

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

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.001 Qualified
 Filing Type: Rate
 Date Submitted: 05/16/2019
 SERFF Tr Num: GLTC-131940319
 SERFF Status: Closed-Approved and Filed
 State Tr Num: GLTC-131940319
 State Status: Approved & Filed
 Co Tr Num: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Effective: On Approval
 Date Requested:
 Author(s): Deborah Keeler, Beth Lovaas, Eric Coldewey, Huyen Pham, Elizabeth Burchfield, Noah Simonson, Melissa Sample, Elizabeth O'Brien, Madison Nahrup, David Weizeorick, Jacob Allensworth, Kyle Diaz
 Reviewer(s): Bill Dismore (primary)
 Disposition Date: 06/07/2021
 Disposition Status: Approved and Filed
 Effective Date:

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

General Information

Project Name: GALIC FORMS RATE INCREASE FILING FOR Status of Filing in Domicile: Not Filed
 2019 (2LTC)

Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments: Texas is the state of domicile. The Company does intend to file for future rate increases in the near future.

Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: 150% Filing Status Changed: 06/07/2021
 State Status Changed: 06/07/2021
 Deemer Date: 07/02/2021 Created By: Eric Coldewey
 Submitted By: Eric Coldewey Corresponding Filing Tracking Number:
 State TOI: LTC03I Individual Long Term Care

Filing Description:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the referenced Long-Term Care Insurance products. This filing is intended to be a continuation of the rate increase filing submitted under SERFF Tracking Number GLTC-131862837.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase 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.

Company and Contact

Filing Contact Information

Deborah Keeler, Senior Associate Actuary debby.keeler@continental-ins.com
 11001 Lakeline Blvd. 512-410-0805 [Phone]
 Suite 120 512-257-0218 [FAX]
 Austin, TX 78717

SERFF Tracking #: GLTC-131940319

State Tracking #: GLTC-131940319

Company Tracking #: GALIC FORMS RATE
INCREASE FILING FOR 201...

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

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:

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Filing Company: Continental General Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bill Dismore	06/07/2021	06/07/2021

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	05/05/2021	05/05/2021
Info has been requested from company	Bill Dismore	01/15/2021	01/15/2021
Info has been requested from company	Bill Dismore	12/11/2020	12/11/2020
Info has been requested from company	Bill Dismore	11/10/2020	11/10/2020
Info has been requested from company	Bill Dismore	11/09/2020	11/09/2020
Info has been requested from company	Bill Dismore	08/26/2020	08/26/2020
Info has been requested from company	Bill Dismore	07/16/2020	07/16/2020
Info has been requested from company	Bill Dismore	06/15/2020	06/15/2020
Info has been requested from company	Bill Dismore	04/17/2020	04/17/2020
Info has been requested from company	Bill Dismore	02/06/2020	02/06/2020

Response Letters

Responded By	Created On	Date Submitted
David Weizeorick	06/03/2021	06/03/2021
David Weizeorick	02/05/2021	02/08/2021
David Weizeorick	01/08/2021	01/08/2021
Noah Simonson	11/11/2020	11/11/2020
David Weizeorick	12/09/2020	12/09/2020
Cameron Zima	08/28/2020	08/28/2020
Cameron Zima	07/27/2020	07/27/2020
Noah Simonson	07/15/2020	07/15/2020
Cameron Zima	05/14/2020	05/14/2020
Cameron Zima	03/05/2020	03/05/2020

State: Virginia Filing Company: Continental General Insurance Company
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Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	01/06/2020	01/06/2020
Info has been requested from company	Bill Dismore	11/21/2019	11/21/2019
Info has been requested from company	Bill Dismore	10/08/2019	10/08/2019
Info has been requested from company	Bill Dismore	09/05/2019	09/05/2019
Info has been requested from company	Bill Dismore	07/15/2019	07/15/2019
Info has been requested from company	Bill Dismore	05/21/2019	05/21/2019

Response Letters

Responded By	Created On	Date Submitted
Cameron Zima	01/20/2020	01/20/2020
Cameron Zima	12/19/2019	12/19/2019
Cameron Zima	11/07/2019	11/07/2019
Cameron Zima	09/19/2019	09/19/2019
Eric Coldewey	08/15/2019	08/15/2019
Eric Coldewey	06/28/2019	06/28/2019

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	CGI(GAL)-RINC(VA)(0320)-BR	David Weizeorick	06/03/2021	06/03/2021

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection Letter of 11/10/2020	Note To Filer	Bill Dismore	11/10/2020	11/10/2020
Extension Request Granted	Note To Filer	Bill Dismore	06/21/2019	06/21/2019
Extension Request	Note To Reviewer	Eric Coldewey	06/20/2019	06/20/2019
Call between BOI & Company	Reviewer Note	Bill Dismore	12/08/2020	
Background & Notice and Certification of Assumption (United Teachers Associates Insurance Company & Great American Life Insurance Company)	Reviewer Note	Bill Dismore	07/28/2020	
7/24/2020 Call With Company	Reviewer Note	Bill Dismore	07/24/2020	
Actuarial Final Opinion & Summary Report	Reviewer Note	Bill Dismore	02/04/2020	

SERFF Tracking #: GLTC-131940319 **State Tracking #:** GLTC-131940319 **Company Tracking #:** GALIC FORMS RATE INCREASE FILING FOR 201...

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RRS	Reviewer Note	Bill Dismore	05/21/2019	

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Filing Company: Continental General Insurance Company

Disposition

Disposition Date: 06/07/2021

Effective Date:

Status: Approved and Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental General Insurance Company	150.000%	150.000%	\$298,142	121	\$198,761	150.000%	150.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Response to Objection 5/21/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection 7/15/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 09/05/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 10/08/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 11/21/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 01/06/2020	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Sent 02/06/2020	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Sent 04/17/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 06/15/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 07/16/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 08/26/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 11/09/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 12/11/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 1/15/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 5/5/2021	Received & Acknowledged	Yes

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Response to Objection Sent 02/06/2020	Withdrawn	No
Supporting Document	Response to Objection Sent 04/17/2020	Withdrawn	No
Form (revised)	CGI(GAL)-RINC(VA)(0320)	Approved	Yes
Form (revised)	CGI(GAL)-RINC(VA)(0320)-BR	Approved	Yes
Form (revised)	CGI(GAL)-RINC(VA)(0320)-CNFO	Approved	Yes
Form (revised)	CGI(GAL)-RINC(VA)(0320)-CNFOLP	Approved	Yes
Form (revised)	CGI(GAL)-RINC(VA)(0320)LP	Approved	Yes
Form	CGI(GAL)-RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL) - RINC(VA)(0818)	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-BR	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-BR	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-BR	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-BR	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-BR	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFO	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFO	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFO	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFO	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFO	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFO	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFOLP	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFOLP	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFOLP	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)-CNFOLP	Withdrawn	No

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	CGI(GAL)-RINC(VA)(0320)-CNFOLP	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)LP	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)LP	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)LP	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)LP	Withdrawn	No
Form	CGI(GAL)-RINC(VA)(0320)LP	Withdrawn	No
Rate	VA - GALIC 2LTCI Rate Sheets	Approved	Yes

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
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Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/05/2021
Submitted Date	05/05/2021
Respond By Date	06/04/2021

Dear Deborah Keeler,

Introduction:

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

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: The policyholder letter states on the first page, 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.

Please revise using the alternative language provided below

Any future rate increases will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available.

Objection 2

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: The policyholder letter should use the same terms as approved in the policy and related endorsements. Unless the contingent benefit upon lapse was approved using the term Contingent Nonforfeiture benefit, the reference should be contingent benefit upon lapse.

Please confirm and provide the appropriate filed and approved policy and endorsement language to support the use of Contingent Nonforfeiture benefit.

Objection 3

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: The disclosure regarding partnership policies appearing on page 3 and required by 14 VAC 5-200-75 D 2 c should appear in bold print.

Objection 4

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: To conform with 14VAC5-200-75 A. 4. b. the policyholder letter must contain the offer of a revised rate schedule.

State: Virginia **Filing Company:** Continental General Insurance Company
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We were unable to locate this offer. Please add a statement to comply.

Objection 5

- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: Option 2 is not in conformity with the regulation by stating in Item 2 on the second page that if the policy lapses within 120 days, Option 2 will be provided unless directed otherwise. Please revise.

While we understand that Option 2 provides a different option than that described in 14VAC 5-200-185, in the situation where the policy lapses within 120 days of the premium increase and the insured does not make a selection otherwise, the default must be a policy with a paid-up status with a shortened benefit period for conformity with the regulation.

§ 38.2-5210 and 14 VAC 5-200-185 requires a carrier that markets LTC policies to offer and make available a nonforfeiture benefit. If the nonforfeiture benefit is declined, the insured become eligible for the contingent benefit upon lapse if the rate increase triggers are met. 14 VAC 5-200-185 D 5 c provides that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert the policy to a policy with a paid-up status.

Conclusion:

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

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/15/2021
Submitted Date	01/15/2021
Respond By Date	02/14/2021

Dear Deborah Keeler,

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

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)

Comments: 1. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320) from the Form Schedule tab (Item No. 1) and place it under the Supporting Documentation tab.

2. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR from the Form Schedule tab (Item No. 2) and place it under the Supporting Documentation tab.

3. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO from the Form Schedule tab (Item No. 3) and place it under the Supporting Documentation tab.

4. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP from the Form Schedule tab (Item No. 4) and place it under the Supporting Documentation tab.

5. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP from the Form Schedule tab (Item No. 5) and place it under the Supporting Documentation tab.

Objection 2

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)

- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: In your response to objections #1 and #2 in our letter of 12/11/2020, the BOI requested that the company remove "Great American Life Insurance Company" from all forms. A form submitted for approval cannot be used by another insurance company with a different NAIC number.

Please revise the Statement of Variability for each form to remove the variance of the Company name. These forms and statements of variability may only apply to forms filed on behalf of Continental General Insurance Company.

The company may file a form under Great American Life Insurance Company's NAIC # similar to the one filed under the Continental General Insurance Company NAIC #.

Objection 3

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)

State: Virginia **Filing Company:** Continental General Insurance Company
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- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: This objection is in regards to the company's #6 response to our 12/12/2020 objection letter regarding administration for insurance companies found on the lower right hand corner of page 1 in each of the above referenced forms.

Even though the insurance block may be closed, at most the inclusion of the text, "Administration for: Great American Life Insurance Company and Loyal American Life Insurance Company" appears to be advertisement, and at minimum a statement to emphasize the scope of the company's administrative duties, both of which are outside the intended purposes of the long-term care policyholder rate increase notification letter. If the company believes that the BOI has approved this language in a previous filing, please provide the SERFF Tracking Number and the form number containing the standard language that the company wishes to continue to use. Otherwise, we recommend that the company remove reference to any insurance company other than Continental General Insurance Company.

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

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Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/11/2020
Submitted Date	12/11/2020
Respond By Date	01/08/2021

Dear Deborah Keeler,

Introduction:

The Bureau has reviewed this filing and has the following concerns. A further review will be performed once these concerns are addressed.

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

Please respond as soon as possible, but no later than the "Respond by" Date above.

Objection 1

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

Comments: Page 6, last paragraph above Signature. Please remove "Great American Life Insurance Company" and brackets since this letter is particular to Continental General Insurance Company policyholders. It should read that the policyholder is authorizing Continental General Insurance Company, not any other company.

Objection 2

- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)

Comments: Please remove "Great American Life Insurance Company" and the variability bracket from the last paragraph, above the signature line. It should read that the policyholder is authorizing Continental General Insurance Company, not any other company.

Objection 3

- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: Both of the above forms are titled, "Contingent Nonforfeiture Benefit Form" but they have different coverage options. Please explain the company's reason for naming the forms the same.

The Virginia Bureau of Insurance believes the form, CGI(GAL) - RINC(VA)(0320)-CNFO is more appropriately called "Contingent Benefit Upon Lapse" pursuant to 14VAC5-200-185 D. The explanation of coverage language must closely mirror that found in 14VAC5 200-185 E. 3, "The contingent benefit upon lapse will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The minimum benefit shall not be less than 30 times the daily nursing home benefit at the time of lapse."

Please consider revising the title to form CGI(GAL) - RINC(VA)(0320)-CNFO and the paragraph "How long is my new coverage:"

Objection 4

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: The word "Enclosures" should not be variable. Only documents that accompany the letter as an enclosure can be

State: Virginia **Filing Company:** Continental General Insurance Company
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variable (i.e. Form CGI(GAL) RINC(VA)(0320)-BR and Form CGI(GAL) RINC(VA)(0320)-CNFOLP) are examples as well as the return envelope mentioned on those forms.

Please revise the forms to remove the variable brackets around the word "Enclosures". Variability should be shown for the forms that may be sent with the policyholder letter as an enclosure. If a return envelope is not a variable item, then it should be listed under Enclosures but not as variable.

On the Statement of Variability (SOV) for each form, revise the SOV to list and explain the use of any variable enclosures.

Objection 5

- Response to Objection Sent 06/15/2020 (Supporting Document)
- Comments: John Doe letters

Per 14VAC5-101-60. 5., "Each form shall be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used."

The first sentence below the table in the section, "When and how much your premium is increasing:" should be deleted from the John Doe version of the letter since the rate increase is based upon a single increase and not a multiple year increase.

Objection 6

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)
- Comments: Lower Right Hand Corner on Page 1

The text, "Administration for: Great American Life Insurance Company and Loyal American Life Insurance Company" appears to be an advertisement as it has no meaning to a Continental General Insurance Company policyholder. Please remove this text so it does not cause confusion for the policyholder.

Objection 7

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: 1) The first sentence following the section header, "What options you have:' does not appear to be properly structured and there are spacing issues.

Our concern would be addressed if the sentence were amended to something similar to, "The following options to reduce your premium increase are available to you."

2) Under Option 2. and Option 3. and also appearing on other forms submitted for approval, the company capitalizes the letter "U" in the word "Us". Since "Us" is not defined, the word should not be capitalized.

Objection 8

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: Please explain why the above separately approved forms contain page numbers. Explain why they are not listed as an enclosure under the policyholder letter and the page number removed.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is requested as soon as possible. Failure to respond may result in the filing becoming DISAPPROVED. An extension may be requested in advance of the "Respond by" date. 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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/10/2020
Submitted Date	11/10/2020
Respond By Date	11/13/2020

Dear Deborah Keeler,

Introduction:

During our review of the proposed rates, 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

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm if there are any active Great American Insurance policies currently active in Virginia for forms 1LTCIP0001 (NH Only), 1LTCIP0002 (NH + Home Care). If so, please provide the number of policies.

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: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/09/2020
Submitted Date	11/09/2020
Respond By Date	12/09/2020

Dear Deborah Keeler,

Introduction:

During our review of the proposed rates, 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

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- VA - GALIC 2LTCI Rate Sheets, [2LTCIP0001 (VA)] (Rate)

Comments: Since Great American Life Insurance Company (GAIC) retains legal responsibility for policies issued under the GAIC name, the GAIC Long Term Care rate request must be filed independently of Continental General Life Insurance Company.

Please remove all GAIC policies from the supporting experience data and revise the proposed rate increase for only those policies issued under Continental General Insurance Company (CGIC).

The Certificate of Assumption and the fact that CGIC is a 100% reinsurer does not allow CGIC to file the rate request on behalf of GAIC. GAIC must file for a rate revision on the long term care policy forms under their own NAIC number.

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/26/2020
Submitted Date	08/26/2020
Respond By Date	09/04/2020

Dear Deborah Keeler,

Introduction:

During our review of the proposed rates, 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

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

Comments: We have reviewed the Notice and Certification of Assumption provided as well as the supporting documentation in SERFF Tracking # UTAC-126674908 in support of the Assumption Agreement.

After our review, please clarify for us the following:

1) If a policyholder did not accept the assumption agreement and remained with Great American Life Insurance Company (GALIC), is GALIC financially and legally responsible for any and all risk on their policy?

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

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	07/27/2020

Dear Deborah Keeler,

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 Sent 06/15/2020 (Supporting Document)

Comments: Objection 1. Response - July 15, 2020 Response Letter

- 1) Please explain the relationship between Great American Life Insurance Company (NAIC # 63312) and Continental General Insurance Company (NAIC # 71404) as it pertains to the rate revision filing for the Long Term Care policy form 2LTCIP0001.
- 2) Please provide the authorization letter from Great American Life Insurance Company that authorizes Continental General to file a long term rate revision for this form on their behalf.
- 3) Please explain how the experience of the two companies are able to be pooled together for the purposes of this rate revision.
- 4) Please provide the SERFF Tracking Number that grants approval to Continental General Insurance Company to add their company name to the form 2LTCIP001 in Virginia.

Objection 2

- Certification of Compliance (Supporting Document)

Comments: The Certification of Compliance is incorrect for this filing as it does not indicate affected form 2LTCIP0001 (VA).

Please revise.

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC/

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 Deborah Keeler,

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 04/17/2020 (Supporting Document)

Comments: Please provide the number of Virginia policies that still retain Great American Life Insurance Company of the policy form 2LTCIP0001 (VA) as the named insurer.

In the company's response to objection #8 in their response letter dated 5/14/2020, it states, "Some Virginia policies did not accept the novation from Great American Life Insurance Company into United Teachers Associates."

Objection 2

Comments: Response Letter of 5/14/2020 - Objection Response #2.

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 now 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 3

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)

Comments: 1. Please explain why page 4 of CGI(GAL)-RINC(VA)(0320) and CGI(GAL)-RINC(VA)(0320)LP is blank.

2. Since the Benefit Reduction Form, CGI(GAL)-RINC(VA)(0320)-BR, Contingent Nonforfeiture Benefit Form CGI(GAL)-RINC(VA)(0320)-CNFO and CGI(GAL)-RINC(VA)(0320)-CNFOLP 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 may not contain a removable form.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

3. Contingent Nonforfeiture Benefit Form CGI(GAL)-RINC(VA)(0320)-CNFO and CGI(GAL)-RINC(VA)(0320)-CNFOLP Form have the same Form Title. They should be different in order to avoid policyholder confusion.

Objection 4

- Response to Objection Sent 04/17/2020 (Supporting Document)

Comments: The Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)

1) Enclosures, form CGI(GAL)-RINC(VA)(0320)-CNFOLP is not included in the statement of variability. Please explain why this is not included or provide clarification.

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

Objection 5

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)

- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: Please include a John Doe letter for each policyholder letter and option. Please ensure that no bracketed items appear in the John Doe letters. This will help us follow the letter in the same format as received by an actual policyholder.

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/17/2020
Submitted Date	04/17/2020
Respond By Date	05/17/2020

Dear Deborah Keeler,

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(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: Please explain if the [Template ID] appears on the 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 2

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: 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.

We were unable to locate this in the 3/05/2020 objection response.

Objection 3

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: 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 future premium rate revision. Please add a statement to the policyholder letter addressing this. Our concern would be resolved if the Company added language similar to:

"In the event of a future rate increase, similar options to those outlined under "What options you have:" will be offered to those policyholders eligible."

Objection 4

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (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 5

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: Pursuant to 14VAC5-101-70 F. please provide a certification of readability. The certification should list all applicable form numbers, signed by an officer of the Company and dated. This document should be placed under the Supporting Documentation tab.

Objection 6

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

Comments: 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.

Objection 7

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

Comments: There are several bracketed items on pages 5 and 6, which contains the Benefit Reduction Form, that are not explained on the SOV. Please check and ensure that all bracketed items are explained.

For example:

a)Page 5 [Rate Increase Effective Date + 120 Days] is missing.

b)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.

c)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 8

- Response to Objection Sent 02/06/2020 (Supporting Document)
- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

Comments: Benefit Reduction Form (Page 6) and Statement of Variability for Benefit Reduction Form

Since this rate revision is only for Continental General Insurance Company, the BOI cannot allow variability to include Great American Life Insurance Company or United Teacher Associates (UTA). Please remove any reference to an insurance company other than Continental General Insurance Company from the Statement of Variability.

Objection 9

- Response to Objection Sent 02/06/2020 (Supporting Document)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: Contingent Nonforfeiture Benefit Forms and Statement of Variability for both forms.

Since this rate revision is only for Continental General Insurance Company, the BOI cannot allow variability to include Great American Life Insurance Company or United Teacher Associates (UTA). Please remove any reference to an insurance company other than Continental General Insurance Company from the Statement of Variability.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/06/2020
Submitted Date	02/06/2020
Respond By Date	03/07/2020

Dear Deborah Keeler,

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

- CGI(GAL) - RINC(VA)(0818), CGI(GAL) - RINC(VA)(0818) (Form)

Comments: 1) Please provide a "Statement of Variability" for each form listed in SERFF under the Form Schedule tab. Follow the "Variability Guidance Document" attached and the provisions of 14VAC5-101-80.

2) Please clarify if there are any partnership policies issued in Virginia. If yes, the policyholder notification letter ("PNL"), CGI(GFB)-RINC(VA)(0818), must contain a disclosure pursuant to 14VAC5-200-75 D. 2. c.

3) Page 1, 1st sentence of the PNL provides variable language pertaining to Great American Life Insurance Company. Please explain why the letter references this insurance company, when the rate increase filing is filed under the Continental General Insurance Company NAIC number. Any reference to another insurance company should be removed from the letter.

4) Page 1, 1st paragraph, provide a clear identification of the driving factors for the premium rate increase. "However, the total claims experience for this policy form is in excess of expected levels." does not describe the driving factors and does not comply with 14VAC5-200-75 D. 2.

5) Page 1, 2nd paragraph, the word "commission" should be replaced with "State Corporation Commission" to comply with 14VAC5-200-75 D. 4.

6) In reference to Page 1, 3rd paragraph, a statement regarding available options in case of a future rate increase to comply with 14VAC5-200-75 A. 2.

7) Include a statement that the policyholder has a right to a revised premium rate schedule if the premium rate is changed to comply with 14VAC5-200-75 A. 4. b.

8) Pursuant to 14VAC5-200-75 D. 2. b. the policyholder letter must include a disclosure (said disclosure should be emphasized) stating that all options available to the policyholder may not be of equal value.

9) Please confirm that the Continental General Insurance Company and address in the top left corner of each page is at least 10-point font.

10) Provide a certificate of compliance pursuant to 14VAC5-101-70.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

11) Please provide an explanation for the inclusion of the administration for Great American Life Insurance Company and Loyal American Life Insurance Company in the lower right-hand corner (footer) of the policyholder notification letter. The rate increase is filed under Continental General Insurance Company and is not filed under either of the other insurance companies referenced. Please remove this from the policyholder notification letter to avoid confusion to the policyholder over who their insurance carrier for their coverage is.

Objection 2

- CGI(GAL) - RINC(VA)(0818), CGI(GAL) - RINC(VA)(0818) (Form)
Comments: Waiver of Premium

Please provide an explanation for how much notice (i.e. the number of days) the company provides the policyholder once they come off claim to elect an option in response to the premium increase notification.

Objection 3

- CGI(GAL) - RINC(VA)(0818), CGI(GAL) - RINC(VA)(0818) (Form)
Comments: Contingent Nonforfeiture Benefit Option

To avoid confusion and to be consistent with 14VAC5-200-185 D. 3. and D. 4. please explain why the company does not call this option the "Contingent Benefit Upon Lapse". The BOI is concerned that a policyholder with a Nonforfeiture Benefit rider will confuse the rider coverage with the Contingent Nonforfeiture Benefit Option coverage.

Objection 4

- Certification of Compliance (Supporting Document)

Comments: The certification refers to form number 2LTCIP0001 (VA) which has already been approved and is not listed under SERFF's Form Schedule tab. Please clarify and revise this certification to confirm that the company intends to certify form CGI(GAL) - RINC(VA)(0818) instead.

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/06/2020
Submitted Date	01/06/2020
Respond By Date	01/20/2020

Dear Deborah Keeler,

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 Sent 11/21/2019 (Supporting Document)

Comments: 1. The response to objection 1 from the objection responses dated December 19, 2019, shows projected future incurred claims of \$226.0 million when limiting the projected experience to premium paying policyholders and assuming no shock lapses. The response to objection 2 from the objection responses dated November 7, 2019, shows projected future incurred claims of \$227.4 million using the current assumptions and assuming no shock lapses. Please explain why the projected incurred claim amounts do not match. If necessary, please revise any experience projections to reflect the appropriate information.

