4. A general explanation for applying premium rate or rate schedule adjustments that shall include:

   a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and

   b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;

   Our concern would be addressed if language similar to, "You have the right to request a revised premium rate or rate schedule." were included in the policyholder letter.

   Can the State please confirm that the "revised premium rate or rate schedule" that they are referring to is simply a document to the policyholder that states what their new premium is and the effective date as a result of coverage changes they have elected in the event of a premium rate revision? If so, would adding a statement similar to the wording above under the "If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?" section of the FAQ's address the State's concern?

3. *July 15, 2020 Company Response Letter - Objection #3 and #6 - regarding the request to provide further clarification regarding Enclosures.*

   The items that are included with the policyholder letter are (i) Frequently Asked Questions pages 3 and 4; (ii) Benefit Reduction Form (GI-RINC(VA)(0120)-BR) pages 5 and 6; (iii) Contingent Nonforfeiture Benefit Form (CGI – RINC(VA)(0120)-CNFO) page 7; and (iv) self-addressed return envelope.

   An example of how the policyholder letter form should read for the Enclosures is provided below:

   Enclosures - Frequently Asked Questions, [Benefit Reduction Option Form], Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

   In the policyholder letter, the Benefit Reduction Form is optional (variable) in that some policyholders do not have a benefit reduction option. Therefor the Benefit Reduction Form would not appear as an enclosure. Since, the Benefit Reduction Option Form is variable, the Statement of Variability should list and explain the variance.

   Items that are not variable, (i.e. "Enclosures", Frequently Asked Questions, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope) should not appear on the Statement of Variability but should be printed on the policyholder letter form (CGI-RINC(VA)(0120).

   The Enclosures section on page 2 of the letter has been updated to reflect the specific enclosed items. The SOV for CGI-RINC(VA)(0120) has been updated to include [Benefit Reduction Form,] instead of [Enclosures]. Additionally, the self-addressed return envelope has been removed from the SOV for CGI-RINC(VA)(0120)-CNFO.

4. *Statement of Variability for CGI-RINC(VA)(0120) and CGI-RINC(VA)(0120) policyholder notification letter.*

   Enclosures should not be variable on the SOV since it will always be printed on the letter. The variability is to the documents that may or may not be included as an enclosure.

   This has been addressed – see objection 3 notes above.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

August 3, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 420 et al.
SERFF Tracking Number: GLTC-131253864

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 07/29/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *Objection #2. Company's question, "Can the State please confirm that the "revised premium rate or rate schedule" that they are referring to is simply a document to the policyholder that states what their new premium is and the effective date as a result of coverage changes they have elected in the event of a premium rate revision? If so, would adding a statement similar to the wording above under the "If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?" section of the FAQ's address the State's concern?*

   Pursuant to the regulation, a general statement similar to, "You have the right to request a revised premium rate or rate schedule." must appear in the policyholder letter. It is not just applicable to lower premiums but also to premium increases. The policyholder has the right to request a revised premium rate or rate schedule. Some policyholders may only require the new premium amount and effective date. Other policyholders may wish to see the rate schedule under which the revised premium was calculated.

   The wording "You have the right to request a revised premium rate or rate schedule" has been added to the policyholder notification letters, updated in the Form Schedule tab. The change did not require any updates to the Statement of Variance.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717