2. We interpret the response to objection 2 from the objection responses dated December 19, 2019, to state that the gross premium valuation reserve was based on an allocation of the overall gross premium valuation reserve held by the Company and includes additional actuarial reserves resulting from asset adequacy testing. Please state what the gross premium valuation reserves would be if they were calculated solely for the policy form associated with this filing (i.e., not based on an allocation of the overall gross premium valuation reserve held by the Company) and did not include any additional actuarial reserves resulting from asset adequacy testing.

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/21/2019
Submitted Date	11/21/2019
Respond By Date	12/20/2019

Dear Deborah Keeler,

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 Sent 10/08/2019 (Supporting Document)

Comments: Please explain why the present value of projected incurred claims, using the current assumptions as stated in response to objection 2, from the objection responses dated November 7, 2019, does not tie to any of the experience projections submitted with this filing.

Objection 2

- Response to Objection Sent 10/08/2019 (Supporting Document)

Comments: According to the response to objection 3 from the objection responses dated November 7, 2019, the Company is holding a gross premium valuation reserve of \$186.4 million for policy form 2LTCIP0001. However, when calculating the future loss ratio as the present value of future incurred claims minus the gross premium valuation reserve, divided by the present value of future earned premium using Exhibit 3 from the initial submission of this filing, the resulting loss ratio is unreasonably low (i.e., 31.3%) relative to the originally filed loss ratio adjusted to reflect the actual mix of business sold (i.e., 66.8%). This suggests the Company has prefunded most of the future claim liability, and that the proposed rate increase may not be necessary.

1. Please explain why the level of active life reserves are appropriate for this policy form, given the future loss ratio calculation described above yields an unreasonably low future loss ratio.

2. Please describe any actions that have been taken to strengthen reserves since the assumptions underlying this filing were developed, if any, that may be reflected in the reserve estimate provided by the Company.

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 letter is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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

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

Thank you for your courtesy and consideration in this matter.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/08/2019
Submitted Date	10/08/2019
Respond By Date	11/07/2019

Dear Deborah Keeler,

Introduction:

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

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 7/15/2019 (Supporting Document)
- Response to Objection Sent 09/05/2019 (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)

Comments: Please revise the cash flow summary provided in response to objection 7 from the objection responses dated August 15, 2019, so that both the original assumptions and the current assumptions include margin for moderately adverse experience. Please state the level of margin included under each set of assumptions. Please do not include the impact of shock lapses, benefit buydowns, or adverse selection as a result of the rate increase.

Objection 2

- Response to Objection 7/15/2019 (Supporting Document)
- Response to Objection Sent 09/05/2019 (Supporting Document)

Comments: Please revise the cash flow summary provided in response to objection 7 from the objection responses dated August 15, 2019, so that both the original assumptions and the current assumptions do not include margin for moderately adverse experience. Please do not include the impact of shock lapses, benefit buydowns, or adverse selection as a result of the rate increase.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the nationwide gross premium valuation reserves for these policies as of October 31, 2018.

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.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/05/2019
Submitted Date	09/05/2019
Respond By Date	09/19/2019

Dear Deborah Keeler,

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 7/15/2019 (Supporting Document)

Comments: The response to objection 7 from the objection responses dated August 15, 2019, shows the present value of projected incurred claim using the current assumptions to be \$187.6 million. However, Exhibit 3 submitted with the actuarial memorandum shows projected incurred claims to be \$226.9 million. Please explain the discrepancy.

Additionally, please clarify whether margin for adverse deviation was included in the original pricing of this policy form. If so, please revise the present value of projected incurred claims using the original assumptions to reflect the margin included in the original pricing of this policy form.

Objection 2

- Product Checklist (Supporting Document)

Comments: Please clarify whether the nationwide active life reserves of \$141.1 million represent the natural reserves for these policies (i.e., calculated using the assumptions associated with this filing for lapse, mortality, etc., and cash flows discounted using the maximum statutory valuation interest rate at the time the policies were issued).

If not, please provide the natural reserves for these policies as of October 31, 2018.

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/15/2019
Submitted Date	07/15/2019
Respond By Date	08/15/2019

Dear Deborah Keeler,

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

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please clarify whether the original lifetime loss ratio of 69.0% reflects the actual mix of business sold. If it does not, please state the original lifetime loss ratio, adjusted to reflect the actual mix of business sold.

2. According to Appendix D, the experience projections assume future mortality improvement. Please state the assumed level of future mortality improvement and explain the source(s) used to support the assumption.

3. According to Appendix D, no future morbidity improvement is assumed. Please provide additional justification and reasoning for this assumption.

4. Please state the level of shock lapses assumed to occur as a result of the requested rate increase. Please provide quantitative support for the assumption used.

5. Please state the level of benefit buydowns assumed to occur as a result of the requested rate increase. Please provide quantitative support for the assumption used.

6. The following questions are related to the experience projections submitted with the objection responses dated June 28, 2019:

a. Please provide an additional experience projection similar to Exhibit 7 but without the requested rate increase.

b. Please confirm Exhibit 10 excludes paid-up policyholders. If not, please revise Exhibit 10 to remove paid-up policyholders from the experience projection.

7. Please demonstrate quantitatively that the proposed rate increase is consistent with the rate increase produced under the modified prospective present value approach.

8. Please provide the maximum statutory valuation interest rate by policy issue year.

9. Please clarify whether the nationwide active life reserves of \$141.1 million were calculated using the average maximum valuation interest rate. If not, please state the nationwide active life reserves as of October 31, 2018, calculated at the average maximum valuation interest rate. Additionally, please clarify whether the nationwide active life reserves were limited to premium paying policies or include all policies for the policy form associated with this filing.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

10. The actuarial certification states, The filing will enhance premium adequacy buy may not be sufficient to prevent future rate action. Assuming the proposed rate increase is approved, please state the expectations with regard to the potential timing and magnitude of any future rate increases.

11. Please provide a breakdown of the rate increase components showing the portion of the rate increase each component contributes to the requested rate increase of 150%.

12. Please provide the full credibility standard used to determine the credibility of the Virginia and nationwide experience.

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.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/21/2019
Submitted Date	05/21/2019
Respond By Date	06/28/2019

Dear Deborah Keeler,

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

- L&H Actuarial Memorandum (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:

- Please remove any policies in paid-up status from all projections, both past and future.
- Please use the average maximum valuation interest rate for accumulation and discounting, including any discounting of claim reserves back to the incurral year.
- 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):

- current assumptions and current rates
- current assumptions with the proposed rate increase
- current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection
- current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
- original assumptions and original premiums from inception
- 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.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

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.

Objection 2

Comments: Policyholder Notification letter, Contingent Benefit Upon Lapse

Since the policyholder notification letter, contingent benefit upon lapse and policy change request forms are required to be filed for review, they should be filed under the Form Schedule" section. If the Company intends to use a previously approved policyholder letter or other form, please provide the SERFF tracking number for the approved letter and place the letter or form under the Supporting Documentation tab.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information and 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.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2021
Submitted Date	06/03/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Sent 5/5/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: The policyholder letter states on the first page, 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.

Please revise using the alternative language provided below

Any future rate increases will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 5/5/2021
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 16 - Response.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA -	Date Submitted: 06/28/2019

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
							2019.pdf	By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA)	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
							CGI(GAL) - RINC(VA)(0320)L P.pdf	

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Sent 5/5/2021" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: The policyholder letter should use the same terms as approved in the policy and related endorsements. Unless the contingent benefit upon lapse was approved using the term Contingent Nonforfeiture benefit, the reference should be contingent benefit upon lapse.

Please confirm and provide the appropriate filed and approved policy and endorsement language to support the use of Contingent Nonforfeiture benefit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 5/5/2021
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 16 - Response.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA -	Date Submitted: 06/28/2019

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
							2019.pdf	By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf,	Date Submitted: 03/05/2020 By: Cameron

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
							Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
3	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached under the heading "Response to Objection Sent 5/5/2021" on the Supporting Documentation tab.

Related Objection 3

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: The disclosure regarding partnership policies appearing on page 3 and required by 14 VAC 5-200-75 D 2 c should appear in bold print.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 5/5/2021
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 16 - Response.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA -	Date Submitted: 06/28/2019

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
							2019.pdf	By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA)	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
							CGI(GAL) - RINC(VA)(0320)LP.pdf	

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please find our response attached under the heading "Response to Objection Sent 5/5/2021" on the Supporting Documentation tab.

Related Objection 4

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: To conform with 14VAC5-200-75 A. 4. b. the policyholder letter must contain the offer of a revised rate schedule. We were unable to locate this offer. Please add a statement to comply.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 5/5/2021
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 16 - Response.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA -	Date Submitted: 06/28/2019

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
							2019.pdf	By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf, Statement of Variability (VA)	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA)	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/03/2021 By: David Weizeorick
							CGI(GAL) - RINC(VA)(0320)L P.pdf	

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please find our response attached under the heading "Response to Objection Sent 5/5/2021" on the Supporting Documentation tab.

Related Objection 5

Applies To:

- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: Option 2 is not in conformity with the regulation by stating in Item 2 on the second page that if the policy lapses within 120 days, Option 2 will be provided unless directed otherwise. Please revise.

While we understand that Option 2 provides a different option than that described in 14VAC 5-200-185, in the situation where the policy lapses within 120 days of the premium increase and the insured does not make a selection otherwise, the default must be a policy with a paid-up status with a shortened benefit period for conformity with the regulation.

§ 38.2-5210 and 14 VAC 5-200-185 requires a carrier that markets LTC policies to offer and make available a nonforfeiture benefit. If the nonforfeiture benefit is declined, the insured become eligible for the contingent benefit upon lapse if the rate increase triggers are met. 14 VAC 5-200-185 D 5 c provides that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert the policy to a policy with a paid-up status.

Changed Items:

SERFF Tracking #: GLTC-131940319 **State Tracking #:** GLTC-131940319 **Company Tracking #:** GALIC FORMS RATE INCREASE FILING FOR 201...

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 5/5/2021
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 16 - Response.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 06/03/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/		

Conclusion:

Sincerely,
David Weizeorick

State: Virginia Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/05/2021
Submitted Date 02/08/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Sent 1/15/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)

Comments: 1. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320) from the Form Schedule tab (Item No. 1) and place it under the Supporting Documentation tab.

2. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR from the Form Schedule tab (Item No. 2) and place it under the Supporting Documentation tab.

3. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO from the Form Schedule tab (Item No. 3) and place it under the Supporting Documentation tab.

4. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP from the Form Schedule tab (Item No. 4) and place it under the Supporting Documentation tab.

5. Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP from the Form Schedule tab (Item No. 5) and place it under the Supporting Documentation tab.

Changed Items:

State: Virginia	Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 1/15/2021
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 15 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 02/08/2021 By: David

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf,	Date Submitted: 01/08/2021 By: David

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
							Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Weizeorick
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP	Date Submitted: 01/08/2021 By: David Weizeorick

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 02/08/2021 By: David Weizeorick
							P.pdf	
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)L P	CGI(GAL)-RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)L P.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)L P	CGI(GAL)-RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)L P.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)L P	CGI(GAL)-RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)L P.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)L P.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Sent 1/15/2021" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Comments: In your response to objections #1 and #2 in our letter of 12/11/2020, the BOI requested that the company remove "Great American Life Insurance Company" from all forms. A form submitted for approval cannot be used by another insurance company with a different NAIC number.

Please revise the Statement of Variability for each form to remove the variance of the Company name. These forms and statements of variability may only apply to forms filed on behalf of Continental General Insurance Company.

The company may file a form under Great American Life Insurance Company's NAIC # similar to the one filed under the Continental General Insurance Company NAIC #.

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 Objection Sent 1/15/2021" on the Supporting Documentation tab.

Related Objection 3

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)*
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)*

Comments: This objection is in regards to the company's #6 response to our 12/12/2020 objection letter regarding administration for insurance companies found on the lower right hand corner of page 1 in each of the above referenced forms.

Even though the insurance block may be closed, at most the inclusion of the text, "Administration for: Great American Life Insurance Company and Loyal American Life Insurance Company" appears to be advertisement, and at minimum a statement to emphasize the scope of the company's administrative duties, both of which are outside the intended purposes of the long-term care policyholder rate increase notification letter. If the company believes that the BOI has approved this language in a previous filing, please provide the SERFF Tracking Number and the form number containing the standard language that the company wishes to continue to use. Otherwise, we recommend that the company remove reference to any insurance company other than Continental General Insurance Company.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/		

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
David Weizeorick*

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 01/08/2021
 Submitted Date 01/08/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Sent 12/11/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

Comments: Page 6, last paragraph above Signature. Please remove "Great American Life Insurance Company" and brackets since this letter is particular to Continental General Insurance Company policyholders. It should read that the policyholder is authorizing Continental General Insurance Company, not any other company.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 12/11/2020
Comments:	
Attachment(s):	CGI(GAL) – RINC(VA)(0320)-CNFO.pdf CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf GALIC VA 2LTCL Objection 14 - Response.pdf CGI(GAL) – RINC(VA)(0320).pdf CGI(GAL) – RINC(VA)(0320)LP.pdf CGI(GAL) – RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 no limited pay - John Doe.pdf RINC Letter - 1LTC, 2LTC,4LTC VA 2020 limited pay - John Doe.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 01/08/2021 By: David Weizeorick
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Sent 12/11/2020" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)

Comments: Please remove "Great American Life Insurance Company" and the variability bracket from the last paragraph, above the signature line. It should read that the policyholder is authorizing Continental General Insurance Company, not any other company.

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 Objection Sent 12/11/2020" on the Supporting Documentation tab.

Related Objection 3

Applies To:

- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)

- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: Both of the above forms are titled, "Contingent Nonforfeiture Benefit Form" but they have different coverage options. Please explain the company's reason for naming the forms the same.

The Virginia Bureau of Insurance believes the form, CGI(GAL) - RINC(VA)(0320)-CNFO is more appropriately called "Contingent Benefit Upon Lapse" pursuant to 14VAC5-200-185 D. The explanation of coverage language must closely mirror that found in 14VAC5 200-185 E. 3, "The contingent benefit upon lapse will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The minimum benefit shall not be less than 30 times the daily nursing home benefit at the time of lapse."

Please consider revising the title to form CGI(GAL) - RINC(VA)(0320)-CNFO and the paragraph "How long is my new coverage:"

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

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 Objection Sent 12/11/2020" on the Supporting Documentation tab.

Related Objection 4

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)*
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)*

Comments: The word "Enclosures" should not be variable. Only documents that accompany the letter as an enclosure can be variable (i.e. Form CGI(GAL) RINC(VA)(0320)-BR and Form CGI(GAL) RINC(VA)(0320)-CNFOLP) are examples as well as the return envelope mentioned on those forms.

Please revise the forms to remove the variable brackets around the word "Enclosures". Variability should be shown for the forms that may be sent with the policyholder letter as an enclosure. If a return envelope is not a variable item, then it should be listed under Enclosures but not as variable.

On the Statement of Variability (SOV) for each form, revise the SOV to list and explain the use of any variable enclosures.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please find our response attached under the heading "Response to Objection Sent 12/11/2020" on the Supporting Documentation tab.

Related Objection 5

Applies To:

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/		

- Response to Objection Sent 06/15/2020 (Supporting Document)

Comments: John Doe letters

Per 14VAC5-101-60. 5., "Each form shall be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used."

The first sentence below the table in the section, "When and how much your premium is increasing:" should be deleted from the John Doe version of the letter since the rate increase is based upon a single increase and not a multiple year increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please find our response attached under the heading "Response to Objection Sent 12/11/2020" on the Supporting Documentation tab.

Related Objection 6

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: Lower Right Hand Corner on Page 1

The text, "Administration for: Great American Life Insurance Company and Loyal American Life Insurance Company" appears to be an advertisement as it has no meaning to a Continental General Insurance Company policyholder. Please remove this text so it does not cause confusion for the policyholder.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

State: Virginia Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Comments:

Please find our response attached under the heading "Response to Objection Sent 12/11/2020" on the Supporting Documentation tab.

Related Objection 7

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: 1) The first sentence following the section header, "What options you have:" does not appear to be properly structured and there are spacing issues.

Our concern would be addressed if the sentence were amended to something similar to, "The following options to reduce your premium increase are available to you."

2) Under Option 2. and Option 3. and also appearing on other forms submitted for approval, the company capitalizes the letter "U" in the word "Us". Since "Us" is not defined, the word should not be capitalized.

Changed Items:

- No Supporting Documents changed.
No Form Schedule items changed.
No Rate/Rule Schedule items changed.

Response 8

Comments:

Please find our response attached under the heading "Response to Objection Sent 12/11/2020" on the Supporting Documentation tab.

Related Objection 8

Applies To:

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)

Comments: Please explain why the above separately approved forms contain page numbers. Explain why they are not listed as an enclosure under the policyholder letter and the page number removed.

Changed Items:

- No Supporting Documents changed.

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
David Weizeorick*

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/11/2020
Submitted Date	11/11/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

According to the Note to Filer on 11/10/2020, the Company has been instructed to respond with the following: The response is provided under the SERFF # GLTC-131934787.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm if there are any active Great American Insurance policies currently active in Virginia for forms 1LTCIP0001 (NH Only), 1LTCIP0002 (NH + Home Care). If so, please provide the number of policies.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/09/2020
Submitted Date 12/09/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Sent 11/09/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- VA - GALIC 2LTCI Rate Sheets, [2LTCIP0001 (VA)] (Rate)
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Since Great American Life Insurance Company (GAIC) retains legal responsibility for policies issued under the GAIC name, the GAIC Long Term Care rate request must be filed independently of Continental General Life Insurance Company.

Please remove all GAIC policies from the supporting experience data and revise the proposed rate increase for only those policies issued under Continental General Insurance Company (CGIC).

The Certificate of Assumption and the fact that CGIC is a 100% reinsurer does not allow CGIC to file the rate request on behalf of GAIC. GAIC must file for a rate revision on the long term care policy forms under their own NAIC number.

Changed Items:

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTCI).pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2019.pdf GALIC Actuarial Memorandum - VA (2LTCI) - Revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTCI).pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2019.pdf GALIC Actuarial Memorandum - VA (2LTCI).pdf</i>

State: Virginia	Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Supporting Document Schedule Item Changes	
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Satisfied - Item:	L&H Actuarial Memorandum
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Comments:	
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Attachment(s):	GALIC Cover Letter - VA (2LTCI).pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2019.pdf GALIC Actuarial Memorandum - VA (2LTCI) - Revised.pdf
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<i>Previous Version</i>

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Comments:	
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Attachment(s):	<i>GALIC Cover Letter - VA (2LTCI).pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2019.pdf GALIC Actuarial Memorandum - VA (2LTCI).pdf</i>
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Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	2LTCI Rate Request Summary - VA (2LTCI) - Revised.pdf
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<i>Previous Version</i>

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>2LTCI Rate Request Summary - VA (2LTCI).pdf</i>
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State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTCI).pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2019.pdf GALIC Actuarial Memorandum - VA (2LTCI) - Revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTCI).pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2019.pdf GALIC Actuarial Memorandum - VA (2LTCI).pdf</i>
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	2LTCI Rate Request Summary - VA (2LTCI) - Revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>2LTCI Rate Request Summary - VA (2LTCI).pdf</i>
Satisfied - Item:	Response to Objection Sent 11/09/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 12 - Response.pdf GALIC Actuarial Memorandum - VA (2LTCI) - Revised.pdf 2LTCI Rate Request Summary - VA (2LTCI) - Revised.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
 David Weizeorick

State: Virginia	Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/28/2020
Submitted Date	08/28/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Sent 08/26/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

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

Comments: We have reviewed the Notice and Certification of Assumption provided as well as the supporting documentation in SERFF Tracking # UTAC-126674908 in support of the Assumption Agreement.

After our review, please clarify for us the following:

1) If a policyholder did not accept the assumption agreement and remained with Great American Life Insurance Company (GALIC), is GALIC financially and legally responsible for any and all risk on their policy?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 08/26/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 11 - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Sincerely,
Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/27/2020
Submitted Date 07/27/2020

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:

- Response to Objection Sent 06/15/2020 (Supporting Document)

Comments: Objection 1. Response - July 15, 2020 Response Letter

1) Please explain the relationship between Great American Life Insurance Company (NAIC # 63312) and Continental General Insurance Company (NAIC # 71404) as it pertains to the rate revision filing for the Long Term Care policy form 2LTCIP0001.

2) Please provide the authorization letter from Great American Life Insurance Company that authorizes Continental General to file a long term rate revision for this form on their behalf.

3) Please explain how the experience of the two companies are able to be pooled together for the purposes of this rate revision.

4) Please provide the SERFF Tracking Number that grants approval to Continental General Insurance Company to add their company name to the form 2LTCIP001 in Virginia.

Changed Items:

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Satisfied - Item:	Response to Objection Sent 07/16/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 10 - Response.pdf

No Form Schedule items changed.

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

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:

- Certification of Compliance (Supporting Document)

Comments: The Certification of Compliance is incorrect for this filing as it does not indicate affected form 2LTCIP0001 (VA). Please revise.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

State: Virginia	Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Satisfied - Item:	Response to Objection Sent 07/16/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 10 - Response.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.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

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 Objection Sent 06/15/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection Sent 04/17/2020 (Supporting Document)

Comments: Please provide the number of Virginia policies that still retain Great American Life Insurance Company of the policy form 2LTCIP0001 (VA) as the named insurer.

In the company's response to objection #8 in their response letter dated 5/14/2020, it states, "Some Virginia policies did not accept the novation from Great American Life Insurance Company into United Teachers Associates."

Changed Items:

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 04/17/2020</i>
Comments:	
Attachment(s):	<i>GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf</i>

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_ Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 04/17/2020</i>
Comments:	
Attachment(s):	<i>GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_ Limited Pay.pdf</i>

Satisfied - Item:	Response to Objection Sent 06/15/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 9 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 John Doe.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 LP John Doe.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-LP.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) -	Date Submitted: 03/05/2020 By: Cameron Zima

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							RINC(VA)(0320)-BR.pdf	
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							<i>Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf</i>	
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 2

Comments:

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

Related Objection 2

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Comments: Response Letter of 5/14/2020 - Objection Response #2.

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 now 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:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

State: Virginia	Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 04/17/2020</i>
Comments:	
Attachment(s):	<i>GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf</i>

Satisfied - Item:	Response to Objection Sent 06/15/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 9 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 John Doe.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 LP John Doe.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-LP.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) -	Date Submitted: 03/05/2020 By: Cameron Zima

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							RINC(VA)(0320)-BR.pdf	
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 3

Comments:

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

Related Objection 3

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Comments: 1. Please explain why page 4 of CGI(GAL)-RINC(VA)(0320) and CGI(GAL)-RINC(VA)(0320)LP is blank.

2. Since the Benefit Reduction Form, CGI(GAL)-RINC(VA)(0320)-BR, Contingent Nonforfeiture Benefit Form CGI(GAL)-RINC(VA)(0320)-CNFO and CGI(GAL)-RINC(VA)(0320)-CNFOLP 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 may not contain a removable form.

3. Contingent Nonforfeiture Benefit Form CGI(GAL)-RINC(VA)(0320)-CNFO and CGI(GAL)-RINC(VA)(0320)-CNFOLP Form have the same Form Title. They should be different in order to avoid policyholder confusion.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

State: Virginia	Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_ Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 04/17/2020</i>
Comments:	
Attachment(s):	<i>GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_ Limited Pay.pdf</i>

Satisfied - Item:	Response to Objection Sent 06/15/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 9 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 John Doe.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 LP John Doe.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-LP.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) -	Date Submitted: 03/05/2020 By: Cameron Zima

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							RINC(VA)(0320)-BR.pdf	
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 4

Comments:

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

Related Objection 4

Applies To:

- Response to Objection Sent 04/17/2020 (Supporting Document)

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Comments: The Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)

- 1) Enclosures, form CGI(GAL)-RINC(VA)(0320)-CNFOLP is not included in the statement of variability. Please explain why this is not included or provide clarification.
- 2) 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:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

State: Virginia	Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 04/17/2020</i>
Comments:	
Attachment(s):	<i>GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf</i>

Satisfied - Item:	Response to Objection Sent 06/15/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 9 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 John Doe.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 LP John Doe.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-LP.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) -	Date Submitted: 03/05/2020 By: Cameron Zima

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							RINC(VA)(0320)-BR.pdf	
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 5

Comments:

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

Related Objection 5

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: Please include a John Doe letter for each policyholder letter and option. Please ensure that no bracketed items appear in the John Doe letters. This will help us follow the letter in the same format as received by an actual policyholder.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_ Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 04/17/2020</i>
Comments:	
Attachment(s):	<i>GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_ Limited Pay.pdf</i>

State: Virginia	Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_ Limited Pay.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 04/17/2020</i>
Comments:	
Attachment(s):	<i>GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_ Limited Pay.pdf</i>

Satisfied - Item:	Response to Objection Sent 06/15/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 9 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 John Doe.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 LP John Doe.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-LP.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) -	Date Submitted: 03/05/2020 By: Cameron Zima

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							RINC(VA)(0320)-BR.pdf	
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 07/15/2020 By: Noah Simonson
							<i>Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf</i>	
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
5	<i>CGI(GAL)-RINC(VA)(0320)LP</i>	<i>CGI(GAL)-RINC(VA)(0320)LP</i>	<i>OTH</i>	<i>Other</i>	<i>Notification Letter - Limited Pay</i>		<i>CGI(GAL)-RINC(VA)(0320)LP.pdf</i>	<i>Date Submitted: 05/14/2020 By: Noah Simonson</i>
<i>Previous Version</i>								
5	<i>CGI(GAL)-RINC(VA)(0320)LP</i>	<i>CGI(GAL)-RINC(VA)(0320)LP</i>	<i>OTH</i>	<i>Other</i>	<i>Notification Letter - Limited Pay</i>		<i>CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf</i>	<i>Date Submitted: 03/05/2020 By: Cameron Zima</i>

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.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/14/2020
Submitted Date	05/14/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

Related Objection 1

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: Please explain if the [Template ID] appears on the 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:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/06/2020</i>
Comments:	
Attachment(s):	<i>Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf</i>

Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 2

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: 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.

We were unable to locate this in the 3/05/2020 objection response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item: Response to Objection Sent 02/06/2020

Comments:

Attachment(s): Objection 7 - VA (2LTC) - Response.pdf

Previous Version

Satisfied - Item: *Response to Objection Sent 02/06/2020*

Comments:

Attachment(s): *Objection 7 - VA (2LTC) - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf*

Satisfied - Item: Response to Objection Sent 04/17/2020

Comments:

Attachment(s): GALIC VA 2LTCI - Objection 8 - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 3

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: 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 future premium rate revision. Please add a statement to the policyholder letter addressing this. Our concern would be resolved if the Company added language similar to:

"In the event of a future rate increase, similar options to those outlined under "What options you have:" will be offered to those policyholders eligible."

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/06/2020</i>
Comments:	
Attachment(s):	<i>Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf</i>

Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 4

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (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:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/06/2020</i>
Comments:	
Attachment(s):	<i>Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf</i>

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item: Response to Objection Sent 02/06/2020

Comments:

Attachment(s): Objection 7 - VA (2LTC) - Response.pdf

Previous Version

Satisfied - Item: *Response to Objection Sent 02/06/2020*

Comments:

Attachment(s): *Objection 7 - VA (2LTC) - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf*

Satisfied - Item: Response to Objection Sent 04/17/2020

Comments:

Attachment(s): GALIC VA 2LTCI - Objection 8 - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 5

Applies To:

- CGI(GAL)-RINC(VA)(0320), CGI(GAL)-RINC(VA)(0320) (Form)
- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
- CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)
- CGI(GAL)-RINC(VA)(0320)LP, CGI(GAL)-RINC(VA)(0320)LP (Form)

Comments: Pursuant to 14VAC5-101-70 F. please provide a certification of readability. The certification should list all applicable form numbers, signed by an officer of the Company and dated. This document should be placed under the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/06/2020</i>
Comments:	
Attachment(s):	<i>Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf</i>

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item: Response to Objection Sent 02/06/2020

Comments:

Attachment(s): Objection 7 - VA (2LTC) - Response.pdf

Previous Version

Satisfied - Item: *Response to Objection Sent 02/06/2020*

Comments:

Attachment(s): *Objection 7 - VA (2LTC) - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf*

Satisfied - Item: Response to Objection Sent 04/17/2020

Comments:

Attachment(s): GALIC VA 2LTCI - Objection 8 - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 6

Applies To:

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

Comments: 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.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

Related Objection 7

Applies To:

- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Comments: There are several bracketed items on pages 5 and 6, which contains the Benefit Reduction Form, that are not explained on the SOV. Please check and ensure that all bracketed items are explained.

For example:

a)Page 5 [Rate Increase Effective Date + 120 Days] is missing.

b)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.

c)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:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/06/2020</i>
Comments:	
Attachment(s):	<i>Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf</i>

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item: Response to Objection Sent 02/06/2020

Comments:

Attachment(s): Objection 7 - VA (2LTC) - Response.pdf

Previous Version

Satisfied - Item: *Response to Objection Sent 02/06/2020*

Comments:

Attachment(s): *Objection 7 - VA (2LTC) - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf*

Satisfied - Item: Response to Objection Sent 04/17/2020

Comments:

Attachment(s): GALIC VA 2LTCI - Objection 8 - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 8

- Applies To:
- CGI(GAL)-RINC(VA)(0320)-BR, CGI(GAL)-RINC(VA)(0320)-BR (Form)
 - Response to Objection Sent 02/06/2020 (Supporting Document)
- Comments: Benefit Reduction Form (Page 6) and Statement of Variability for Benefit Reduction Form

Since this rate revision is only for Continental General Insurance Company, the BOI cannot allow variability to include Great American Life Insurance Company or United Teacher Associates (UTA). Please remove any reference to an insurance company other than Continental General Insurance Company from the Statement of Variability.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/06/2020</i>
Comments:	
Attachment(s):	<i>Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf</i>

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/06/2020</i>
Comments:	
Attachment(s):	<i>Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf</i>

Satisfied - Item:	Response to Objection Sent 04/17/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 9

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/17/2020".

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 9

- Applies To:
- CGI(GAL)-RINC(VA)(0320)-CNFO, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)
 - CGI(GAL)-RINC(VA)(0320)-CNFOLP, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)
 - Response to Objection Sent 02/06/2020 (Supporting Document)
- Comments: Contingent Nonforfeiture Benefit Forms and Statement of Variability for both forms.

Since this rate revision is only for Continental General Insurance Company, the BOI cannot allow variability to include Great American Life Insurance Company or United Teacher Associates (UTA). Please remove any reference to an insurance company other than Continental General Insurance Company from the Statement of Variability.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item: Response to Objection Sent 02/06/2020

Comments:

Attachment(s): Objection 7 - VA (2LTC) - Response.pdf

Previous Version

Satisfied - Item: *Response to Objection Sent 02/06/2020*

Comments:

Attachment(s): *Objection 7 - VA (2LTC) - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf*

Satisfied - Item: Response to Objection Sent 04/17/2020

Comments:

Attachment(s): GALIC VA 2LTCI - Objection 8 - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf
 VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of	Date Submitted: 03/05/2020 By: Cameron Zima

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf	Date Submitted: 05/14/2020 By: Noah Simonson
							Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
5	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)LP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/		

Noah Simonson

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/05/2020
Submitted Date	03/05/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 02/06/2020".

Related Objection 1

Applies To:

- CGI(GAL) - RINC(VA)(0818), CGI(GAL) - RINC(VA)(0818) (Form)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/		

Comments: 1) Please provide a "Statement of Variability" for each form listed in SERFF under the Form Schedule tab. Follow the "Variability Guidance Document" attached and the provisions of 14VAC5-101-80.

2) Please clarify if there are any partnership policies issued in Virginia. If yes, the policyholder notification letter ("PNL"), CGI(GFB)-RINC(VA)(0818), must contain a disclosure pursuant to 14VAC5-200-75 D. 2. c.

3) Page 1, 1st sentence of the PNL provides variable language pertaining to Great American Life Insurance Company. Please explain why the letter references this insurance company, when the rate increase filing is filed under the Continental General Insurance Company NAIC number. Any reference to another insurance company should be removed from the letter.

4) Page 1, 1st paragraph, provide a clear identification of the driving factors for the premium rate increase. "However, the total claims experience for this policy form is in excess of expected levels." does not describe the driving factors and does not comply with 14VAC5-200-75 D. 2.

5) Page 1, 2nd paragraph, the word "commission" should be replaced with "State Corporation Commission" to comply with 14VAC5-200-75 D. 4.

6) In reference to Page 1, 3rd paragraph, a statement regarding available options in case of a future rate increase to comply with 14VAC5-200-75 A. 2.

7) Include a statement that the policyholder has a right to a revised premium rate schedule if the premium rate is changed to comply with 14VAC5-200-75 A. 4. b.

8) Pursuant to 14VAC5-200-75 D. 2. b. the policyholder letter must include a disclosure (said disclosure should be emphasized) stating that all options available to the policyholder may not be of equal value.

9) Please confirm that the Continental General Insurance Company and address in the top left corner of each page is at least 10-point font.

10) Provide a certificate of compliance pursuant to 14VAC5-101-70.

11) Please provide an explanation for the inclusion of the administration for Great American Life Insurance Company and Loyal American Life Insurance Company in the lower right-hand corner (footer) of the policyholder notification letter. The rate increase is filed under Continental General Insurance Company and is not filed under either of the other insurance companies referenced. Please remove this from the policyholder notification letter to avoid confusion to the policyholder over who their insurance carrier for their coverage is.

Changed Items:

State: Virginia TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified Product Name: Long Term Care Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	Filing Company: Continental General Insurance Company
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Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Filing Company: Continental General Insurance Company

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)L P	CGI(GAL)-RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)L P.pdf, Statement of Variability (VA)	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
							CGI(GAL) - RINC(VA)(0320)L P.pdf	

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 02/06/2020".

Related Objection 2

Applies To:

- CGI(GAL) - RINC(VA)(0818), CGI(GAL) - RINC(VA)(0818) (Form)

Comments: Waiver of Premium

Please provide an explanation for how much notice (i.e. the number of days) the company provides the policyholder once they come off claim to elect an option in response to the premium increase notification.

Changed Items:

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)L P	CGI(GAL)-RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)L P.pdf, Statement of Variability (VA)	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
							CGI(GAL) - RINC(VA)(0320)L P.pdf	

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 02/06/2020".

Related Objection 3

Applies To:

- CGI(GAL) - RINC(VA)(0818), CGI(GAL) - RINC(VA)(0818) (Form)

Comments: Contingent Nonforfeiture Benefit Option

To avoid confusion and to be consistent with 14VAC5-200-185 D. 3. and D. 4. please explain why the company does not call this option the "Contingent Benefit Upon Lapse". The BOI is concerned that a policyholder with a Nonforfeiture Benefit rider will confuse the rider coverage with the Contingent Nonforfeiture Benefit Option coverage.

Changed Items:

State: Virginia TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified Product Name: Long Term Care Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	Filing Company: Continental General Insurance Company
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Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>GALIC Certification of Compliance - VA (2LTC).pdf</i>

Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

State: Virginia
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Filing Company: Continental General Insurance Company

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)L P	CGI(GAL)-RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)L P.pdf, Statement of Variability (VA)	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
							CGI(GAL) - RINC(VA)(0320)L P.pdf	

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 02/06/2020".

Related Objection 4

Applies To:

- Certification of Compliance (Supporting Document)

Comments: The certification refers to form number 2LTCIP0001 (VA) which has already been approved and is not listed under SERFF's Form Schedule tab. Please clarify and revise this certification to confirm that the company intends to certify form CGI(GAL) - RINC(VA)(0818) instead.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
<i>Previous Version</i>	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes

Satisfied - Item: Certification of Compliance

Comments:

Attachment(s): GALIC Certification of Compliance - VA (2LTC).pdf

Previous Version

Satisfied - Item: *Certification of Compliance*

Comments:

Attachment(s): *GALIC Certification of Compliance - VA (2LTC).pdf*

Satisfied - Item: Response to Objection Sent 02/06/2020

Comments:

Attachment(s): Objection 7 - VA (2LTC) - Response.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf
 Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(GAL) - RINC(VA)(0818)	CGI(GAL) - RINC(VA)(0818)	OTH	Initial			RI Letter - 1LTC, 2LTC - VA - 2019.pdf	Date Submitted: 06/28/2019 By: Eric Coldewey
2	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
3	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL)-RINC(VA)(0320)-CNFO.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
4	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL)-RINC(VA)(0320)-CNFOLP.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 03/05/2020 By: Cameron Zima
5	CGI(GAL)-RINC(VA)(0320)L P	CGI(GAL)-RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL)-RINC(VA)(0320)L P.pdf, Statement of Variability (VA)	Date Submitted: 03/05/2020 By: Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL)-RINC(VA)(0320).pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf	Date Submitted: 03/05/2020 By: Cameron Zima
							CGI(GAL) - RINC(VA)(0320)L P.pdf	

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.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)	

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/20/2020
Submitted Date	01/20/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 01/06/2020".

Related Objection 1

Applies To:

- Response to Objection Sent 11/21/2019 (Supporting Document)

Comments: 1. The response to objection 1 from the objection responses dated December 19, 2019, shows projected future incurred claims of \$226.0 million when limiting the projected experience to premium paying policyholders and assuming no shock lapses. The response to objection 2 from the objection responses dated November 7, 2019, shows projected future incurred claims of \$227.4 million using the current assumptions and assuming no shock lapses. Please explain why the projected incurred claim amounts do not match. If necessary, please revise any experience projections to reflect the appropriate information.

2. We interpret the response to objection 2 from the objection responses dated December 19, 2019, to state that the gross premium valuation reserve was based on an allocation of the overall gross premium valuation reserve held by the Company and includes additional actuarial reserves resulting from asset adequacy testing. Please state what the gross premium valuation reserves would be if they were calculated solely for the policy form associated with this filing (i.e., not based on an allocation of the overall gross premium valuation reserve held by the Company) and did not include any additional actuarial reserves resulting from asset adequacy testing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 01/06/2020
Comments:	
Attachment(s):	Objection 6 - VA (2LTC) - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/		

Conclusion:

Sincerely,
Cameron Zima

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 12/19/2019
 Submitted Date 12/19/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 11/21/2019".

Related Objection 1

Applies To:

- Response to Objection Sent 10/08/2019 (Supporting Document)

Comments: Please explain why the present value of projected incurred claims, using the current assumptions as stated in response to objection 2, from the objection responses dated November 7, 2019, does not tie to any of the experience projections submitted with this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 11/21/2019
Comments:	
Attachment(s):	Objection 5 - VA (2LTC) - Response.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 11/21/2019".

Related Objection 2

Applies To:

- Response to Objection Sent 10/08/2019 (Supporting Document)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Comments: According to the response to objection 3 from the objection responses dated November 7, 2019, the Company is holding a gross premium valuation reserve of \$186.4 million for policy form 2LTCIP0001. However, when calculating the future loss ratio as the present value of future incurred claims minus the gross premium valuation reserve, divided by the present value of future earned premium using Exhibit 3 from the initial submission of this filing, the resulting loss ratio is unreasonably low (i.e., 31.3%) relative to the originally filed loss ratio adjusted to reflect the actual mix of business sold (i.e., 66.8%). This suggests the Company has prefunded most of the future claim liability, and that the proposed rate increase may not be necessary.

1. Please explain why the level of active life reserves are appropriate for this policy form, given the future loss ratio calculation described above yields an unreasonably low future loss ratio.

2. Please describe any actions that have been taken to strengthen reserves since the assumptions underlying this filing were developed, if any, that may be reflected in the reserve estimate provided by the Company.

Changed Items:

No Supporting Documents changed.

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.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Response Letter

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

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 10/08/2019".

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)
- Response to Objection 7/15/2019 (Supporting Document)
- Response to Objection Sent 09/05/2019 (Supporting Document)

Comments: Please revise the cash flow summary provided in response to objection 7 from the objection responses dated August 15, 2019, so that both the original assumptions and the current assumptions include margin for moderately adverse experience. Please state the level of margin included under each set of assumptions. Please do not include the impact of shock lapses, benefit buydowns, or adverse selection as a result of the rate increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 10/08/2019
Comments:	
Attachment(s):	Objection 4 - VA (2LTC) - Response.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 10/08/2019".

State: Virginia Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 2

Applies To:

- Response to Objection 7/15/2019 (Supporting Document)
- Response to Objection Sent 09/05/2019 (Supporting Document)

Comments: Please revise the cash flow summary provided in response to objection 7 from the objection responses dated August 15, 2019, so that both the original assumptions and the current assumptions do not include margin for moderately adverse experience. Please do not include the impact of shock lapses, benefit buydowns, or adverse selection as a result of the rate increase.

Changed Items:

- No Supporting Documents changed.
- No Form Schedule items changed.
- No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 10/08/2019".

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the nationwide gross premium valuation reserves for these policies as of October 31, 2018.

Changed Items:

- No Supporting Documents changed.
- 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.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/19/2019
 Submitted Date 09/19/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 09/05/2019".

Related Objection 1

Applies To:

- Response to Objection 7/15/2019 (Supporting Document)

Comments: The response to objection 7 from the objection responses dated August 15, 2019, shows the present value of projected incurred claim using the current assumptions to be \$187.6 million. However, Exhibit 3 submitted with the actuarial memorandum shows projected incurred claims to be \$226.9 million. Please explain the discrepancy.

Additionally, please clarify whether margin for adverse deviation was included in the original pricing of this policy form. If so, please revise the present value of projected incurred claims using the original assumptions to reflect the margin included in the original pricing of this policy form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 09/05/2019
Comments:	
Attachment(s):	Objection 3 - VA (2LTC) - Response.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 09/05/2019".

SERFF Tracking #: GLTC-131940319 **State Tracking #:** GLTC-131940319 **Company Tracking #:** GALIC FORMS RATE INCREASE FILING FOR 201...

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Related Objection 2

Applies To:

- *Product Checklist (Supporting Document)*

Comments: Please clarify whether the nationwide active life reserves of \$141.1 million represent the natural reserves for these policies (i.e., calculated using the assumptions associated with this filing for lapse, mortality, etc., and cash flows discounted using the maximum statutory valuation interest rate at the time the policies were issued).

If not, please provide the natural reserves for these policies as of October 31, 2018.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/15/2019
Submitted Date	08/15/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 7/15/2019 under the Supporting Documentation tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

- Comments: 1. Please clarify whether the original lifetime loss ratio of 69.0% reflects the actual mix of business sold. If it does not, please state the original lifetime loss ratio, adjusted to reflect the actual mix of business sold.*
- 2. According to Appendix D, the experience projections assume future mortality improvement. Please state the assumed level of future mortality improvement and explain the source(s) used to support the assumption.*
- 3. According to Appendix D, no future morbidity improvement is assumed. Please provide additional justification and reasoning for this assumption.*
- 4. Please state the level of shock lapses assumed to occur as a result of the requested rate increase. Please provide quantitative support for the assumption used.*
- 5. Please state the level of benefit buydowns assumed to occur as a result of the requested rate increase. Please provide quantitative support for the assumption used.*
- 6. The following questions are related to the experience projections submitted with the objection responses dated June 28, 2019:*
- a. Please provide an additional experience projection similar to Exhibit 7 but without the requested rate increase.*
- b. Please confirm Exhibit 10 excludes paid-up policyholders. If not, please revise Exhibit 10 to remove paid-up policyholders from the experience projection.*
- 7. Please demonstrate quantitatively that the proposed rate increase is consistent with the rate increase produced under the modified prospective present value approach.*
- 8. Please provide the maximum statutory valuation interest rate by policy issue year.*
- 9. Please clarify whether the nationwide active life reserves of \$141.1 million were calculated using the average maximum valuation interest rate. If not, please state the nationwide active life reserves as of October 31, 2018, calculated at the average maximum valuation interest rate. Additionally, please clarify whether the nationwide active life reserves were limited to premium paying policies or include all policies for the policy form associated with this filing.*
- 10. The actuarial certification states, The filing will enhance premium adequacy buy may not be sufficient to prevent future rate action. Assuming the proposed rate increase is approved, please state the expectations with regard to the potential timing and magnitude of any future rate increases.*
- 11. Please provide a breakdown of the rate increase components showing the portion of the rate increase each component contributes to the requested rate increase of 150%.*
- 12. Please provide the full credibility standard used to determine the credibility of the Virginia and nationwide experience.*

Changed Items:

SERFF Tracking #: GLTC-131940319 State Tracking #: GLTC-131940319 Company Tracking #: GALIC FORMS RATE INCREASE FILING FOR 201...

State: Virginia Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 7/15/2019
Comments:	
Attachment(s):	Objection 2 - VA (2LTC) - Response.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

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2019
Submitted Date	06/28/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see Response to Objection 5/21/2019 under the Supporting Documentation tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

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.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection 5/21/2019
Comments:	
Attachment(s):	Objection 1 - VA (2LTC) - Response.pdf Original Memo - 2LTCIP0001.pdf Objection 1 - VA (2LTC) - Response Exhibits.xlsx Rate Increase Summary.xlsx

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see Response to Objection 1.

Related Objection 2

Comments: Policyholder Notification letter, Contingent Benefit Upon Lapse

Since the policyholder notification letter, contingent benefit upon lapse and policy change request forms are required to be filed for review, they should be filed under the Form Schedule" section. If the Company intends to use a previously approved policyholder letter or other form, please provide the SERFF tracking number for the approved letter and place the letter or form under the Supporting Documentation tab.

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

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

Amendment Letter

Submitted Date: 06/03/2021

Comments:
Please see the revised form CGI(GAL) – RINC(VA)(0320)-BR, which has been updated to use “Us” instead of “us”, consistent with the other rate increase letter forms.

Changed Items:

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 06/03/2021 By:
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 02/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 01/08/2021 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf	Date Submitted: 07/15/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf	Date Submitted: 05/14/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL)-RINC(VA)(0320)-BR.pdf, Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf	Date Submitted: 03/05/2020 By: Cameron Zima

No Rate Schedule Items Changed.

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)		

No Supporting Documents Changed.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC/

Note To Filer

Created By:

Bill Dismore on 11/10/2020 09:20 AM

Last Edited By:

Bill Dismore

Submitted On:

05/05/2021 08:42 AM

Subject:

Objection Letter of 11/10/2020

Comments:

I apologize for the objection on 11/10/2020. This belongs under SERFF Filing GLTC-131934787. Please simply respond that the response is provided under that SERFF #.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC/

Note To Filer

Created By:

Bill Dismore on 06/21/2019 09:14 AM

Last Edited By:

Bill Dismore

Submitted On:

02/04/2020 02:55 PM

Subject:

Extension Request Granted

Comments:

Extension to respond granted to 6/28/2019.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Note To Reviewer

Created By:

Eric Coldewey on 06/20/2019 05:01 PM

Last Edited By:

Bill Dismore

Submitted On:

02/04/2020 02:55 PM

Subject:

Extension Request

Comments:

May the Company please be granted a one week extension to respond to the Bureau's letter dated 5/21/2019? If granted, we will provide a response by 6/28/2019.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Reviewer Note

Created By:

Bill Dismore on 12/08/2020 02:09 PM

Last Edited By:

Bill Dismore

Submitted On:

12/08/2020 02:12 PM

Subject:

Call between BOI & Company

Comments:

12/08/2020 - 3:00 PM - call with Madison and David who agreed to pull GALIC policies from exhibits and finalize the rate filing with only CGI policyholders. Rate/Rule Schedule, Appendix A and the LTC Rate Request Summary will be adjusted to reflect only CGI policyholders. Company will file GALIC rate revision separately.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Reviewer Note

Created By:

Bill Dismore on 07/28/2020 07:47 AM

Last Edited By:

Bill Dismore

Submitted On:

11/09/2020 12:42 PM

Subject:

Background & Notice and Certification of Assumption (United Teachers Associates Insurance Company & Great American Life Insurance Company)

Comments:

The Notice and Certification of Assumption was approved in Virginia under SERFF # UTAC-126674908 on 8/16/2010.

7/28/2020 - Sent to Greg Smith for review and determination if this suffices for the company's reason to file on behalf of Great American Life Insurance Company.

Background

1. Please explain the relationship between Great American Life Insurance Company (NAIC # 63312) and Continental General Insurance Company (NAIC # 71404) as it pertains to the rate revision filing for the Long Term Care policy form 2LTCIP0001.

These policies were originally sold under the name Great American Life Insurance Company (GALIC), NAIC # 63312. United Teacher Associates then assumed 100% of the risk associated with the policies sold under GALIC. Effective December 31, 2016, UTA (inactive NAIC No: 63479) merged into Continental General Insurance Company (active NAIC No: 71404).

2. Please provide the authorization letter from Great American Life Insurance Company that authorizes Continental General to file a long term rate revision for this form on their behalf.

Continental General is authorized to file long term care rate revisions on Great American's behalf per the Assumption Reinsurance Agreement between United Teacher Associates Insurance Company (now Continental General) and Great American. Under the agreement, Continental is the insurer as though it originally issued the policies and has full and complete responsibility for all administrative services for the policies. A copy of the agreement was provided to the Virginia Bureau of Insurance as part of assumption reinsurance agreement filing SERFF tracking number UTAC-126674908.

3. Please explain how the experience of the two companies are able to be pooled together for the purposes of this rate revision.

These policies were all originally on one policy form, sold under Great America Life Insurance Company. Therefore, they were sold with the same original assumptions and rates.

The form became split over two companies when some policies choose not to novate.

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

[11200 Lakeline Blvd., Suite 100

PO Box 26850

Austin, Texas 78755-0580

Phone: (877) 677-2783]

NOTICE AND CERTIFICATE OF ASSUMPTION

[John Doe]
[1234 Ivanhoe Trail]
[Austin, TX 78748]

Policy #: [RC0000100]

This is to certify that, pursuant to the terms of an Assumption Reinsurance Agreement, the above policy and all endorsements thereto (herein called the "Policy") issued by **GREAT AMERICAN LIFE INSURANCE COMPANY®** was assumed by **UNITED TEACHER ASSOCIATES INSURANCE COMPANY**.

This change is effective the later of 12:01 AM CST on January 1, 2010.

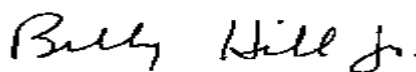
All of the terms and conditions of the Policy remain unchanged, except that **UNITED TEACHER ASSOCIATES INSURANCE COMPANY** shall be the insurer. All premium payments, notices, claims and suits or actions of the Policy shall hereafter be made to **UNITED TEACHER ASSOCIATES INSURANCE COMPANY** as though it had issued the Policy originally.

You may reject this Assumption. If you reject this Assumption you have ten (10) days after receipt of this notice to file written notice with **UNITED TEACHER ASSOCIATES INSURANCE COMPANY** or **GREAT AMERICAN LIFE INSURANCE COMPANY®**. If you reject this Assumption, your policy will continue to be administered by **UNITED TEACHER ASSOCIATES INSURANCE COMPANY**.

Inquiries concerning the Policy shall be directed to **UNITED TEACHER ASSOCIATES INSURANCE COMPANY** at the address indicated above. The Certificate should be attached to and made part of the Policy.

IN WITNESS WHEREOF, UNITED TEACHER ASSOCIATES INSURANCE COMPANY has caused this Notice and Certification of Assumption to be signed by its duly authorized officer.

**UNITED TEACHER ASSOCIATES
INSURANCE COMPANY**



Billy Hill, Jr., President

Please attach this form to your policy.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Reviewer Note

Created By:

Bill Dismore on 07/24/2020 02:34 PM

Last Edited By:

Bill Dismore

Submitted On:

12/08/2020 02:12 PM

Subject:

7/24/2020 Call With Company

Comments:

Discussed filing with Madison Nahrup and Cameron Zima of Continental. Expressed our concern about the combination of two insurers under one filing (Continental General & Great American Life). The company is doing their compliance research and should have the story and explanation during the early part of the week of 7/27/20. The company most likely will end up breaking out the Great American Life policies from the Continental General policies and file as a companion filing in SERFF for each of the blocks, under the proper NAIC #'s as SERFF requires. Once that issue is resolved, we can move forward reviewing more specifically the proposed rate increase.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Reviewer Note

Created By:

Bill Dismore on 02/04/2020 02:50 PM

Last Edited By:

Bill Dismore

Submitted On:

12/08/2020 02:12 PM

Subject:

Actuarial Final Opinion & Summary Report

Comments:

2/04/2020 - Received opinion and summary report today.

4/1/2020 - Per Ryan Mueller, "The original lifetime loss ratio cited in each report has been restated to reflect the actual mix of business sold. If the lifetime loss ratio varied by rating cell (e.g., age or the benefit levels selected) and the actual mix of business sold under the policy form is different than what was assumed when the rates were initially filed, the original lifetime loss ratio estimates will be different."

Mr. Bill Dismore
Insurance Market Examiner
Life and Health Rates Division
State Corporation Commission, Bureau of Insurance
Richmond, VA 23218

February 4, 2020

**Continental General Insurance Company – Long-Term Care Filing
State Tracking #: GLTC-131940319**

Dear Mr. Dismore:

At your request, we have reviewed the above captioned long-term care rate filing submitted by Continental General Insurance Company (the Company). The purpose of this letter is to provide you with our analysis and opinion with respect to the rate increase requested by the Company. This letter is not intended for any other purposes.

Based on the information provided, we believe this filing satisfies the loss ratio requirements of 14VAC5-200-153. However, it should be noted that the proposed rate increase of 150% is slightly greater than the maximum justifiable rate increase under the prospective present value approach of 148%.

BACKGROUND

The Company is requesting to increase rates 150% for a closed block of individual long-term care policies (i.e., policy series 2LTCIP0001 (VA)) providing comprehensive long-term care benefits to insureds. These policies were originally issued by Great American Life Insurance Company (GALIC) between March 2004 and December 2006 in Virginia. Nearly all GALIC policies were novated into United Teacher Associates (UTA), and effective December 31, 2016, UTA merged with the Company. The Company no longer sells new long-term care policies. As of October 31, 2018, there were 138 insured who would be impacted by the proposed rate increase.

According to the Actuarial Memorandum, no prior rate increases have been approved in Virginia. Based on information provided by the Company, we estimate the cumulative nationwide average rate increase to date to be 51%, and if all pending rate filings were approved, the cumulative nationwide average rate increase would be 71%.

We have reviewed the filing for compliance with 14VAC5-200-153.

ANALYSIS

Morbidity Assumptions

The morbidity assumptions were developed using Company experience, the 2017 Milliman Long-Term Care Guidelines, and judgment. The 2017 Milliman Long-Term Care Guidelines served as the basis for the baseline expected claims development, with adjustment factors applied to the baseline to reflect the Company's historical experience. The morbidity assumptions assume no future morbidity improvement, and they assume no adverse selection as a result of the rate increase or a load for moderately adverse experience. A comparison of actual claims to expected claims for this policy form and other similar policy forms demonstrates the morbidity assumptions are reasonable.

Termination Assumptions

While the Company analyzes total termination rates, estimates of mortality rates and voluntary lapses were provided. The mortality assumptions are based on the 2012 IAM Basic Table. Mortality steepening and selection factors were applied to the 2012 IAM Basic Table as were other attained age adjustments. No future mortality improvement was assumed in the experience projections. The voluntary lapse assumptions are based on historical implied voluntary lapses and judgment. Historical implied lapses were determined by subtracting expected deaths and actual benefit exhaustions from total terminations. The voluntary lapse assumptions vary by inflation option, spousal discount, gender, and policy duration. A comparison of actual to expected terminations demonstrates the mortality and voluntary lapse assumptions are reasonable.

It should be noted the Company assumed a non-forfeiture option conversion rate of 19%. This assumption was based on the Company's historical experience.

Projected Loss Ratios and Moderately Adverse Testing

According to 14VAC5-200-153, the Company must demonstrate the sum of the accumulated value of past incurred claims without active life reserves plus the present value of future projected incurred claims without active life reserves is at least the sum of the following:

1. The accumulated value of the initial earned premium times fifty-eight percent (58%);
2. Eighty-five percent (85%) of the accumulated value of prior premium rate schedule increases on an earned basis;
3. The present value of future projected initial earned premiums times fifty-eight percent (58%);
and
4. Eighty-five percent (85%) of the present value of future projected premiums not in specified above in subsection 3 on an earned basis.

Since all policyholders are eligible for a contingent benefit upon lapse, the original lifetime loss ratio of 66.8% was used in place of 58% when performing the calculation outlined above. Based on the information provided by the Company, 14VAC5-200-153 is satisfied.

Evaluation of the Prospective Present Value Approach

The Company provided the appropriate experience projections to evaluate the maximum justifiable rate increase using the prospective present value approach (i.e., the approach used by Texas). Based on the information provided, we estimate the Company could justify a rate increase of 148% under the prospective present value approach, which is comparable to the requested rate increase of 150%.

Additional Considerations

A 10% load for moderately adverse experience has been included in the experience projections. According to the Company, the proposed rate increase will enhance premium adequacy but may not be sufficient to prevent future rate action if the underlying assumptions are not realized.

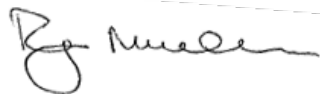
OPINION

In my opinion the filed premium rates are reasonable in relation to the benefits provided and are not excessive or unfairly discriminatory. In arriving at our opinion, we used and relied on information provided by the Company without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided by the Company without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodology in reaching this opinion. I am a member of the American Academy of Actuaries and meet all of its requirements to render this opinion.

If you have any questions regarding this filing, please feel free to contact me. I can be reached at 414 277 4680.

Sincerely,



Ryan Mueller, FSA, MAAA
Senior Consultant

Copy: Bob Grissom, Bureau of Insurance
Tammy Tomczyk, Oliver Wyman Actuarial Consulting, Inc.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/

Reviewer Note

Created By:

Bill Dismore on 05/21/2019 12:56 PM

Last Edited By:

Bill Dismore

Submitted On:

06/07/2021 02:01 PM

Subject:

RRS

Comments:

Rate Review Summary

**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-131940319

Revised Rates

Average Annual Premium Per Member: 1,643

Average Requested Percentage Rate Change Per Member: 150%

Range of Requested Rate Changes: 150% - 150%

Number of Virginia Policyholders Affected: 121

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
2LTCIP0001 (VA)	N/A	3/4/2004 to 12/14/2006	None	No further premium rate schedule increases are anticipated at this time.

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

This document is prepared by the carrier to help explain the requested rate change and 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 at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>. (Rev. 06/19)

Rate Request Summary Supplement: 2LTCIP0001 (VA)

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.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number:

Continental General Insurance Company – NAIC # 71404

SERFF Tracking Number: GLTC-131940319

Disposition: Approved & Filed

Approval Date: 6/07/2021

Current Average Annual Premium Per Member: \$1,643

Rate Changes:

Average Percentage Rate Change Per Member: 150%

Minimum Requested Percentage Rate Change Per Member: 150]%

Maximum Requested Percentage Rate Change Per Member:150%

Number of Virginia Policy Holders Affected: 121

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

The Company requested a 150% rate increase on this block of individual] long-term care insurance policy forms.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-153 of the Virginia Administrative Code. The review indicated that the lifetime anticipated loss ratio after the increase will be 85%, which exceeds the minimum required loss ratio of 60%.

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

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

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

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

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Post Submission Update Request Processed On 12/10/2020

Status: Allowed
Created By: David Weizeorick
Processed By: Bill Dismore
Comments:

Company Rate Information:

Company Name:Continental General Insurance Company

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	\$298142	\$333911
Number of Policy Holders Affected for this Program	121	138
Written Premium for this Program	\$198761	\$222608

SERFF Tracking #:

GLTC-131940319

State Tracking #:

GLTC-131940319

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Filing Company: Continental General Insurance Company

Form Schedule

Lead Form Number: 2LTCIP0001 (VA)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 06/07/2021	CGI(GAL)-RINC(VA)(0320)	CGI(GAL)-RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf
2	Approved 06/07/2021	CGI(GAL)-RINC(VA)(0320)-BR	CGI(GAL)-RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL) – RINC(VA)(0320)-BR.pdf
3	Approved 06/07/2021	CGI(GAL)-RINC(VA)(0320)-CNFO	CGI(GAL)-RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL) – RINC(VA)(0320)-CNFO.pdf
4	Approved 06/07/2021	CGI(GAL)-RINC(VA)(0320)-CNFOLP	CGI(GAL)-RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf
5	Approved 06/07/2021	CGI(GAL)-RINC(VA)(0320)LP	CGI(GAL)-RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)LP.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

[TEMPLATE ID]

[P.O. Box 203098
Austin, TX 78720-3098]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

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 [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [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. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, 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 [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 Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](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 you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call us toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

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.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

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.

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 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	[\$XXX,XXX]
Reduced Maximum Lifetime Benefit	[\$XXX,XXX]
 Premium After Reducing Benefit	 [\$X,XXX.XX]

[Benefit Reduction Option [2] – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	[\$XXX.XX]
Reduced Long-Term Care Daily Benefit	[\$XXX.XX]
 [Original Assisted Living Facility Daily Benefit	 [\$XXX.XX]
Reduced Assisted Living Facility Daily Benefit	[\$XXX.XX]
 [Original Home Health/Home and Community Care Daily Benefit	 [\$XXX.XX]
Reduced Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
 Premium After Reducing Benefit	 [\$X,XXX.XX]

[Benefit Reduction Option [3] – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	[XX Days]
Increased Elimination Period	[XX Days]
 Premium After Increasing Elimination Period	 [\$X,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: _____

Policy No.
[Policy Number]

Policy Holder Name: [Policy Holder Name]

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. 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.

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: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

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 lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. 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.

This option 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.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

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. Option 1 will be provided unless you tell Us otherwise.

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: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

Continental General Insurance Company

[TEMPLATE ID]

[P.O. Box 203098
Austin, TX 78720-3098]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

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 [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [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. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, 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 [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 lowering your long-term care policy coverage. 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 Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](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 you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call us toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

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. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

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.

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 0.000%
 Effective Date of Last Rate Revision:
 Filing Method of Last Filing: SERFF
 SERFF Tracking Number of Last Filing: GLTC-131252176

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	150.000%	150.000%	\$298,142	121	\$198,761	150.000%	150.000%

State: Virginia
Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA - GALIC 2LTCI Rate Sheets	2LTCIP0001 (VA)	Revised	Previous State Filing Number: GLTC-131252176 Percent Rate Change Request: 150	2LTCI Rate Sheets - VA (2LTCI).pdf,

Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 50% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$11	\$12	\$13	\$14	\$14	\$17
30	\$12	\$13	\$14	\$15	\$15	\$19
31	\$13	\$14	\$15	\$16	\$17	\$20
32	\$14	\$15	\$17	\$17	\$18	\$22
33	\$15	\$16	\$18	\$18	\$19	\$23
34	\$16	\$17	\$19	\$20	\$20	\$25
35	\$17	\$18	\$20	\$21	\$22	\$26
36	\$17	\$20	\$21	\$22	\$23	\$28
37	\$18	\$21	\$22	\$23	\$24	\$30
38	\$19	\$22	\$24	\$25	\$26	\$32
39	\$21	\$23	\$25	\$26	\$27	\$34
40	\$22	\$25	\$26	\$28	\$29	\$36
41	\$23	\$26	\$28	\$29	\$31	\$38
42	\$24	\$27	\$29	\$31	\$32	\$40
43	\$25	\$29	\$31	\$33	\$35	\$43
44	\$27	\$31	\$33	\$35	\$37	\$46
45	\$28	\$32	\$35	\$37	\$39	\$49
46	\$30	\$34	\$37	\$39	\$41	\$52
47	\$31	\$36	\$39	\$41	\$43	\$55
48	\$32	\$37	\$40	\$43	\$45	\$56
49	\$33	\$38	\$41	\$44	\$46	\$58
50	\$33	\$39	\$42	\$45	\$47	\$60
51	\$34	\$40	\$43	\$46	\$48	\$61
52	\$35	\$41	\$45	\$47	\$50	\$63
53	\$37	\$43	\$47	\$50	\$52	\$67
54	\$39	\$45	\$50	\$53	\$55	\$71
55	\$41	\$48	\$52	\$56	\$58	\$74
56	\$43	\$50	\$55	\$58	\$61	\$78
57	\$45	\$52	\$57	\$61	\$64	\$82
58	\$49	\$57	\$63	\$67	\$70	\$90
59	\$53	\$62	\$68	\$73	\$76	\$98
60	\$57	\$67	\$74	\$79	\$83	\$106
61	\$61	\$72	\$79	\$85	\$89	\$114
62	\$65	\$77	\$85	\$91	\$95	\$122
63	\$71	\$84	\$92	\$98	\$103	\$132
64	\$77	\$91	\$100	\$106	\$111	\$142
65	\$83	\$98	\$107	\$114	\$120	\$151
66	\$89	\$104	\$115	\$122	\$128	\$161
67	\$95	\$111	\$122	\$130	\$136	\$171
68	\$106	\$124	\$137	\$146	\$152	\$192
69	\$117	\$138	\$152	\$161	\$169	\$213
70	\$128	\$151	\$166	\$177	\$185	\$233
71	\$139	\$164	\$181	\$193	\$202	\$254
72	\$150	\$177	\$196	\$208	\$218	\$275
73	\$178	\$211	\$233	\$248	\$260	\$327
74	\$207	\$245	\$271	\$288	\$302	\$379
75	\$235	\$279	\$309	\$329	\$344	\$432
76	\$263	\$313	\$346	\$369	\$386	\$484
77	\$292	\$347	\$384	\$409	\$428	\$536
78	\$328	\$390	\$432	\$460	\$482	\$603
79	\$363	\$433	\$480	\$511	\$536	\$669
80	\$399	\$477	\$528	\$563	\$590	\$735
81	\$435	\$520	\$576	\$614	\$643	\$801
82	\$471	\$563	\$625	\$665	\$697	\$868
83	\$528	\$633	\$703	\$749	\$785	\$975
84	\$586	\$703	\$781	\$833	\$873	\$1,082
85	\$644	\$773	\$859	\$916	\$961	\$1,189
86	\$701	\$843	\$938	\$1,000	\$1,048	\$1,296
87	\$759	\$913	\$1,016	\$1,083	\$1,136	\$1,403
88	\$852	\$1,027	\$1,143	\$1,219	\$1,279	\$1,576
89	\$945	\$1,140	\$1,270	\$1,355	\$1,422	\$1,750
90	\$1,038	\$1,254	\$1,398	\$1,491	\$1,565	\$1,923
91	\$1,131	\$1,367	\$1,525	\$1,627	\$1,708	\$2,096
92	\$1,224	\$1,481	\$1,652	\$1,763	\$1,851	\$2,269
93	\$1,374	\$1,665	\$1,859	\$1,985	\$2,084	\$2,549
94	\$1,524	\$1,849	\$2,066	\$2,206	\$2,317	\$2,830
95	\$1,674	\$2,033	\$2,273	\$2,427	\$2,550	\$3,110
96	\$1,824	\$2,217	\$2,480	\$2,649	\$2,783	\$3,390
97+	\$1,974	\$2,402	\$2,687	\$2,870	\$3,016	\$3,670

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 75% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$12	\$13	\$14	\$15	\$15	\$19
30	\$13	\$14	\$15	\$16	\$17	\$21
31	\$14	\$15	\$16	\$17	\$18	\$23
32	\$14	\$16	\$18	\$19	\$19	\$24
33	\$15	\$17	\$19	\$20	\$21	\$26
34	\$16	\$18	\$20	\$21	\$22	\$28
35	\$17	\$19	\$21	\$22	\$23	\$29
36	\$18	\$21	\$22	\$24	\$25	\$31
37	\$19	\$22	\$23	\$25	\$26	\$33
38	\$20	\$23	\$25	\$27	\$28	\$35
39	\$21	\$24	\$27	\$28	\$30	\$38
40	\$23	\$26	\$28	\$30	\$31	\$40
41	\$24	\$27	\$30	\$32	\$33	\$42
42	\$25	\$29	\$31	\$33	\$35	\$45
43	\$27	\$31	\$34	\$36	\$37	\$48
44	\$28	\$33	\$36	\$38	\$40	\$51
45	\$30	\$34	\$38	\$40	\$42	\$54
46	\$31	\$36	\$40	\$43	\$45	\$58
47	\$33	\$38	\$42	\$45	\$47	\$61
48	\$34	\$39	\$43	\$46	\$49	\$63
49	\$34	\$40	\$44	\$47	\$50	\$65
50	\$35	\$41	\$46	\$49	\$51	\$66
51	\$36	\$42	\$47	\$50	\$53	\$68
52	\$37	\$43	\$48	\$51	\$54	\$70
53	\$39	\$46	\$51	\$54	\$57	\$74
54	\$41	\$48	\$54	\$57	\$60	\$78
55	\$43	\$51	\$56	\$60	\$63	\$82
56	\$45	\$53	\$59	\$63	\$67	\$86
57	\$47	\$56	\$62	\$66	\$70	\$90
58	\$52	\$61	\$68	\$73	\$76	\$99
59	\$56	\$67	\$74	\$79	\$83	\$107
60	\$60	\$72	\$80	\$85	\$90	\$116
61	\$65	\$77	\$86	\$92	\$96	\$125
62	\$69	\$82	\$92	\$98	\$103	\$133
63	\$75	\$90	\$99	\$106	\$112	\$144
64	\$82	\$97	\$107	\$115	\$120	\$154
65	\$88	\$104	\$115	\$123	\$129	\$165
66	\$94	\$111	\$123	\$131	\$138	\$175
67	\$100	\$118	\$131	\$139	\$146	\$186
68	\$111	\$132	\$146	\$156	\$164	\$208
69	\$123	\$146	\$162	\$173	\$181	\$230
70	\$134	\$160	\$177	\$189	\$198	\$252
71	\$146	\$174	\$193	\$206	\$216	\$274
72	\$157	\$188	\$208	\$222	\$233	\$296
73	\$187	\$223	\$248	\$265	\$278	\$351
74	\$216	\$259	\$288	\$307	\$322	\$407
75	\$246	\$294	\$327	\$350	\$366	\$462
76	\$275	\$330	\$367	\$392	\$411	\$517
77	\$305	\$366	\$407	\$434	\$455	\$573
78	\$342	\$411	\$457	\$488	\$512	\$643
79	\$379	\$456	\$508	\$542	\$568	\$712
80	\$417	\$501	\$559	\$596	\$625	\$782
81	\$454	\$547	\$609	\$650	\$682	\$852
82	\$491	\$592	\$660	\$704	\$738	\$922
83	\$551	\$665	\$742	\$791	\$830	\$1,034
84	\$611	\$738	\$823	\$879	\$922	\$1,146
85	\$670	\$811	\$905	\$966	\$1,014	\$1,258
86	\$730	\$884	\$987	\$1,054	\$1,106	\$1,371
87	\$790	\$957	\$1,069	\$1,141	\$1,198	\$1,483
88	\$887	\$1,076	\$1,202	\$1,283	\$1,347	\$1,663
89	\$983	\$1,194	\$1,335	\$1,425	\$1,496	\$1,844
90	\$1,079	\$1,312	\$1,468	\$1,567	\$1,645	\$2,025
91	\$1,175	\$1,430	\$1,600	\$1,708	\$1,794	\$2,205
92	\$1,272	\$1,549	\$1,733	\$1,850	\$1,943	\$2,386
93	\$1,427	\$1,740	\$1,949	\$2,080	\$2,185	\$2,676
94	\$1,582	\$1,932	\$2,164	\$2,310	\$2,426	\$2,967
95	\$1,737	\$2,123	\$2,379	\$2,540	\$2,668	\$3,258
96	\$1,892	\$2,314	\$2,594	\$2,770	\$2,910	\$3,548
97+	\$2,047	\$2,506	\$2,810	\$3,000	\$3,152	\$3,839

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 100% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$12	\$14	\$15	\$16	\$16	\$21
30	\$13	\$15	\$16	\$17	\$18	\$23
31	\$14	\$16	\$17	\$18	\$19	\$25
32	\$15	\$17	\$19	\$20	\$21	\$27
33	\$16	\$18	\$20	\$21	\$22	\$29
34	\$17	\$19	\$21	\$22	\$24	\$31
35	\$18	\$20	\$22	\$24	\$25	\$33
36	\$19	\$22	\$24	\$25	\$26	\$34
37	\$20	\$23	\$25	\$27	\$28	\$36
38	\$21	\$24	\$27	\$28	\$30	\$39
39	\$22	\$26	\$28	\$30	\$32	\$42
40	\$24	\$27	\$30	\$32	\$34	\$44
41	\$25	\$29	\$32	\$34	\$36	\$47
42	\$26	\$30	\$33	\$36	\$38	\$49
43	\$28	\$32	\$36	\$38	\$40	\$53
44	\$29	\$34	\$38	\$41	\$43	\$56
45	\$31	\$36	\$40	\$43	\$46	\$60
46	\$33	\$38	\$43	\$46	\$48	\$64
47	\$34	\$40	\$45	\$48	\$51	\$67
48	\$35	\$42	\$46	\$50	\$52	\$69
49	\$36	\$43	\$47	\$51	\$54	\$71
50	\$37	\$44	\$49	\$52	\$55	\$73
51	\$38	\$45	\$50	\$54	\$57	\$75
52	\$39	\$46	\$51	\$55	\$58	\$77
53	\$41	\$49	\$54	\$59	\$62	\$81
54	\$43	\$51	\$57	\$62	\$65	\$86
55	\$45	\$54	\$60	\$65	\$69	\$90
56	\$48	\$57	\$63	\$68	\$72	\$94
57	\$50	\$59	\$66	\$71	\$75	\$99
58	\$55	\$65	\$73	\$78	\$83	\$108
59	\$59	\$71	\$79	\$85	\$90	\$117
60	\$64	\$76	\$85	\$92	\$97	\$126
61	\$68	\$82	\$92	\$99	\$104	\$135
62	\$73	\$88	\$98	\$105	\$111	\$145
63	\$79	\$95	\$106	\$114	\$120	\$156
64	\$86	\$103	\$114	\$123	\$129	\$167
65	\$92	\$110	\$123	\$131	\$138	\$178
66	\$99	\$118	\$131	\$140	\$147	\$189
67	\$105	\$125	\$139	\$149	\$156	\$200
68	\$117	\$140	\$155	\$166	\$175	\$223
69	\$129	\$154	\$172	\$184	\$193	\$247
70	\$141	\$169	\$188	\$201	\$212	\$270
71	\$153	\$183	\$205	\$219	\$230	\$293
72	\$165	\$198	\$221	\$237	\$249	\$317
73	\$195	\$235	\$263	\$281	\$295	\$375
74	\$226	\$273	\$305	\$326	\$342	\$434
75	\$257	\$310	\$346	\$370	\$389	\$492
76	\$288	\$347	\$388	\$415	\$436	\$551
77	\$318	\$384	\$430	\$460	\$482	\$609
78	\$357	\$432	\$483	\$516	\$542	\$683
79	\$395	\$479	\$536	\$573	\$601	\$756
80	\$434	\$526	\$589	\$629	\$661	\$829
81	\$473	\$573	\$642	\$686	\$720	\$902
82	\$511	\$621	\$695	\$743	\$779	\$976
83	\$573	\$697	\$780	\$834	\$876	\$1,093
84	\$635	\$773	\$866	\$925	\$972	\$1,211
85	\$697	\$849	\$951	\$1,017	\$1,068	\$1,328
86	\$759	\$925	\$1,037	\$1,108	\$1,164	\$1,445
87	\$821	\$1,002	\$1,123	\$1,199	\$1,260	\$1,563
88	\$921	\$1,125	\$1,261	\$1,347	\$1,415	\$1,751
89	\$1,021	\$1,248	\$1,399	\$1,495	\$1,570	\$1,939
90	\$1,120	\$1,371	\$1,538	\$1,642	\$1,725	\$2,127
91	\$1,220	\$1,494	\$1,676	\$1,790	\$1,880	\$2,315
92	\$1,320	\$1,617	\$1,815	\$1,937	\$2,035	\$2,503
93	\$1,480	\$1,815	\$2,038	\$2,176	\$2,286	\$2,804
94	\$1,640	\$2,014	\$2,262	\$2,414	\$2,536	\$3,105
95	\$1,800	\$2,213	\$2,485	\$2,653	\$2,787	\$3,406
96	\$1,960	\$2,411	\$2,709	\$2,891	\$3,038	\$3,707
97+	\$2,120	\$2,610	\$2,933	\$3,129	\$3,288	\$4,009

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 125% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$12	\$14	\$15	\$17	\$18	\$23
30	\$13	\$15	\$17	\$18	\$19	\$26
31	\$14	\$17	\$18	\$20	\$21	\$28
32	\$16	\$18	\$20	\$21	\$22	\$30
33	\$17	\$19	\$21	\$23	\$24	\$32
34	\$18	\$20	\$22	\$24	\$25	\$34
35	\$19	\$21	\$24	\$26	\$27	\$36
36	\$20	\$23	\$25	\$27	\$29	\$38
37	\$21	\$24	\$26	\$29	\$30	\$41
38	\$22	\$25	\$28	\$31	\$32	\$43
39	\$23	\$27	\$30	\$33	\$34	\$46
40	\$25	\$29	\$32	\$35	\$37	\$49
41	\$26	\$30	\$34	\$37	\$39	\$52
42	\$27	\$32	\$36	\$39	\$41	\$55
43	\$29	\$34	\$38	\$41	\$44	\$59
44	\$31	\$36	\$41	\$44	\$47	\$63
45	\$33	\$39	\$43	\$47	\$50	\$67
46	\$34	\$41	\$46	\$50	\$52	\$71
47	\$36	\$43	\$48	\$52	\$55	\$75
48	\$37	\$44	\$50	\$54	\$57	\$77
49	\$38	\$45	\$51	\$55	\$59	\$79
50	\$39	\$47	\$52	\$57	\$60	\$81
51	\$40	\$48	\$54	\$58	\$62	\$83
52	\$41	\$49	\$55	\$60	\$64	\$85
53	\$43	\$52	\$59	\$63	\$67	\$90
54	\$46	\$55	\$62	\$67	\$71	\$95
55	\$48	\$58	\$65	\$70	\$75	\$99
56	\$50	\$61	\$68	\$74	\$78	\$104
57	\$53	\$64	\$72	\$77	\$82	\$109
58	\$58	\$70	\$78	\$85	\$90	\$119
59	\$63	\$76	\$85	\$92	\$97	\$129
60	\$67	\$82	\$92	\$99	\$105	\$138
61	\$72	\$88	\$99	\$107	\$113	\$148
62	\$77	\$94	\$106	\$114	\$121	\$158
63	\$84	\$101	\$114	\$123	\$130	\$170
64	\$91	\$109	\$123	\$132	\$140	\$182
65	\$97	\$117	\$131	\$141	\$149	\$193
66	\$104	\$125	\$140	\$150	\$159	\$205
67	\$111	\$133	\$149	\$160	\$168	\$217
68	\$123	\$148	\$166	\$178	\$188	\$241
69	\$136	\$164	\$183	\$197	\$207	\$266
70	\$148	\$179	\$201	\$215	\$227	\$291
71	\$160	\$194	\$218	\$234	\$246	\$316
72	\$173	\$210	\$235	\$253	\$266	\$341
73	\$205	\$249	\$279	\$300	\$315	\$403
74	\$237	\$288	\$323	\$347	\$365	\$465
75	\$269	\$327	\$367	\$394	\$414	\$527
76	\$301	\$366	\$411	\$441	\$464	\$589
77	\$333	\$405	\$455	\$488	\$513	\$651
78	\$373	\$455	\$511	\$548	\$576	\$728
79	\$413	\$504	\$567	\$607	\$638	\$805
80	\$453	\$553	\$622	\$667	\$701	\$882
81	\$493	\$603	\$678	\$726	\$763	\$959
82	\$533	\$652	\$734	\$786	\$825	\$1,037
83	\$598	\$732	\$823	\$881	\$926	\$1,160
84	\$662	\$812	\$913	\$977	\$1,026	\$1,283
85	\$727	\$891	\$1,003	\$1,072	\$1,127	\$1,406
86	\$791	\$971	\$1,092	\$1,168	\$1,227	\$1,529
87	\$855	\$1,050	\$1,182	\$1,264	\$1,328	\$1,652
88	\$958	\$1,179	\$1,326	\$1,418	\$1,490	\$1,848
89	\$1,062	\$1,307	\$1,471	\$1,571	\$1,651	\$2,044
90	\$1,165	\$1,435	\$1,615	\$1,725	\$1,813	\$2,240
91	\$1,268	\$1,563	\$1,759	\$1,879	\$1,975	\$2,435
92	\$1,371	\$1,691	\$1,904	\$2,033	\$2,136	\$2,631
93	\$1,537	\$1,898	\$2,136	\$2,280	\$2,396	\$2,944
94	\$1,702	\$2,104	\$2,369	\$2,528	\$2,656	\$3,256
95	\$1,868	\$2,310	\$2,601	\$2,775	\$2,917	\$3,568
96	\$2,033	\$2,517	\$2,834	\$3,023	\$3,177	\$3,880
97+	\$2,198	\$2,723	\$3,066	\$3,270	\$3,437	\$4,193

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 150% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$13	\$15	\$16	\$18	\$19	\$26
30	\$14	\$16	\$18	\$19	\$20	\$28
31	\$15	\$17	\$19	\$21	\$22	\$31
32	\$16	\$19	\$21	\$22	\$24	\$33
33	\$17	\$20	\$22	\$24	\$26	\$35
34	\$18	\$21	\$24	\$26	\$27	\$38
35	\$19	\$22	\$25	\$27	\$29	\$40
36	\$20	\$24	\$27	\$29	\$31	\$42
37	\$21	\$25	\$28	\$31	\$32	\$45
38	\$23	\$27	\$30	\$33	\$35	\$48
39	\$24	\$28	\$32	\$35	\$37	\$51
40	\$26	\$30	\$34	\$37	\$39	\$54
41	\$27	\$32	\$36	\$39	\$42	\$57
42	\$28	\$34	\$38	\$41	\$44	\$61
43	\$30	\$36	\$41	\$44	\$47	\$65
44	\$32	\$38	\$43	\$47	\$50	\$69
45	\$34	\$41	\$46	\$50	\$53	\$74
46	\$36	\$43	\$49	\$53	\$57	\$78
47	\$38	\$45	\$51	\$56	\$60	\$82
48	\$39	\$47	\$53	\$58	\$62	\$84
49	\$40	\$48	\$55	\$60	\$63	\$87
50	\$41	\$49	\$56	\$61	\$65	\$89
51	\$42	\$51	\$58	\$63	\$67	\$91
52	\$43	\$52	\$59	\$65	\$69	\$93
53	\$46	\$55	\$63	\$68	\$73	\$99
54	\$48	\$58	\$66	\$72	\$77	\$104
55	\$51	\$61	\$70	\$76	\$81	\$109
56	\$53	\$65	\$73	\$80	\$85	\$114
57	\$56	\$68	\$77	\$84	\$89	\$119
58	\$61	\$74	\$84	\$91	\$97	\$129
59	\$66	\$80	\$91	\$99	\$105	\$140
60	\$71	\$87	\$99	\$107	\$113	\$151
61	\$76	\$93	\$106	\$115	\$122	\$161
62	\$81	\$100	\$113	\$123	\$130	\$172
63	\$88	\$108	\$122	\$132	\$140	\$184
64	\$95	\$116	\$131	\$142	\$150	\$196
65	\$102	\$124	\$140	\$151	\$160	\$209
66	\$109	\$132	\$149	\$161	\$170	\$221
67	\$116	\$141	\$158	\$170	\$180	\$233
68	\$129	\$157	\$176	\$190	\$200	\$259
69	\$142	\$173	\$195	\$210	\$221	\$286
70	\$155	\$189	\$213	\$229	\$242	\$312
71	\$168	\$205	\$231	\$249	\$262	\$338
72	\$181	\$221	\$250	\$269	\$283	\$365
73	\$214	\$262	\$296	\$318	\$335	\$430
74	\$248	\$303	\$342	\$368	\$387	\$496
75	\$281	\$344	\$389	\$418	\$440	\$561
76	\$314	\$385	\$435	\$467	\$492	\$627
77	\$347	\$426	\$481	\$517	\$544	\$692
78	\$389	\$477	\$539	\$579	\$609	\$773
79	\$430	\$529	\$598	\$642	\$675	\$854
80	\$472	\$581	\$656	\$704	\$740	\$935
81	\$514	\$632	\$714	\$766	\$806	\$1,016
82	\$556	\$684	\$773	\$829	\$871	\$1,097
83	\$622	\$767	\$866	\$929	\$976	\$1,226
84	\$689	\$850	\$960	\$1,028	\$1,081	\$1,355
85	\$756	\$933	\$1,054	\$1,128	\$1,186	\$1,483
86	\$822	\$1,016	\$1,147	\$1,228	\$1,291	\$1,612
87	\$889	\$1,099	\$1,241	\$1,328	\$1,396	\$1,741
88	\$996	\$1,232	\$1,391	\$1,488	\$1,565	\$1,945
89	\$1,103	\$1,366	\$1,542	\$1,648	\$1,733	\$2,148
90	\$1,209	\$1,499	\$1,692	\$1,808	\$1,901	\$2,352
91	\$1,316	\$1,632	\$1,842	\$1,969	\$2,069	\$2,556
92	\$1,423	\$1,766	\$1,993	\$2,129	\$2,238	\$2,760
93	\$1,594	\$1,980	\$2,234	\$2,385	\$2,507	\$3,084
94	\$1,764	\$2,194	\$2,476	\$2,642	\$2,777	\$3,408
95	\$1,935	\$2,408	\$2,717	\$2,898	\$3,047	\$3,731
96	\$2,106	\$2,622	\$2,959	\$3,155	\$3,316	\$4,055
97+	\$2,277	\$2,836	\$3,200	\$3,412	\$3,586	\$4,378

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 50% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$28	\$30	\$33	\$35	\$35	\$43
30	\$30	\$33	\$35	\$38	\$38	\$48
31	\$33	\$35	\$38	\$40	\$43	\$50
32	\$35	\$38	\$43	\$43	\$45	\$55
33	\$38	\$40	\$45	\$45	\$48	\$58
34	\$40	\$43	\$48	\$50	\$50	\$63
35	\$43	\$45	\$50	\$53	\$55	\$65
36	\$43	\$50	\$53	\$55	\$58	\$70
37	\$45	\$53	\$55	\$58	\$60	\$75
38	\$48	\$55	\$60	\$63	\$65	\$80
39	\$53	\$58	\$63	\$65	\$68	\$85
40	\$55	\$63	\$65	\$70	\$73	\$90
41	\$58	\$65	\$70	\$73	\$78	\$95
42	\$60	\$68	\$73	\$78	\$80	\$100
43	\$63	\$73	\$78	\$83	\$88	\$108
44	\$68	\$78	\$83	\$88	\$93	\$115
45	\$70	\$80	\$88	\$93	\$98	\$123
46	\$75	\$85	\$93	\$98	\$103	\$130
47	\$78	\$90	\$98	\$103	\$108	\$138
48	\$80	\$93	\$100	\$108	\$113	\$140
49	\$83	\$95	\$103	\$110	\$115	\$145
50	\$83	\$98	\$105	\$113	\$118	\$150
51	\$85	\$100	\$108	\$115	\$120	\$153
52	\$88	\$103	\$113	\$118	\$125	\$158
53	\$93	\$108	\$118	\$125	\$130	\$168
54	\$98	\$113	\$125	\$133	\$138	\$178
55	\$103	\$120	\$130	\$140	\$145	\$185
56	\$108	\$125	\$138	\$145	\$153	\$195
57	\$113	\$130	\$143	\$153	\$160	\$205
58	\$123	\$143	\$158	\$168	\$175	\$225
59	\$133	\$155	\$170	\$183	\$190	\$245
60	\$143	\$168	\$185	\$198	\$208	\$265
61	\$153	\$180	\$198	\$213	\$223	\$285
62	\$163	\$193	\$213	\$228	\$238	\$305
63	\$178	\$210	\$230	\$245	\$258	\$330
64	\$193	\$228	\$250	\$265	\$278	\$355
65	\$208	\$245	\$268	\$285	\$300	\$378
66	\$223	\$260	\$288	\$305	\$320	\$403
67	\$238	\$278	\$305	\$325	\$340	\$428
68	\$265	\$310	\$343	\$365	\$380	\$480
69	\$293	\$345	\$380	\$403	\$423	\$533
70	\$320	\$378	\$415	\$443	\$463	\$583
71	\$348	\$410	\$453	\$483	\$505	\$635
72	\$375	\$443	\$490	\$520	\$545	\$688
73	\$445	\$528	\$583	\$620	\$650	\$818
74	\$518	\$613	\$678	\$720	\$755	\$948
75	\$588	\$698	\$773	\$823	\$860	\$1,080
76	\$658	\$783	\$865	\$923	\$965	\$1,210
77	\$730	\$868	\$960	\$1,023	\$1,070	\$1,340
78	\$820	\$975	\$1,080	\$1,150	\$1,205	\$1,508
79	\$908	\$1,083	\$1,200	\$1,278	\$1,340	\$1,673
80	\$998	\$1,193	\$1,320	\$1,408	\$1,475	\$1,838
81	\$1,088	\$1,300	\$1,440	\$1,535	\$1,608	\$2,003
82	\$1,178	\$1,408	\$1,563	\$1,663	\$1,743	\$2,170
83	\$1,320	\$1,583	\$1,758	\$1,873	\$1,963	\$2,438
84	\$1,465	\$1,758	\$1,953	\$2,083	\$2,183	\$2,705
85	\$1,610	\$1,933	\$2,148	\$2,290	\$2,403	\$2,973
86	\$1,753	\$2,108	\$2,345	\$2,500	\$2,620	\$3,240
87	\$1,898	\$2,283	\$2,540	\$2,708	\$2,840	\$3,508
88	\$2,130	\$2,568	\$2,858	\$3,048	\$3,198	\$3,940
89	\$2,363	\$2,850	\$3,175	\$3,388	\$3,555	\$4,375
90	\$2,595	\$3,135	\$3,495	\$3,728	\$3,913	\$4,808
91	\$2,828	\$3,418	\$3,813	\$4,068	\$4,270	\$5,240
92	\$3,060	\$3,703	\$4,130	\$4,408	\$4,628	\$5,673
93	\$3,435	\$4,163	\$4,648	\$4,963	\$5,210	\$6,373
94	\$3,810	\$4,623	\$5,165	\$5,515	\$5,793	\$7,075
95	\$4,185	\$5,083	\$5,683	\$6,068	\$6,375	\$7,775
96	\$4,560	\$5,543	\$6,200	\$6,623	\$6,958	\$8,475
97+	\$4,935	\$6,005	\$6,718	\$7,175	\$7,540	\$9,175

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 75% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$30	\$33	\$35	\$38	\$38	\$48
30	\$33	\$35	\$38	\$40	\$43	\$53
31	\$35	\$38	\$40	\$43	\$45	\$58
32	\$35	\$40	\$45	\$48	\$48	\$60
33	\$38	\$43	\$48	\$50	\$53	\$65
34	\$40	\$45	\$50	\$53	\$55	\$70
35	\$43	\$48	\$53	\$55	\$58	\$73
36	\$45	\$53	\$55	\$60	\$63	\$78
37	\$48	\$55	\$58	\$63	\$65	\$83
38	\$50	\$58	\$63	\$68	\$70	\$88
39	\$53	\$60	\$68	\$70	\$75	\$95
40	\$58	\$65	\$70	\$75	\$78	\$100
41	\$60	\$68	\$75	\$80	\$83	\$105
42	\$63	\$73	\$78	\$83	\$88	\$113
43	\$68	\$78	\$85	\$90	\$93	\$120
44	\$70	\$83	\$90	\$95	\$100	\$128
45	\$75	\$85	\$95	\$100	\$105	\$135
46	\$78	\$90	\$100	\$108	\$113	\$145
47	\$83	\$95	\$105	\$113	\$118	\$153
48	\$85	\$98	\$108	\$115	\$123	\$158
49	\$85	\$100	\$110	\$118	\$125	\$163
50	\$88	\$103	\$115	\$123	\$128	\$165
51	\$90	\$105	\$118	\$125	\$133	\$170
52	\$93	\$108	\$120	\$128	\$135	\$175
53	\$98	\$115	\$128	\$135	\$143	\$185
54	\$103	\$120	\$135	\$143	\$150	\$195
55	\$108	\$128	\$140	\$150	\$158	\$205
56	\$113	\$133	\$148	\$158	\$168	\$215
57	\$118	\$140	\$155	\$165	\$175	\$225
58	\$130	\$153	\$170	\$183	\$190	\$248
59	\$140	\$168	\$185	\$198	\$208	\$268
60	\$150	\$180	\$200	\$213	\$225	\$290
61	\$163	\$193	\$215	\$230	\$240	\$313
62	\$173	\$205	\$230	\$245	\$258	\$333
63	\$188	\$225	\$248	\$265	\$280	\$360
64	\$205	\$243	\$268	\$288	\$300	\$385
65	\$220	\$260	\$288	\$308	\$323	\$413
66	\$235	\$278	\$308	\$328	\$345	\$438
67	\$250	\$295	\$328	\$348	\$365	\$465
68	\$278	\$330	\$365	\$390	\$410	\$520
69	\$308	\$365	\$405	\$433	\$453	\$575
70	\$335	\$400	\$443	\$473	\$495	\$630
71	\$365	\$435	\$483	\$515	\$540	\$685
72	\$393	\$470	\$520	\$555	\$583	\$740
73	\$468	\$558	\$620	\$663	\$695	\$878
74	\$540	\$648	\$720	\$768	\$805	\$1,018
75	\$615	\$735	\$818	\$875	\$915	\$1,155
76	\$688	\$825	\$918	\$980	\$1,028	\$1,293
77	\$763	\$915	\$1,018	\$1,085	\$1,138	\$1,433
78	\$855	\$1,028	\$1,143	\$1,220	\$1,280	\$1,608
79	\$948	\$1,140	\$1,270	\$1,355	\$1,420	\$1,780
80	\$1,043	\$1,253	\$1,398	\$1,490	\$1,563	\$1,955
81	\$1,135	\$1,368	\$1,523	\$1,625	\$1,705	\$2,130
82	\$1,228	\$1,480	\$1,650	\$1,760	\$1,845	\$2,305
83	\$1,378	\$1,663	\$1,855	\$1,978	\$2,075	\$2,585
84	\$1,528	\$1,845	\$2,058	\$2,198	\$2,305	\$2,865
85	\$1,675	\$2,028	\$2,263	\$2,415	\$2,535	\$3,145
86	\$1,825	\$2,210	\$2,468	\$2,635	\$2,765	\$3,428
87	\$1,975	\$2,393	\$2,673	\$2,853	\$2,995	\$3,708
88	\$2,218	\$2,690	\$3,005	\$3,208	\$3,368	\$4,158
89	\$2,458	\$2,985	\$3,338	\$3,563	\$3,740	\$4,610
90	\$2,698	\$3,280	\$3,670	\$3,918	\$4,113	\$5,063
91	\$2,938	\$3,575	\$4,000	\$4,270	\$4,485	\$5,513
92	\$3,180	\$3,873	\$4,333	\$4,625	\$4,858	\$5,965
93	\$3,568	\$4,350	\$4,873	\$5,200	\$5,463	\$6,690
94	\$3,955	\$4,830	\$5,410	\$5,775	\$6,065	\$7,418
95	\$4,343	\$5,308	\$5,948	\$6,350	\$6,670	\$8,145
96	\$4,730	\$5,785	\$6,485	\$6,925	\$7,275	\$8,870
97+	\$5,118	\$6,265	\$7,025	\$7,500	\$7,880	\$9,598

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 100% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$30	\$35	\$38	\$40	\$40	\$53
30	\$33	\$38	\$40	\$43	\$45	\$58
31	\$35	\$40	\$43	\$45	\$48	\$63
32	\$38	\$43	\$48	\$50	\$53	\$68
33	\$40	\$45	\$50	\$53	\$55	\$73
34	\$43	\$48	\$53	\$55	\$60	\$78
35	\$45	\$50	\$55	\$60	\$63	\$83
36	\$48	\$55	\$60	\$63	\$65	\$85
37	\$50	\$58	\$63	\$68	\$70	\$90
38	\$53	\$60	\$68	\$70	\$75	\$98
39	\$55	\$65	\$70	\$75	\$80	\$105
40	\$60	\$68	\$75	\$80	\$85	\$110
41	\$63	\$73	\$80	\$85	\$90	\$118
42	\$65	\$75	\$83	\$90	\$95	\$123
43	\$70	\$80	\$90	\$95	\$100	\$133
44	\$73	\$85	\$95	\$103	\$108	\$140
45	\$78	\$90	\$100	\$108	\$115	\$150
46	\$83	\$95	\$108	\$115	\$120	\$160
47	\$85	\$100	\$113	\$120	\$128	\$168
48	\$88	\$105	\$115	\$125	\$130	\$173
49	\$90	\$108	\$118	\$128	\$135	\$178
50	\$93	\$110	\$123	\$130	\$138	\$183
51	\$95	\$113	\$125	\$135	\$143	\$188
52	\$98	\$115	\$128	\$138	\$145	\$193
53	\$103	\$123	\$135	\$148	\$155	\$203
54	\$108	\$128	\$143	\$155	\$163	\$215
55	\$113	\$135	\$150	\$163	\$173	\$225
56	\$120	\$143	\$158	\$170	\$180	\$235
57	\$125	\$148	\$165	\$178	\$188	\$248
58	\$138	\$163	\$183	\$195	\$208	\$270
59	\$148	\$178	\$198	\$213	\$225	\$293
60	\$160	\$190	\$213	\$230	\$243	\$315
61	\$170	\$205	\$230	\$248	\$260	\$338
62	\$183	\$220	\$245	\$263	\$278	\$363
63	\$198	\$238	\$265	\$285	\$300	\$390
64	\$215	\$258	\$285	\$308	\$323	\$418
65	\$230	\$275	\$308	\$328	\$345	\$445
66	\$248	\$295	\$328	\$350	\$368	\$473
67	\$263	\$313	\$348	\$373	\$390	\$500
68	\$293	\$350	\$388	\$415	\$438	\$558
69	\$323	\$385	\$430	\$460	\$483	\$618
70	\$353	\$423	\$470	\$503	\$530	\$675
71	\$383	\$458	\$513	\$548	\$575	\$733
72	\$413	\$495	\$553	\$593	\$623	\$793
73	\$488	\$588	\$658	\$703	\$738	\$938
74	\$565	\$683	\$763	\$815	\$855	\$1,085
75	\$643	\$775	\$865	\$925	\$973	\$1,230
76	\$720	\$868	\$970	\$1,038	\$1,090	\$1,378
77	\$795	\$960	\$1,075	\$1,150	\$1,205	\$1,523
78	\$893	\$1,080	\$1,208	\$1,290	\$1,355	\$1,708
79	\$988	\$1,198	\$1,340	\$1,433	\$1,503	\$1,890
80	\$1,085	\$1,315	\$1,473	\$1,573	\$1,653	\$2,073
81	\$1,183	\$1,433	\$1,605	\$1,715	\$1,800	\$2,255
82	\$1,278	\$1,553	\$1,738	\$1,858	\$1,948	\$2,440
83	\$1,433	\$1,743	\$1,950	\$2,085	\$2,190	\$2,733
84	\$1,588	\$1,933	\$2,165	\$2,313	\$2,430	\$3,028
85	\$1,743	\$2,123	\$2,378	\$2,543	\$2,670	\$3,320
86	\$1,898	\$2,313	\$2,593	\$2,770	\$2,910	\$3,613
87	\$2,053	\$2,505	\$2,808	\$2,998	\$3,150	\$3,908
88	\$2,303	\$2,813	\$3,153	\$3,368	\$3,538	\$4,378
89	\$2,553	\$3,120	\$3,498	\$3,738	\$3,925	\$4,848
90	\$2,800	\$3,428	\$3,845	\$4,105	\$4,313	\$5,318
91	\$3,050	\$3,735	\$4,190	\$4,475	\$4,700	\$5,788
92	\$3,300	\$4,043	\$4,538	\$4,843	\$5,088	\$6,258
93	\$3,700	\$4,538	\$5,095	\$5,440	\$5,715	\$7,010
94	\$4,100	\$5,035	\$5,655	\$6,035	\$6,340	\$7,763
95	\$4,500	\$5,533	\$6,213	\$6,633	\$6,968	\$8,515
96	\$4,900	\$6,028	\$6,773	\$7,228	\$7,595	\$9,268
97+	\$5,300	\$6,525	\$7,333	\$7,823	\$8,220	\$10,023

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 125% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$30	\$35	\$38	\$43	\$45	\$58
30	\$33	\$38	\$43	\$45	\$48	\$65
31	\$35	\$43	\$45	\$50	\$53	\$70
32	\$40	\$45	\$50	\$53	\$55	\$75
33	\$43	\$48	\$53	\$58	\$60	\$80
34	\$45	\$50	\$55	\$60	\$63	\$85
35	\$48	\$53	\$60	\$65	\$68	\$90
36	\$50	\$58	\$63	\$68	\$73	\$95
37	\$53	\$60	\$65	\$73	\$75	\$103
38	\$55	\$63	\$70	\$78	\$80	\$108
39	\$58	\$68	\$75	\$83	\$85	\$115
40	\$63	\$73	\$80	\$88	\$93	\$123
41	\$65	\$75	\$85	\$93	\$98	\$130
42	\$68	\$80	\$90	\$98	\$103	\$138
43	\$73	\$85	\$95	\$103	\$110	\$148
44	\$78	\$90	\$103	\$110	\$118	\$158
45	\$83	\$98	\$108	\$118	\$125	\$168
46	\$85	\$103	\$115	\$125	\$130	\$178
47	\$90	\$108	\$120	\$130	\$138	\$188
48	\$93	\$110	\$125	\$135	\$143	\$193
49	\$95	\$113	\$128	\$138	\$148	\$198
50	\$98	\$118	\$130	\$143	\$150	\$203
51	\$100	\$120	\$135	\$145	\$155	\$208
52	\$103	\$123	\$138	\$150	\$160	\$213
53	\$108	\$130	\$148	\$158	\$168	\$225
54	\$115	\$138	\$155	\$168	\$178	\$238
55	\$120	\$145	\$163	\$175	\$188	\$248
56	\$125	\$153	\$170	\$185	\$195	\$260
57	\$133	\$160	\$180	\$193	\$205	\$273
58	\$145	\$175	\$195	\$213	\$225	\$298
59	\$158	\$190	\$213	\$230	\$243	\$323
60	\$168	\$205	\$230	\$248	\$263	\$345
61	\$180	\$220	\$248	\$268	\$283	\$370
62	\$193	\$235	\$265	\$285	\$303	\$395
63	\$210	\$253	\$285	\$308	\$325	\$425
64	\$228	\$273	\$308	\$330	\$350	\$455
65	\$243	\$293	\$328	\$353	\$373	\$483
66	\$260	\$313	\$350	\$375	\$398	\$513
67	\$278	\$333	\$373	\$400	\$420	\$543
68	\$308	\$370	\$415	\$445	\$470	\$603
69	\$340	\$410	\$458	\$493	\$518	\$665
70	\$370	\$448	\$503	\$538	\$568	\$728
71	\$400	\$485	\$545	\$585	\$615	\$790
72	\$433	\$525	\$588	\$633	\$665	\$853
73	\$513	\$623	\$698	\$750	\$788	\$1,008
74	\$593	\$720	\$808	\$868	\$913	\$1,163
75	\$673	\$818	\$918	\$985	\$1,035	\$1,318
76	\$753	\$915	\$1,028	\$1,103	\$1,160	\$1,473
77	\$833	\$1,013	\$1,138	\$1,220	\$1,283	\$1,628
78	\$933	\$1,138	\$1,278	\$1,370	\$1,440	\$1,820
79	\$1,033	\$1,260	\$1,418	\$1,518	\$1,595	\$2,013
80	\$1,133	\$1,383	\$1,555	\$1,668	\$1,753	\$2,205
81	\$1,233	\$1,508	\$1,695	\$1,815	\$1,908	\$2,398
82	\$1,333	\$1,630	\$1,835	\$1,965	\$2,063	\$2,593
83	\$1,495	\$1,830	\$2,058	\$2,203	\$2,315	\$2,900
84	\$1,655	\$2,030	\$2,283	\$2,443	\$2,565	\$3,208
85	\$1,818	\$2,228	\$2,508	\$2,680	\$2,818	\$3,515
86	\$1,978	\$2,428	\$2,730	\$2,920	\$3,068	\$3,823
87	\$2,138	\$2,625	\$2,955	\$3,160	\$3,320	\$4,130
88	\$2,395	\$2,948	\$3,315	\$3,545	\$3,725	\$4,620
89	\$2,655	\$3,268	\$3,678	\$3,928	\$4,128	\$5,110
90	\$2,913	\$3,588	\$4,038	\$4,313	\$4,533	\$5,600
91	\$3,170	\$3,908	\$4,398	\$4,698	\$4,938	\$6,088
92	\$3,428	\$4,228	\$4,760	\$5,083	\$5,340	\$6,578
93	\$3,843	\$4,745	\$5,340	\$5,700	\$5,990	\$7,360
94	\$4,255	\$5,260	\$5,923	\$6,320	\$6,640	\$8,140
95	\$4,670	\$5,775	\$6,503	\$6,938	\$7,293	\$8,920
96	\$5,083	\$6,293	\$7,085	\$7,558	\$7,943	\$9,700
97+	\$5,495	\$6,808	\$7,665	\$8,175	\$8,593	\$10,483

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 150% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$33	\$38	\$40	\$45	\$48	\$65
30	\$35	\$40	\$45	\$48	\$50	\$70
31	\$38	\$43	\$48	\$53	\$55	\$78
32	\$40	\$48	\$53	\$55	\$60	\$83
33	\$43	\$50	\$55	\$60	\$65	\$88
34	\$45	\$53	\$60	\$65	\$68	\$95
35	\$48	\$55	\$63	\$68	\$73	\$100
36	\$50	\$60	\$68	\$73	\$78	\$105
37	\$53	\$63	\$70	\$78	\$80	\$113
38	\$58	\$68	\$75	\$83	\$88	\$120
39	\$60	\$70	\$80	\$88	\$93	\$128
40	\$65	\$75	\$85	\$93	\$98	\$135
41	\$68	\$80	\$90	\$98	\$105	\$143
42	\$70	\$85	\$95	\$103	\$110	\$153
43	\$75	\$90	\$103	\$110	\$118	\$163
44	\$80	\$95	\$108	\$118	\$125	\$173
45	\$85	\$103	\$115	\$125	\$133	\$185
46	\$90	\$108	\$123	\$133	\$143	\$195
47	\$95	\$113	\$128	\$140	\$150	\$205
48	\$98	\$118	\$133	\$145	\$155	\$210
49	\$100	\$120	\$138	\$150	\$158	\$218
50	\$103	\$123	\$140	\$153	\$163	\$223
51	\$105	\$128	\$145	\$158	\$168	\$228
52	\$108	\$130	\$148	\$163	\$173	\$233
53	\$115	\$138	\$158	\$170	\$183	\$248
54	\$120	\$145	\$165	\$180	\$193	\$260
55	\$128	\$153	\$175	\$190	\$203	\$273
56	\$133	\$163	\$183	\$200	\$213	\$285
57	\$140	\$170	\$193	\$210	\$223	\$298
58	\$153	\$185	\$210	\$228	\$243	\$323
59	\$165	\$200	\$228	\$248	\$263	\$350
60	\$178	\$218	\$248	\$268	\$283	\$378
61	\$190	\$233	\$265	\$288	\$305	\$403
62	\$203	\$250	\$283	\$308	\$325	\$430
63	\$220	\$270	\$305	\$330	\$350	\$460
64	\$238	\$290	\$328	\$355	\$375	\$490
65	\$255	\$310	\$350	\$378	\$400	\$523
66	\$273	\$330	\$373	\$403	\$425	\$553
67	\$290	\$353	\$395	\$425	\$450	\$583
68	\$323	\$393	\$440	\$475	\$500	\$648
69	\$355	\$433	\$488	\$525	\$553	\$715
70	\$388	\$473	\$533	\$573	\$605	\$780
71	\$420	\$513	\$578	\$623	\$655	\$845
72	\$453	\$553	\$625	\$673	\$708	\$913
73	\$535	\$655	\$740	\$795	\$838	\$1,075
74	\$620	\$758	\$855	\$920	\$968	\$1,240
75	\$703	\$860	\$973	\$1,045	\$1,100	\$1,403
76	\$785	\$963	\$1,088	\$1,168	\$1,230	\$1,568
77	\$868	\$1,065	\$1,203	\$1,293	\$1,360	\$1,730
78	\$973	\$1,193	\$1,348	\$1,448	\$1,523	\$1,933
79	\$1,075	\$1,323	\$1,495	\$1,605	\$1,688	\$2,135
80	\$1,180	\$1,453	\$1,640	\$1,760	\$1,850	\$2,338
81	\$1,285	\$1,580	\$1,785	\$1,915	\$2,015	\$2,540
82	\$1,390	\$1,710	\$1,933	\$2,073	\$2,178	\$2,743
83	\$1,555	\$1,918	\$2,165	\$2,323	\$2,440	\$3,065
84	\$1,723	\$2,125	\$2,400	\$2,570	\$2,703	\$3,388
85	\$1,890	\$2,333	\$2,635	\$2,820	\$2,965	\$3,708
86	\$2,055	\$2,540	\$2,868	\$3,070	\$3,228	\$4,030
87	\$2,223	\$2,748	\$3,103	\$3,320	\$3,490	\$4,353
88	\$2,490	\$3,080	\$3,478	\$3,720	\$3,913	\$4,863
89	\$2,758	\$3,415	\$3,855	\$4,120	\$4,333	\$5,370
90	\$3,023	\$3,748	\$4,230	\$4,520	\$4,753	\$5,880
91	\$3,290	\$4,080	\$4,605	\$4,923	\$5,173	\$6,390
92	\$3,558	\$4,415	\$4,983	\$5,323	\$5,595	\$6,900
93	\$3,985	\$4,950	\$5,585	\$5,963	\$6,268	\$7,710
94	\$4,410	\$5,485	\$6,190	\$6,605	\$6,943	\$8,520
95	\$4,838	\$6,020	\$6,793	\$7,245	\$7,618	\$9,328
96	\$5,265	\$6,555	\$7,398	\$7,888	\$8,290	\$10,138
97+	\$5,693	\$7,090	\$8,000	\$8,530	\$8,965	\$10,945

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Continental General Insurance Company
Long Term Care Form 2LTCIP0001 (VA)
Factors to Apply to Base Rates to Add:

<u>Issue Age</u>	<u>Compound</u>	<u>Compound</u>	<u>Simple</u>	<u>Cost of Living</u>
	<u>Uncapped</u>	<u>Capped</u>	<u>Inflation</u>	<u>Inflation</u>
	<u>2LTCIE0011</u>	<u>2LTCIE0019</u>	<u>2LTCIE0012</u>	<u>1LTCIE0013</u>
<= 29	3.16	1.85	1.63	1.05
30	3.12	1.85	1.62	1.05
31	3.09	1.85	1.62	1.05
32	3.05	1.85	1.62	1.05
33	3.01	1.85	1.62	1.05
34	2.98	1.85	1.62	1.05
35	2.94	1.85	1.61	1.05
36	2.91	1.85	1.61	1.05
37	2.87	1.85	1.61	1.05
38	2.84	1.85	1.61	1.05
39	2.80	1.85	1.61	1.05
40	2.77	1.85	1.60	1.05
41	2.73	1.85	1.60	1.05
42	2.70	1.85	1.60	1.05
43	2.67	1.85	1.60	1.05
44	2.64	1.85	1.60	1.05
45	2.60	1.85	1.59	1.05
46	2.57	1.85	1.59	1.05
47	2.54	1.85	1.59	1.05
48	2.51	1.85	1.59	1.05
49	2.48	1.85	1.59	1.05
50	2.46	1.85	1.58	1.05
51	2.43	1.85	1.58	1.05
52	2.40	1.85	1.58	1.05
53	2.36	1.85	1.58	1.05
54	2.32	1.85	1.58	1.05
55	2.28	1.85	1.57	1.05
56	2.24	1.85	1.57	1.05
57	2.20	1.85	1.57	1.05
58	2.15	1.84	1.57	1.05
59	2.10	1.83	1.56	1.05
60	2.06	1.82	1.56	1.05
61	2.01	1.81	1.55	1.05
62	1.96	1.80	1.55	1.05
63	1.93	1.77	1.54	1.05
64	1.90	1.74	1.53	1.05
65	1.88	1.71	1.52	1.05
66	1.85	1.68	1.52	1.05
67	1.82	1.65	1.51	1.05
68	1.79	1.63	1.51	1.05
69	1.75	1.61	1.50	1.05
70	1.72	1.59	1.50	1.05
71	1.68	1.57	1.50	1.05
72	1.65	1.55	1.50	1.05
73	1.61	1.52	1.48	1.05
74	1.57	1.49	1.46	1.05
75	1.53	1.46	1.44	1.05
76	1.49	1.43	1.42	1.05
77	1.45	1.40	1.40	1.05
78	1.43	1.37	1.38	1.05
79	1.41	1.34	1.36	1.05
80	1.39	1.31	1.34	1.05
81	1.37	1.28	1.32	1.05
82	1.35	1.25	1.30	1.05
83	1.33	1.24	1.28	1.05
84	1.31	1.22	1.27	1.05
85	1.29	1.21	1.25	1.05
86	1.27	1.20	1.23	1.05
87	1.25	1.18	1.22	1.05
88	1.23	1.17	1.20	1.05
89	1.21	1.16	1.18	1.05
90	1.19	1.14	1.17	1.05
91	1.17	1.13	1.15	1.05
92	1.15	1.12	1.13	1.05
93	1.13	1.10	1.12	1.05
94	1.11	1.09	1.10	1.05
95	1.09	1.08	1.08	1.05
96	1.07	1.06	1.07	1.05
97+	1.05	1.05	1.05	1.05

Continental General Insurance Company
Long Term Care Form 2LTCIP0001 (VA)
Payment Method Adjustment Factors

<u>Issue Age</u>	<u>10-pay Factor</u> <u>2LTCIE0038</u>	<u>Single Premium Factor</u> <u>2LTCIE0037</u>	<u>Paid up at 65 Factor</u> <u>2LTCIE0039</u>
<= 29	3.65	31.50	1.07
30	3.57	30.84	1.11
31	3.49	30.18	1.14
32	3.42	29.52	1.17
33	3.34	28.86	1.20
34	3.27	28.20	1.23
35	3.19	27.54	1.26
36	3.11	26.89	1.29
37	3.04	26.23	1.32
38	2.97	25.64	1.36
39	2.90	25.06	1.39
40	2.84	24.47	1.43
41	2.77	23.89	1.46
42	2.70	23.30	1.50
43	2.64	22.78	1.54
44	2.58	22.26	1.58
45	2.52	21.74	1.62
46	2.46	21.22	1.66
47	2.40	20.70	1.70
48	2.36	20.24	1.74
49	2.32	19.78	1.78
50	2.28	19.32	1.82
51	2.24	18.86	1.86
52	2.20	18.40	1.90
53	2.18	18.28	2.02
54	2.16	18.16	2.14
55	2.14	18.04	2.26
56	2.12	17.92	2.38
57	2.10	17.80	2.50
58	2.04	17.24	3.04
59	1.98	16.68	3.58
60	1.92	16.12	4.12
61	1.86	15.56	4.66
62	1.80	15.00	5.20
63	1.80	14.66	9.76
64	1.80	14.32	14.32
65	1.80	13.98	
66	1.80	13.64	
67	1.80	13.30	
68	1.74	12.74	
69	1.68	12.18	
70	1.62	11.62	
71	1.56	11.06	
72	1.50	10.50	
73	1.46	10.02	
74	1.42	9.54	
75	1.38	9.06	
76	1.34	8.58	
77	1.30	8.10	
78	1.26	7.66	
79	1.22	7.22	
80	1.18	6.78	
81	1.14	6.34	
82	1.10	5.90	
83	1.10	5.46	
84+	1.10	5.02	

Continental General Insurance Company
Long Term Care Form 2LTCIP0001 (VA)
Return of Premium on Death Rider Factors

<u>Issue Age</u>	<u>Return of Premium on Death Factor</u>
	<u>2LTCIE0029</u>
<=54	1.13
55 - 59	1.10
60 - 64	1.07
65 - 69	1.03
70 - 74	1.01
>= 75	1.00

**Continental General Insurance Company
Long Term Care Form 2LTCIP0001 (VA)**

Rider to add Shared Extended Expense option (1LTCIE0015):

<u>Both spouses purchase B.P. of</u>	<u>Additional Shared Benefit Period Purchased</u>					
	<u>1-Year</u>	<u>2-Year</u>	<u>3-Year</u>	<u>4-Year</u>	<u>5-Year</u>	<u>6-Year</u>
2 years	1.15	1.20	-	-	-	-
3	1.10	1.15	1.18	-	-	-
4	1.07	1.10	1.15	1.16	-	-
5	1.06	1.08	1.10	1.13	1.15	-
6	1.03	1.06	1.08	1.10	1.11	1.12

Factors to go from 0-day Elimination period to:

20-day	0.96
60-day	0.88
90-day	0.83
180-day	0.75

Rider to add Nonforfeiture option (2LTCIE0010):

1.05

Rider to add Dual Waiver of Premium option (1LTCIE0014):

1.06

Rider to add Survivorship Waiver of Premium option (2LTCIE0026):

1.05

Rider to add Restoration of Benefits Option (2LTCIE0021):

<u>Benefit Period Purchased</u>	<u>Rider Cost Factor</u>
2 years	1.05
3 years	1.04
4 years	1.03
5 years	1.02
6 years	1.01
Lifetime	1.00

Rider to add Monthly Adjudication of Benefits Option (2LTCIE0020):

<u>Home Care % Purchased</u>	<u>Rider Cost Factor</u>
50%	1.09
75%	1.08
100%	1.06
125%	1.06
150%	1.06

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTC).pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	GALIC Review Checklist - VA (2LTCL).pdf
Item Status:	Received & Acknowledged
Status Date:	05/15/2020
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTCL).pdf GALIC Exhibits - VA (2LTCL).pdf Managing Long-Term Care Risk - 2019.pdf GALIC Actuarial Memorandum - VA (2LTCL) - Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	2LTCL Rate Request Summary - VA (2LTCL) - Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021
Satisfied - Item:	Response to Objection 5/21/2019
Comments:	
Attachment(s):	Objection 1 - VA (2LTC) - Response.pdf Original Memo - 2LTCIP0001.pdf Objection 1 - VA (2LTC) - Response Exhibits.xlsx Rate Increase Summary.xlsx
Item Status:	Received & Acknowledged
Status Date:	05/15/2020

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Satisfied - Item:	Response to Objection 7/15/2019
Comments:	
Attachment(s):	Objection 2 - VA (2LTC) - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	05/15/2020

Satisfied - Item:	Response to Objection Sent 09/05/2019
Comments:	
Attachment(s):	Objection 3 - VA (2LTC) - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	05/15/2020

Satisfied - Item:	Response to Objection Sent 10/08/2019
Comments:	
Attachment(s):	Objection 4 - VA (2LTC) - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	05/15/2020

Satisfied - Item:	Response to Objection Sent 11/21/2019
Comments:	
Attachment(s):	Objection 5 - VA (2LTC) - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	05/15/2020

Satisfied - Item:	Response to Objection Sent 01/06/2020
Comments:	
Attachment(s):	Objection 6 - VA (2LTC) - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	05/15/2020

Satisfied - Item:	Response to Objection Sent 02/06/2020
Comments:	
Attachment(s):	Objection 7 - VA (2LTC) - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	05/15/2020

Satisfied - Item:	Response to Objection Sent 04/17/2020
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State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Comments:	
Attachment(s):	GALIC VA 2LTCI - Objection 8 - Response.pdf VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay.pdf VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021

Satisfied - Item:	Response to Objection Sent 06/15/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 9 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 John Doe.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 LP John Doe.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-LP.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021

Satisfied - Item:	Response to Objection Sent 07/16/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 10 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021

Satisfied - Item:	Response to Objection Sent 08/26/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 11 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021

Satisfied - Item:	Response to Objection Sent 11/09/2020
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 12 - Response.pdf GALIC Actuarial Memorandum - VA (2LTCI) - Revised.pdf 2LTCI Rate Request Summary - VA (2LTCI) - Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)

Satisfied - Item:	Response to Objection Sent 12/11/2020
Comments:	
Attachment(s):	CGI(GAL) – RINC(VA)(0320)-CNFO.pdf CGI(GAL) – RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf GALIC VA 2LTCI Objection 14 - Response.pdf CGI(GAL) – RINC(VA)(0320).pdf CGI(GAL) – RINC(VA)(0320)LP.pdf CGI(GAL) – RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 no limited pay - John Doe.pdf RINC Letter - 1LTC, 2LTC,4LTC VA 2020 limited pay - John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021

Satisfied - Item:	Response to Objection Sent 1/15/2021
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 15 - Response.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021

Satisfied - Item:	Response to Objection Sent 5/5/2021
Comments:	
Attachment(s):	GALIC VA 2LTCI Objection 16 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/07/2021

SERFF Tracking #:	GLTC-131940319	State Tracking #:	GLTC-131940319	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC)/		

Attachment Objection 1 - VA (2LTC) - Response Exhibits.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Summary.xlsx is not a PDF document and cannot be reproduced here.

**STATE OF VIRGINIA
ACTUARIAL CERTIFICATION**

Form numbers

2LTCIP0001 (VA)

CGI(GAL) - RINC(VA)(0320)

CGI(GAL) - RINC(VA)(0320)LP

CGI(GAL) - RINC(VA)(0320)-BR

CGI(GAL) - RINC(VA)(0320)-CNFO

CGI(GAL) - RINC(VA)(0320)-CNFOLP

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.

July 27, 2020

Date

Continental General Insurance Company

Company Name



Actuary Signature

Madison P. Nahrup, ASA, MAAA, Associate Actuary

Name and Title

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14VAC5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14VAC5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14VAC5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14VAC5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14VAC5-100-40 5	Description of market for which the form is intended.
	14VAC5-100-40 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.
Variable Language		All variable information must be bracketed and explained in detail. A Statement of Variability (SOV) should be provided in all cases where variable information is presented. The SOV should be detailed and specific. It should identify each variable field appearing in the forms and describe specifically how that field will vary from the text as presented. For any variable numerical information, please express the minimum and maximum values. Any variable language must be defined sufficiently so that compliance with statutory or regulatory requirements can be determined. The SOV should be provided under Supporting Documentation.
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.
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.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
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 state tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.
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	14VAC5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14VAC5-100-50 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	14VAC5-100-50 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	14VAC5-100-50 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	14VAC5-100-50 5 14VAC5-110-50 C	Individual Accident and Sickness forms must be printed with type size of at least 10-point type.
Readable Policy Requirements	14VAC5-110-50 A	Readable policy must be a precise and accurate legal contract in form and appearance.
Table of Contents	14VAC5-100-50 B	Required for policy of more than 3 pages.
Flesch Score	14VAC5-100-50 D	Flesch score reading of 40 or more.
Readability Certification	14VAC5-110-60	Readability certification is required. Must disclose the score, number of words, sentences, and syllables for each form.
Renewal Provision	14VAC5-200-70 A 1 & 14VAC5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either <u>guaranteed renewable</u> or <u>noncancellable</u> .
LTC Caution Notice	14VAC5-200-80 C 2	Required language in bold print .
Notice to Buyer	14VAC5-200-170 A 3	Required language.
Contents of Policies	§ 38.2-305 A	Each policy/contract shall specify the: (1) The names of parties to the contract, (2) The subject of the insurance, (3) The risk insured against, (4) The time the insurance takes effect, and the period during which the insurance is to continue, (5) A statement of premium, (6) Conditions pertaining to the insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Important Notice	§ 38.2-305 B	Each new or renewal policy/contract/certificate/evidence of coverage shall be accompanied by an important notice as stated in the statute.
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 Code of Virginia does not define "Insurance Fraud". Any fraud notice that includes the term "insurance fraud" is not in compliance with this section of the Code. In Virginia, a fraud notice relating to life insurance, annuities, accident and sickness, health maintenance organizations, health services plans, credit accident and sickness and credit life insurance should not include references to imprisonment or fines. Variations in a notice warning of consequences of making fraudulent statements will be considered.
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.
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.
30-Day Free Look	§ 38.2-5208	
General Provisions		
Entire Contract	§ 38.2-3503 A 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 A 3	The provision defines the grace period and length of the various acceptable grace periods.
Reinstatement	§ 38.2-3503 A 4 14VAC5-200-65 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 A 5	
Claim Forms	§ 38.2-3503 A 6	
Proof of Loss	§ 38.2-3503 A 7	
Time of Payment of Claims	§ 38.2-3503 A 8	The provision specifies when benefits will be paid.
Payment of Claims	§ 38.2-3503 A 9	The provision specifies to whom benefits will be paid.
Physical Examinations and Autopsy	§ 38.2-3503 A 10	
Legal Actions	§ 38.2-3503 A 11	

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Change of Beneficiary	§ 38.2-3503 A 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9).
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.
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Unintentional Lapse	14VAC5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
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 Companies	§ 38.2-3504 4	
Insurance with Other Companies	§ 38.2-3504 5	
Unpaid Premium	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use "resides" language.
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	Intoxicants and Narcotics
Prohibited Provisions		
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.
	§ 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.
Minimum Standards for Home Health Care	14VAC5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
	14VAC5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
LTC Policy Requirements		
	14VAC5-200-60 B	Limitations and Exclusions
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Policy Definitions	§ 38.2-5200 14VAC5-200-50	Certain terms defined.
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 14VAC5-200-70 D	Defines look-back period and limitation period for preexisting conditions. 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 14VAC5-200-187	Permissible benefit triggers and requirements.
	§ 38.2-5207 1; 14VAC5-200-200	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; 14VAC5-200-70 H	A tax-qualified plan must be definitively identified as such.
Nonforfeiture Benefit Requirement	§ 38.2-5210 14VAC5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	§ 38.2-5210 14VAC5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Definitions	14VAC5-200-40	
Extension of Benefits	14VAC5-200-60 C	
Signed Acceptance for Riders and Amendments	14VAC5-200-70 B	All riders and/or endorsements that are 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.
UCR Defined	14VAC5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Required to Offer Inflation Protection	14VAC5-200-100 A	
LTC Personal Suitability Worksheet	14VAC5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Right to Reduce Coverage and Lower Premiums	14VAC5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Disclosures		
	14VAC5-200-70 I	A non-tax-qualified plan must be identified as such.
Applies to policies where premiums can be revised	14VAC5-200-70 A 2	The policy shall include a clear and prominent statement in bold type and all capital letters that the premium rates may be increased.
	14VAC5-200-70 I	A non-tax-qualified plan must be identified as such.
	14VAC5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 75 days prior to the implementation of premium rate schedule.
Policies that include issue ages of 65 or higher	14VAC5-170-150 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		
	§ 38.2-316	Complete one of the following checklists as indicated:
		FOR NEW LONG-TERM CARE INSURANCE (LTCI) RATES
		FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Forms and Rates Section of the Life and Health Division 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 (LTCI) (FORMS)

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 checklist.

Signed: 

Name (please print): Debby Keeler

Company Name: Continental General Insurance Company

Date: 5/10/2019 Phone No: (512) 410-0805 FAX No: (512) 450-1487

E-Mail Address: Debby.Keeler@continental-ins.com



P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

May 14, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

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 Long-Term Care Insurance products. This filing is intended to be a continuation of the rate increase filing submitted under SERFF Tracking Number GLTC-131862837.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase 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,

A handwritten signature in black ink that reads 'D Keeler'. The signature is written in a cursive style with a large, looped 'D' and a clear 'Keeler'.

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

VA

Long-term care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®

Exhibit 1
Continental General Insurance
Summary of Premium Paying Lives
Nationwide
Policy Forms: 2LTCIP0001
As of 10/31/2018

State	Lives	Annualized Premium	Average Premium
AK	5	\$ 14,986	\$ 2,997
AL	312	\$ 636,069	\$ 2,039
AR	25	\$ 41,196	\$ 1,648
AZ	18	\$ 32,537	\$ 1,808
CA	-	\$ -	\$ -
CO	27	\$ 38,838	\$ 1,438
CT	19	\$ 46,415	\$ 2,443
DC	7	\$ 3,569	\$ 510
DE	1	\$ 3,538	\$ 3,538
GA	25	\$ 39,574	\$ 1,583
HI	14	\$ 23,606	\$ 1,686
IA	73	\$ 113,813	\$ 1,559
ID	14	\$ 25,905	\$ 1,850
IL	57	\$ 119,973	\$ 2,105
IN	229	\$ 476,915	\$ 2,083
KS	77	\$ 79,722	\$ 1,035
KY	149	\$ 219,795	\$ 1,475
LA	29	\$ 42,238	\$ 1,456
MA	111	\$ 190,745	\$ 1,718
MD	21	\$ 42,312	\$ 2,015
ME	11	\$ 16,337	\$ 1,485
MI	5	\$ 11,706	\$ 2,341
MN	53	\$ 67,434	\$ 1,272
MO	81	\$ 102,593	\$ 1,267
MS	644	\$ 791,289	\$ 1,229
MT	2	\$ 2,181	\$ 1,090
NC	1,137	\$ 2,900,287	\$ 2,551
ND	17	\$ 24,556	\$ 1,444
NE	34	\$ 45,219	\$ 1,330
NH	17	\$ 37,205	\$ 2,189
NJ	194	\$ 356,544	\$ 1,838
NM	11	\$ 13,914	\$ 1,265
NV	3	\$ 7,540	\$ 2,513
OH	58	\$ 139,865	\$ 2,411
OK	44	\$ 72,238	\$ 1,642
OR	47	\$ 78,728	\$ 1,675
PA	671	\$ 1,405,590	\$ 2,095
RI	-	\$ -	\$ -
SC	75	\$ 142,099	\$ 1,895
SD	10	\$ 28,230	\$ 2,823
TN	49	\$ 95,886	\$ 1,957
TX	477	\$ 619,520	\$ 1,299
UT	5	\$ 16,585	\$ 3,317
VA	138	\$ 222,608	\$ 1,613
VT	3	\$ 4,859	\$ 1,620
WA	66	\$ 205,861	\$ 3,119
WI	37	\$ 93,554	\$ 2,528
WV	17	\$ 28,038	\$ 1,649
WY	1	\$ 2,841	\$ 2,841
Total	5,120	\$ 9,725,053	\$ 1,899

Exhibit 2
Continental General Insurance Company
Nationwide Historic Experience by Calendar and Issue Year (excluding FL)
2LCIP0001

Calendar Year	Issue Year	Premium	Paid Claims	Reserves	IBNR	Total Incurred Claims	Loss Ratio	Exp LR	Actual/Exp	Calendar Year Duration
2003	2003	101,585	0	0	0	0	0.0%	3.5%	0.0%	1
2004	2003	179,395	0	0	0	0	0.0%	6.5%	0.0%	2
2004	2004	971,303	0	0	0	0	0.0%	3.5%	0.0%	1
2005	2003	182,295	0	0	0	0	0.0%	9.9%	0.0%	3
2005	2004	2,088,658	131,953	0	0	131,953	6.3%	6.5%	97.4%	2
2005	2005	3,108,700	1,419	0	0	1,419	0.0%	3.5%	1.3%	1
2006	2003	179,610	0	0	0	0	0.0%	14.4%	0.0%	4
2006	2004	1,857,970	1,412	0	0	1,412	0.1%	9.9%	0.8%	3
2006	2005	5,344,862	308,141	0	0	308,141	5.8%	6.5%	88.9%	2
2006	2006	3,948,644	734	0	0	734	0.0%	3.5%	0.5%	1
2007	2003	173,722	65,794	0	0	65,794	37.9%	19.4%	195.6%	5
2007	2004	1,791,817	8,622	0	0	8,622	0.5%	14.4%	3.4%	4
2007	2005	5,021,437	74,158	0	0	74,158	1.5%	9.9%	14.9%	3
2007	2006	4,171,950	65,606	0	0	65,606	1.6%	6.5%	24.2%	2
2007	2007	436,076	263	0	0	263	0.1%	3.5%	1.7%	1
2008	2003	165,971	0	0	0	0	0.0%	25.4%	0.0%	6
2008	2004	1,767,264	15,637	0	0	15,637	0.9%	19.4%	4.6%	5
2008	2005	4,905,356	44,902	0	0	44,902	0.9%	14.4%	6.4%	4
2008	2006	3,789,387	277	0	0	277	0.0%	9.9%	40.7%	3
2008	2007	382,794	147,205	0	0	147,205	38.5%	6.5%	592.8%	2
2008	2008	37,575	0	0	0	0	0.0%	3.5%	0.0%	1
2009	2003	161,074	0	0	0	0	0.0%	31.5%	0.0%	7
2009	2004	1,697,032	69,286	0	0	69,286	4.1%	25.4%	16.1%	6
2009	2005	4,735,510	482,825	0	0	482,825	10.2%	19.4%	52.7%	5
2009	2006	3,653,664	29,312	0	0	29,312	0.8%	14.4%	5.6%	4
2009	2007	371,898	1,805	0	0	1,805	0.5%	9.9%	4.9%	3
2009	2008	109,430	0	0	0	0	0.0%	3.5%	0.0%	2
2009	2009	87,272	0	0	0	0	0.0%	3.5%	0.0%	1
2010	2003	155,444	249	0	0	249	0.2%	38.0%	0.4%	8
2010	2004	1,669,550	690,659	0	0	690,659	41.4%	31.5%	131.5%	7
2010	2005	4,611,960	564,813	88,463	0	653,276	14.2%	25.4%	55.9%	6
2010	2006	3,544,673	157,591	0	0	157,591	4.4%	19.4%	23.0%	5
2010	2007	362,184	1,562	0	0	1,562	0.4%	14.4%	3.0%	4
2010	2008	102,859	0	0	0	0	0.0%	9.9%	0.0%	3
2010	2009	109,800	9,140	0	0	9,140	8.3%	6.5%	128.3%	2
2010	2010	103	0	0	0	0	0.0%	3.5%	0.0%	1
2011	2003	153,362	0	0	0	0	0.0%	45.4%	0.0%	9
2011	2004	1,636,805	563,085	0	0	563,085	34.4%	38.0%	90.4%	8
2011	2005	4,454,637	958,459	0	0	958,459	21.5%	31.5%	68.4%	7
2011	2006	3,326,023	443,892	65,677	0	509,569	15.3%	25.4%	60.4%	6
2011	2007	340,440	1,562	0	0	1,562	0.5%	19.4%	4.0%	5
2011	2008	97,339	324	0	0	324	0.3%	14.4%	2.3%	4
2011	2009	103,926	0	0	0	0	0.0%	9.9%	0.0%	3
2011	2010	113	0	0	0	0	0.0%	6.5%	0.0%	2
2012	2003	153,077	0	0	0	0	0.0%	53.2%	0.0%	10
2012	2004	1,602,570	293,705	0	0	293,705	18.3%	45.4%	40.4%	9
2012	2005	4,343,547	1,362,486	135,465	0	1,497,952	34.5%	38.0%	90.7%	8
2012	2006	3,240,458	120,943	0	0	120,943	3.7%	31.5%	11.8%	7
2012	2007	327,251	1,201	0	0	1,201	0.4%	25.4%	1.4%	6
2012	2008	97,336	0	0	0	0	0.0%	19.4%	0.0%	5
2012	2009	103,116	0	0	0	0	0.0%	14.4%	0.0%	4
2012	2010	113	0	0	0	0	0.0%	9.9%	0.0%	3
2013	2003	146,354	159,863	0	0	159,863	109.2%	63.0%	173.4%	11
2013	2004	1,541,029	587,089	233,635	0	820,724	53.3%	53.2%	100.2%	10
2013	2005	4,261,611	687,537	100,333	0	787,870	18.5%	45.4%	40.7%	9
2013	2006	3,184,689	508,301	307,465	0	815,766	25.6%	38.0%	67.3%	8
2013	2007	320,738	218	0	0	218	0.1%	31.5%	0.2%	7
2013	2008	97,271	0	0	0	0	0.0%	25.4%	0.0%	6
2013	2009	103,104	0	0	0	0	0.0%	19.4%	0.0%	5
2013	2010	112	0	0	0	0	0.0%	14.4%	0.0%	4
2014	2003	49,885	0	0	0	0	0.0%	73.4%	0.0%	12
2014	2004	1,461,461	226,766	0	0	226,766	15.5%	63.0%	25.6%	11
2014	2005	4,218,793	1,215,781	828,095	0	2,043,876	48.4%	53.2%	91.1%	10
2014	2006	3,136,915	622,992	62,194	0	685,186	21.8%	45.4%	48.1%	9
2014	2007	316,821	2,683	0	0	2,683	0.8%	38.0%	2.2%	8
2014	2008	97,658	0	0	0	0	0.0%	31.5%	0.0%	7
2014	2009	103,085	0	0	0	0	0.0%	25.4%	0.0%	6
2014	2010	-18	0	0	0	0	0.0%	19.4%	0.0%	5
2015	2003	216,422	186,176	69,606	0	255,772	118.2%	85.9%	137.6%	13
2015	2004	1,374,113	514,989	183,432	0	698,421	50.8%	73.4%	69.2%	12
2015	2005	4,184,897	865,778	480,786	0	1,346,564	32.2%	63.0%	51.1%	11
2015	2006	3,243,206	304,951	406,053	0	711,004	21.9%	53.2%	41.2%	10
2015	2007	323,361	246,223	410,924	0	657,147	203.2%	45.4%	447.5%	9
2015	2008	97,031	0	0	0	0	0.0%	38.0%	0.0%	8
2015	2009	103,132	0	0	0	0	0.0%	31.5%	0.0%	7
2016	2003	135,921	51,813	0	239	52,052	38.3%	100.7%	38.0%	14
2016	2004	1,378,127	172,374	198,130	2,427	372,929	27.0%	85.9%	32.2%	13
2016	2005	3,931,325	843,639	892,514	6,919	1,743,073	44.3%	73.4%	60.4%	12
2016	2006	3,068,046	728,409	437,967	5,400	1,171,775	38.2%	63.0%	60.6%	11
2016	2007	326,393	3,644	0	574	4,218	1.3%	53.2%	2.4%	10
2016	2008	93,150	0	0	164	164	0.2%	45.4%	0.4%	9
2016	2009	103,639	0	0	182	182	0.2%	38.0%	0.5%	8
2017	2003	135,289	2,931	0	2,142	5,073	3.7%	118.2%	3.2%	15
2017	2004	1,462,327	117,100	392,573	23,153	532,826	36.4%	100.7%	36.2%	14
2017	2005	4,171,057	653,602	2,059,222	66,041	2,778,865	66.6%	85.9%	77.5%	13
2017	2006	3,008,063	626,952	2,077,245	47,627	2,751,824	91.5%	73.4%	124.6%	12
2017	2007	292,627	15,786	0	4,633	20,420	7.0%	63.0%	11.1%	11
2017	2008	93,139	0	0	1,475	1,475	1.6%	53.2%	3.0%	10
2017	2009	103,170	0	0	1,634	1,634	1.6%	45.4%	3.5%	9
2018	2003	120,102	3,114	33,165	5,596	41,875	34.9%	139.4%	25.0%	16
2018	2004	1,241,083	80,854	1,237,603	57,830	1,376,286	110.9%	118.2%	93.8%	15
2018	2005	3,507,674	179,634	2,967,119	163,445	3,310,197	94.4%	100.7%	93.8%	14
2018	2006	2,527,304	49,814	1,348,066	117,763	1,515,643	60.0%	85.9%	69.8%	13
2018	2007	233,969	8,966	43,699	10,902	63,567	27.2%	73.4%	37.0%	12
2018	2008	77,808	0	0	3,626	3,626	4.7%	63.0%	7.4%	11
2018	2009	83,812	0	0	3,905	3,905	4.7%	53.2%	8.8%	10
2003	Total	101,585	0	0	0	0	0.0%	3.5%	0.0%	NA
2004	Total	1,150,688	0	0	0	0	0.0%	4.0%	0.0%	NA
2005	Total	5,379,653	133,373	0	0	133,373	2.5%	4.9%	50.6%	NA
2006	Total	11,331,086	310,288	0	0	310,288	2.7%	6.1%	44.5%	NA
2007	Total	11,595,003	214,443	0	0	214,443	1.8%	9.3%	19.9%	NA
2008	Total	11,047,347	208,021	0	0	208,021	1.9%	13.5%	14.0%	NA
2009	Total	10,815,879	583,229	0	0	583,229	5.4%	18.2%	29.6%	NA
2010	Total	10,556,572	1,424,015	88,463	0	1,512,478	14.3%	23.8%	60.3%	NA
2011	Total	10,112,646	1,967,322	65,677	0	2,032,969	20.1%	29.9%	63.2%	NA
2012	Total	9,876,468	1,778,335	135,465	0	1,913,800	19.4%	36.5%	53.2%	NA
2013	Total	9,654,909	1,943,007	641,433	0	2,584,440	26.8%	43.5%	61.5%	NA
2014	Total	9,384,600	2,068,222	890,289	0	2,958,512	31.5%	51.2%	61.6%	NA
2015	Total	9,542,162	2,118,116	1,550,805	0	3,668,921	38.4%	60.5%	63.6%	NA
2016	Total	9,037,211	1,799,878	1,528,611	15,906	3,344,395	37.0%	70.8%	52.3%	NA
2017	Total	9,265,672	1,416,371	4,529,040	146,705	6,092,116	65.7%	83.2%	79.1%	NA
2018	Total	7,791,751	322,381	5,629,652	363,087	6,315,100	81.0%	97.6%	83.1%	NA
Total	Total	136,643,241	16,287,002	15,059,433	526,678	31,872,114	23.3%	37.4%	62.3%	NA

Exhibit 3
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
All Policies Combined
Policy Forms: 2LTCIP0001

Calendar Year	Without Proposed Rate Increase										With Proposed 150% Rate Increase				
	Premium		By Incurred Year						Incurred Loss Ratio		Premium		Incurred		Incld LR
	Actual	Original Rtlvl	State Rtlvl	Pd Clms	Clim Res	IBNR	Inc Clms	Actual	State Rtlvl	Original Rtlvl	State Rtlvl	Claims	State Rtlvl		
2003	101,585	101,585	101,585	0	0	0	0	0.0%	0.0%	101,585	101,585	0	0.0%		
2004	1,150,698	1,150,698	1,150,698	0	0	0	0	0.0%	0.0%	1,150,698	1,150,698	0	0.0%		
2005	5,379,653	5,379,653	5,379,653	133,373	0	0	133,373	2.5%	2.5%	5,379,653	5,379,653	133,373	2.5%		
2006	11,331,086	11,331,086	11,331,086	310,288	0	0	310,288	2.7%	2.7%	11,331,086	11,331,086	310,288	2.7%		
2007	11,595,003	11,595,003	11,595,003	214,443	0	0	214,443	1.8%	1.8%	11,595,003	11,595,003	214,443	1.8%		
2008	11,047,347	11,047,347	11,047,347	208,021	0	0	208,021	1.9%	1.9%	11,047,347	11,047,347	208,021	1.9%		
2009	10,815,879	10,815,879	10,815,879	583,229	0	0	583,229	5.4%	5.4%	10,815,879	10,815,879	583,229	5.4%		
2010	10,556,572	10,556,572	10,556,572	1,424,015	88,463	0	1,512,478	14.3%	14.3%	10,556,572	10,556,572	1,512,478	14.3%		
2011	10,112,646	10,112,646	10,112,646	1,967,322	65,677	0	2,032,999	20.1%	20.1%	10,112,646	10,112,646	2,032,999	20.1%		
2012	9,876,468	9,876,468	9,876,468	1,778,335	135,465	0	1,913,800	19.4%	19.4%	9,876,468	9,876,468	1,913,800	19.4%		
2013	9,654,909	9,654,909	9,654,909	1,943,007	641,433	0	2,584,440	26.8%	26.8%	9,654,909	9,654,909	2,584,440	26.8%		
2014	9,384,600	9,311,533	9,311,533	2,068,222	890,289	0	2,958,512	31.5%	31.8%	9,311,533	9,311,533	2,958,512	31.8%		
2015	9,542,162	8,781,477	8,781,477	2,118,116	1,550,805	0	3,668,921	38.4%	41.8%	8,781,477	8,781,477	3,668,921	41.8%		
2016	9,037,211	7,973,886	7,973,886	1,799,878	1,528,611	15,906	3,344,395	37.0%	41.9%	7,973,886	7,973,886	3,344,395	41.9%		
2017	9,265,672	7,380,632	7,380,632	1,416,371	4,529,040	146,705	6,092,116	65.7%	82.5%	7,380,632	7,380,632	6,092,116	82.5%		
2018	7,791,751	5,759,476	5,759,476	322,381	5,629,652	363,067	6,315,100	81.0%	109.6%	5,759,476	5,759,476	6,315,100	109.6%		
Jan-Oct		1,150,682	1,150,682				849,662		73.8%	1,150,682	1,150,682	849,662	73.8%		
Nov-Dec		6,795,682	6,795,682				5,643,238		83.0%	6,795,682	6,795,682	5,643,238	83.0%		
2020		6,605,339	6,605,339				6,453,293		97.7%	6,024,919	9,736,548	6,159,905	63.3%		
2021		6,411,677	6,411,677				7,329,612		114.3%	5,194,354	12,978,812	6,597,084	50.8%		
2022		6,201,973	6,201,973				8,268,106		133.3%	5,023,598	12,558,994	7,424,486	59.1%		
2023		5,971,551	5,971,551				9,269,054		155.2%	4,836,957	12,092,391	8,302,765	68.7%		
2024		5,728,883	5,728,883				10,319,419		180.1%	4,640,396	11,600,989	9,219,470	79.5%		
2025		5,473,589	5,473,589				11,408,944		208.4%	4,433,607	11,084,017	10,165,333	91.7%		
2026		5,202,645	5,202,645				12,526,190		240.8%	4,214,142	10,535,355	11,130,130	105.6%		
2027		4,919,238	4,919,238				13,669,985		277.9%	3,984,583	9,961,457	12,113,030	121.6%		
2028		4,629,967	4,629,967				14,828,194		320.3%	3,750,273	9,375,683	13,103,462	139.8%		
2029		4,339,100	4,339,100				15,971,917		368.1%	3,514,671	8,786,677	14,076,997	160.2%		
2030		4,044,912	4,044,912				17,063,687		421.9%	3,276,379	8,190,947	15,002,532	183.2%		
2031		3,749,916	3,749,916				18,054,292		481.5%	3,037,432	7,593,580	15,838,201	208.6%		
2032		3,459,997	3,459,997				18,934,673		547.2%	2,802,597	7,006,493	16,576,779	236.6%		
2033		3,175,373	3,175,373				19,675,747		619.6%	2,572,052	6,430,131	17,194,083	267.4%		
2034		2,896,615	2,896,615				20,251,843		699.2%	2,346,258	5,865,644	17,668,943	301.2%		
2035		2,627,150	2,627,150				20,633,933		785.4%	2,127,991	5,319,979	17,976,998	337.9%		
2036		2,367,293	2,367,293				20,794,512		878.4%	1,917,507	4,793,768	18,095,070	377.5%		
2037		2,118,811	2,118,811				20,755,535		979.6%	1,716,237	4,290,593	18,042,081	420.5%		
2038		1,884,424	1,884,424				20,515,501		1088.7%	1,526,383	3,815,958	17,817,273	466.9%		
2039		1,665,250	1,665,250				20,076,602		1205.6%	1,348,852	3,372,131	17,423,380	516.7%		
2040		1,461,134	1,461,134				19,434,853		1330.1%	1,183,518	2,958,795	16,857,197	569.7%		
2041		1,273,718	1,273,718				18,597,526		1460.1%	1,031,711	2,579,279	16,124,762	625.2%		
2042		1,103,052	1,103,052				17,629,620		1598.3%	893,472	2,233,681	15,281,342	684.1%		
2043		949,877	949,877				16,573,326		1744.8%	769,400	1,923,501	14,363,244	746.7%		
2044		813,183	813,183				15,455,479		1900.6%	658,678	1,646,696	13,393,826	813.4%		
2045		692,219	692,219				14,300,969		2066.0%	560,697	1,401,744	12,394,523	884.2%		
2046		586,589	586,589				13,155,856		2242.8%	475,137	1,187,842	11,404,184	960.1%		
2047		494,574	494,574				12,057,106		2437.9%	400,605	1,001,512	10,454,008	1043.8%		
2048		415,787	415,787				11,021,098		2650.7%	336,788	841,970	9,558,213	1135.2%		
2049		348,544	348,544				10,055,825		2885.1%	282,321	705,801	8,724,122	1236.1%		
2050		291,559	291,559				9,168,338		3144.6%	236,163	590,406	7,957,120	1347.7%		
2051		243,660	243,660				8,370,200		3435.2%	197,364	493,411	7,266,922	1472.8%		
2052		203,503	203,503				7,660,557		3764.3%	164,838	412,094	6,652,841	1614.4%		
2053		169,952	169,952				7,021,808		4131.6%	137,661	344,153	6,099,541	1772.3%		
2054		141,990	141,990				6,430,952		4529.2%	115,012	287,529	5,587,300	1943.2%		
2055		118,723	118,723				5,870,647		4944.8%	96,166	240,414	5,100,796	2121.7%		
2056		99,354	99,354				5,346,201		5381.0%	80,477	201,192	4,644,774	2308.6%		
2057		83,200	83,200				4,860,025		5841.3%	67,392	168,481	4,221,105	2505.4%		
2058		69,702	69,702				4,407,526		6323.4%	56,459	141,147	3,826,023	2710.7%		
2059		58,394	58,394				3,980,814		6817.2%	47,299	118,248	3,452,982	2920.1%		
2060		48,892	48,892				3,575,098		7312.2%	39,603	99,007	3,097,391	3128.5%		
2061		40,886	40,886				3,191,907		7806.9%	33,117	82,794	2,761,067	3334.9%		
2062		34,120	34,120				2,832,890		8302.8%	27,637	69,092	2,446,444	3540.8%		
2063		28,393	28,393				2,496,104		8791.1%	22,999	57,497	2,151,792	3742.5%		
2064		23,544	23,544				2,178,547		9253.1%	19,071	47,676	1,874,682	3932.1%		
2065		19,435	19,435				1,887,352		9711.2%	15,742	39,356	1,621,618	4120.4%		
2066		15,954	15,954				1,626,095		10192.2%	12,923	32,307	1,395,349	4319.0%		
2067		13,012	13,012				1,392,343		10700.8%	10,539	26,349	1,193,755	4530.6%		
2068		10,533	10,533				1,182,450		11226.6%	8,531	21,328	1,013,648	4752.6%		
2069		8,456	8,456				988,544		11690.9%	6,849	17,123	848,056	4952.8%		
2070		6,727	6,727				814,707		12111.7%	5,449	13,621	700,139	5140.0%		
2071		5,297	5,297				666,889		12589.9%	4,291	10,726	574,423	5355.2%		
2072		4,126	4,126				550,202		13335.9%	3,342	8,355	475,969	5697.1%		
2073		3,177	3,177				457,260		14394.7%	2,573	6,433	397,984	6187.0%		
2074		2,418	2,418				380,873		15752.9%	1,958	4,896	333,990	6821.6%		
2075		1,819	1,819				318,451		17502.5%	1,474	3,684	281,834	7649.4%		
2076		1,355	1,355				265,626		19608.0%	1,097	2,743	237,401	8654.0%		
2077		999	999				222,263		22250.5%	809	2,023	200,811	9927.4%		
Without Interest															
Past	136,643,241	130,828,850	130,828,850				31,872,114	23.3%	24.4%	130,828,850	130,828,850	31,872,114	24.4%		
Future		101,307,920	101,307,920				549,720,266		542.6%	84,244,716	193,359,418	481,392,081	249.0%		
Lifetime		232,136,770	232,136,770				581,592,380		250.5%	215,073,566	324,188,268	513,264,195	158.3%		
With Interest															
Past	186,235,311	180,037,123	180,037,123				37,269,059	20.0%	20.7%	180,037,123	180,037,123	37,269,059	20.7%		
Future		69,543,280	69,543,280				257,469,794		370.2%	58,433,047	129,480,063	226,936,433	175.3%		
Lifetime		249,580,403	249,580,403				294,738,853		118.1%	238,470,170	309,517,186	264,205,492	85.4%		

The interest rate used to accumulate historical values and discount future values is 4.3%.

Exhibit 4
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Policies In Premium Paying Status
Policy Forms: 2LTCIP0001

Calendar Year	Without Proposed Rate Increase										With Proposed 150% Rate Increase		
	Premium			By Incurred Year				Incurred Loss Ratio			Premium	Incurred	Inc'd LR
	Actual	Original Rtlvl	State Rtlvl	Pd Clms	Clm Res	IBNR	Inc Clms	Actual	State Rtlvl	State Rtlvl	Claims	State Rtlvl	
2003	101,585	101,585	101,585	0	0	0	0	0.0%	0.0%	101,585	0	0.0%	
2004	763,198	763,198	763,198	0	0	0	0	0.0%	0.0%	763,198	0	0.0%	
2005	4,006,698	4,006,698	4,006,698	133,373	0	0	133,373	3.3%	3.3%	4,006,698	133,373	3.3%	
2006	8,169,364	8,169,364	8,169,364	310,288	0	0	310,288	3.8%	3.8%	8,169,364	310,288	3.8%	
2007	9,402,406	9,402,406	9,402,406	214,443	0	0	214,443	2.3%	2.3%	9,402,406	214,443	2.3%	
2008	9,217,145	9,217,145	9,217,145	208,021	0	0	208,021	2.3%	2.3%	9,217,145	208,021	2.3%	
2009	9,002,307	9,002,307	9,002,307	583,229	0	0	583,229	6.5%	6.5%	9,002,307	583,229	6.5%	
2010	8,756,458	8,756,458	8,756,458	1,423,766	88,463	0	1,512,229	17.3%	17.3%	8,756,458	1,512,229	17.3%	
2011	8,330,466	8,330,466	8,330,466	1,802,473	65,677	0	1,868,150	22.4%	22.4%	8,330,466	1,868,150	22.4%	
2012	8,113,136	8,113,136	8,113,136	1,412,804	79,616	0	1,492,420	18.4%	18.4%	8,113,136	1,492,420	18.4%	
2013	7,894,622	7,894,622	7,894,622	1,939,748	641,433	0	2,581,181	32.7%	32.7%	7,894,622	2,581,181	32.7%	
2014	7,714,232	7,654,170	7,654,170	1,952,085	890,289	0	2,842,375	36.8%	37.1%	7,654,170	2,842,375	37.1%	
2015	8,288,337	7,627,606	7,627,606	2,052,825	1,431,039	0	3,483,864	42.0%	45.7%	7,627,606	3,483,864	45.7%	
2016	8,347,892	7,365,674	7,365,674	1,785,545	1,528,611	14,693	3,328,848	39.9%	45.2%	7,365,674	3,328,848	45.2%	
2017	8,977,156	7,150,813	7,150,813	1,277,971	3,751,764	142,137	5,171,872	57.6%	72.3%	7,150,813	5,171,872	72.3%	
Jan-Oct 2018	7,681,612	5,678,064	5,678,064	299,272	5,338,918	357,935	5,996,124	78.1%	105.6%	5,678,064	5,996,124	105.6%	
Nov-Dec 2018		1,150,682	1,150,682				787,672		68.5%	1,150,682	787,672	68.5%	
2019		6,795,682	6,795,682				5,237,834		77.1%	6,795,682	5,237,834	77.1%	
2020		6,605,339	6,605,339				5,979,854		90.5%	9,736,548	5,686,467	58.4%	
2021		6,411,677	6,411,677				6,779,182		105.7%	12,978,812	6,046,654	46.6%	
2022		6,201,973	6,201,973				7,631,708		123.1%	12,558,994	6,788,089	54.0%	
2023		5,971,551	5,971,551				8,536,490		143.0%	12,092,391	7,570,201	62.6%	
2024		5,728,883	5,728,883				9,481,538		165.5%	11,600,989	8,381,589	72.2%	
2025		5,473,589	5,473,589				10,455,193		191.0%	11,084,017	9,211,582	83.1%	
2026		5,202,645	5,202,645				11,446,168		220.0%	10,535,355	10,050,107	95.4%	
2027		4,919,238	4,919,238				12,452,411		253.1%	9,961,457	10,895,456	109.4%	
2028		4,629,967	4,629,967				13,463,450		290.8%	9,375,683	11,738,717	125.2%	
2029		4,339,100	4,339,100				14,453,009		333.1%	8,786,677	12,558,089	142.9%	
2030		4,044,912	4,044,912				15,384,680		380.3%	8,190,947	13,323,525	162.7%	
2031		3,749,916	3,749,916				16,213,469		432.4%	7,593,580	13,997,377	184.3%	
2032		3,459,997	3,459,997				16,932,335		489.4%	7,006,493	14,574,440	208.0%	
2033		3,175,373	3,175,373				17,517,713		551.7%	6,430,131	15,036,048	233.8%	
2034		2,896,615	2,896,615				17,946,584		619.6%	5,865,644	15,363,684	261.9%	
2035		2,627,150	2,627,150				18,194,832		692.6%	5,319,979	15,537,897	292.1%	
2036		2,367,293	2,367,293				18,240,310		770.5%	4,793,768	15,540,869	324.2%	
2037		2,118,811	2,118,811				18,106,134		854.5%	4,290,593	15,392,680	358.8%	
2038		1,884,424	1,884,424				17,794,461		944.3%	3,815,958	15,096,233	395.6%	
2039		1,665,250	1,665,250				17,307,455		1039.3%	3,372,131	14,654,233	434.6%	
2040		1,461,134	1,461,134				16,644,687		1139.2%	2,958,795	14,067,031	475.4%	
2041		1,273,718	1,273,718				15,816,927		1241.8%	2,579,279	13,344,163	517.4%	
2042		1,103,052	1,103,052				14,888,696		1349.8%	2,233,681	12,540,418	561.4%	
2043		949,877	949,877				13,895,457		1462.9%	1,923,501	11,685,375	607.5%	
2044		813,183	813,183				12,858,832		1581.3%	1,646,696	10,797,179	655.7%	
2045		692,219	692,219				11,801,560		1704.9%	1,401,744	9,895,114	705.9%	
2046		586,589	586,589				10,766,144		1835.4%	1,187,842	9,014,473	758.9%	
2047		494,574	494,574				9,785,880		1978.6%	1,001,512	8,182,783	817.0%	
2048		415,787	415,787				8,871,312		2133.6%	841,970	7,408,428	879.9%	
2049		348,544	348,544				8,024,558		2302.3%	705,801	6,692,855	948.3%	
2050		291,559	291,559				7,253,790		2487.9%	590,406	6,042,572	1023.5%	
2051		243,660	243,660				6,568,263		2695.7%	493,411	5,464,985	1107.6%	
2052		203,503	203,503				5,965,374		2931.3%	412,094	4,957,658	1203.0%	
2053		169,952	169,952				5,430,235		3195.2%	344,153	4,507,967	1309.9%	
2054		141,990	141,990				4,942,423		3480.8%	287,529	4,098,771	1425.5%	
2055		118,723	118,723				4,489,186		3781.2%	240,414	3,719,334	1547.1%	
2056		99,354	99,354				4,072,830		4099.3%	201,192	3,371,404	1675.7%	
2057		83,200	83,200				3,695,368		4441.5%	168,481	3,056,448	1814.1%	
2058		69,702	69,702				3,350,902		4807.4%	141,147	2,769,399	1962.1%	
2059		58,394	58,394				3,031,188		5190.9%	118,248	2,503,356	2117.0%	
2060		48,892	48,892				2,734,445		5592.8%	99,007	2,256,738	2279.4%	
2061		40,886	40,886				2,458,673		6013.5%	82,794	2,027,832	2449.3%	
2062		34,120	34,120				2,199,196		6445.5%	69,092	1,812,749	2623.7%	
2063		28,393	28,393				1,954,278		6882.9%	57,497	1,609,967	2800.1%	
2064		23,544	23,544				1,720,525		7307.7%	47,676	1,416,660	2971.4%	
2065		19,435	19,435				1,501,317		7724.9%	39,356	1,235,583	3139.5%	
2066		15,954	15,954				1,301,027		8154.7%	32,307	1,070,280	3312.8%	
2067		13,012	13,012				1,117,677		8589.8%	26,349	919,089	3488.2%	
2068		10,533	10,533				948,438		9004.8%	21,328	779,635	3655.4%	
2069		8,456	8,456				788,183		9321.4%	17,123	647,695	3782.7%	
2070		6,727	6,727				641,922		9543.0%	13,621	527,354	3871.5%	
2071		5,297	5,297				517,496		9769.6%	10,726	425,031	3962.4%	
2072		4,126	4,126				415,060		10060.3%	8,355	340,828	4079.5%	
2073		3,177	3,177				331,151		10424.7%	6,433	271,875	4226.5%	
2074		2,418	2,418				261,708		10824.2%	4,896	214,825	4387.7%	
2075		1,819	1,819				204,247		11225.7%	3,684	167,630	4549.7%	
2076		1,355	1,355				157,333		11614.0%	2,743	129,107	4706.4%	
2077		999	999				119,506		11963.6%	2,023	98,054	4847.4%	
Without Interest													
Past	114,766,615	109,233,712	109,233,712				29,726,416	25.9%	27.2%	109,233,712	29,726,416	27.2%	
Future		101,307,920	101,307,920				471,868,272		465.8%	193,359,418	403,540,086	208.7%	
Lifetime		210,541,632	210,541,632				501,594,688		238.2%	302,593,130	433,266,502	143.2%	
With Interest													
Past	154,644,141	148,757,371	148,757,371				34,822,538	22.5%	23.4%	148,757,371	34,822,538	23.4%	
Future		69,543,280	69,543,280				225,999,297		325.0%	129,480,063	195,465,936	151.0%	
Lifetime		218,300,652	218,300,652				260,821,835		119.5%	278,237,434	230,288,474	82.8%	

The interest rate used to accumulate historical values and discount future values is 4.3%.

Exhibit 5
Continental General Insurance Company
Policy Form: 2LTCIP0001 (VA)
Eligibility for Contingent Benefit Upon Lapse (CBUL)

VA State Specific

Lives Inforce	Issue Age								Total
	< 50	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	
Total Premium Paying	16	31	33	33	15	10	0	0	138
Rate-Stability	16	31	33	33	15	10	0	0	138
Eligible for CBUL	16	31	33	33	15	10	0	0	138

Exhibit 6
Continental General Insurance Company
Virginia Experience
All Policies Combined
Policy Forms: 2LTCIP0001 (VA)

Calendar Year	Without Proposed Rate Increase										With Proposed 150% Rate Increase			
	Premium		State RtLvl	By Incurral Year						Actual	Loss Ratio	Premium State RtLvl	Incurred Claims	Incd LR State RtLvl
	Actual	Original RtLvl		Pd Clms	Clm Res	IBNR	Inc Clms	Actual	State RtLvl					
2004	21,032	21,032	21,032	0	0	0	0	0	0.0%	0.0%	21,032	0	0.0%	
2005	243,347	243,347	243,347	0	0	0	0	0	0.0%	0.0%	243,347	0	0.0%	
2006	443,938	443,938	443,938	217	0	0	217	0.0%	0.0%	443,938	217	0.0%		
2007	378,045	378,045	378,045	12,271	0	0	12,271	3.2%	3.2%	378,045	12,271	3.2%		
2008	373,425	373,425	373,425	0	0	0	0	0.0%	0.0%	373,425	0	0.0%		
2009	363,117	363,117	363,117	0	0	0	0	0.0%	0.0%	363,117	0	0.0%		
2010	359,022	359,022	359,022	0	0	0	0	0.0%	0.0%	359,022	0	0.0%		
2011	352,677	352,677	352,677	0	0	0	0	0.0%	0.0%	352,677	0	0.0%		
2012	336,092	336,092	336,092	96,720	0	0	96,720	28.8%	28.8%	336,092	96,720	28.8%		
2013	330,604	330,604	330,604	1,015	0	0	1,015	0.3%	0.3%	330,604	1,015	0.3%		
2014	324,804	324,804	324,804	119,914	0	0	119,914	36.9%	36.9%	324,804	119,914	36.9%		
2015	314,594	314,594	314,594	0	0	0	0	0.0%	0.0%	314,594	0	0.0%		
2016	278,022	278,022	278,022	7,524	0	489	8,013	2.9%	2.9%	278,022	8,013	2.9%		
2017	227,663	227,663	227,663	19,850	85,704	3,605	109,159	47.9%	47.9%	227,663	109,159	47.9%		
2018	180,513	180,513	180,513	930	217,694	8,411	227,035	125.8%	125.8%	180,513	227,035	125.8%		
Jan-Oct														
Nov-Dec														
2018		37,028	37,028				32,937		88.9%		37,028	32,937	88.9%	
2019		217,658	217,658				209,022		96.0%		217,658	209,022	96.0%	
2020		210,061	210,061				235,961		112.3%		309,638	226,139	73.0%	
2021		202,807	202,807				264,237		130.3%		410,532	239,918	58.4%	
2022		196,465	196,465				294,011		149.7%		397,842	266,364	67.0%	
2023		189,573	189,573				325,764		171.8%		383,885	294,499	76.7%	
2024		182,142	182,142				358,680		196.9%		368,838	323,604	87.7%	
2025		174,231	174,231				392,554		225.3%		352,818	353,389	100.2%	
2026		165,952	165,952				427,876		257.8%		336,052	384,389	114.4%	
2027		157,386	157,386				465,355		295.7%		318,707	417,366	131.0%	
2028		148,591	148,591				506,114		340.6%		300,896	453,287	150.6%	
2029		139,683	139,683				549,279		393.2%		282,859	491,406	173.7%	
2030		130,781	130,781				594,450		454.5%		264,832	531,227	200.6%	
2031		121,258	121,258				639,498		527.4%		245,547	570,972	232.5%	
2032		112,501	112,501				683,601		607.6%		227,815	610,188	267.8%	
2033		103,871	103,871				726,686		699.6%		210,339	648,669	308.4%	
2034		95,413	95,413				767,528		804.4%		193,212	685,289	354.7%	
2035		87,003	87,003				803,510		923.5%		176,180	717,553	407.3%	
2036		78,443	78,443				832,423		1061.2%		158,846	743,641	468.2%	
2037		70,000	70,000				853,066		1218.7%		141,751	762,476	537.9%	
2038		62,660	62,660				866,343		1382.6%		126,886	774,773	610.6%	
2039		55,698	55,698				869,758		1561.6%		112,789	778,288	690.0%	
2040		49,149	49,149				861,299		1752.4%		99,526	771,026	774.7%	
2041		43,031	43,031				841,503		1955.6%		87,137	753,618	864.9%	
2042		37,371	37,371				810,980		2170.1%		75,677	726,432	959.9%	
2043		32,182	32,182				771,303		2396.7%		65,168	690,749	1059.9%	
2044		27,468	27,468				721,519		2626.7%		55,623	645,857	1161.1%	
2045		23,226	23,226				663,757		2857.8%		47,033	593,587	1262.1%	
2046		19,449	19,449				604,283		3107.1%		39,383	539,631	1370.2%	
2047		16,122	16,122				543,206		3369.3%		32,647	484,015	1482.6%	
2048		13,228	13,228				481,930		3643.2%		26,787	428,038	1597.9%	
2049		10,742	10,742				421,919		3927.6%		21,754	373,369	1716.4%	
2050		8,636	8,636				366,760		4246.6%		17,489	323,122	1847.6%	
2051		6,871	6,871				318,829		4640.3%		13,913	279,412	2008.2%	
2052		5,407	5,407				277,206		5127.1%		10,948	241,514	2205.9%	
2053		4,209	4,209				241,047		5727.0%		8,523	208,632	2447.8%	
2054		3,242	3,242				209,434		6459.8%		6,565	180,060	2742.6%	
2055		2,473	2,473				181,784		7350.7%		5,008	155,237	3099.9%	
2056		1,867	1,867				158,042		8466.6%		3,780	134,070	3546.8%	
2057		1,394	1,394				137,475		9862.0%		2,823	115,924	4106.7%	
2058		1,029	1,029				120,013		11657.6%		2,085	100,657	4828.4%	
2059		752	752				104,747		13935.6%		1,522	87,447	5745.1%	
2060		542	542				90,659		16740.1%		1,097	75,393	6874.7%	
2061		384	384				78,408		20403.2%		778	64,993	8351.7%	
2062		269	269				67,803		25234.8%		544	56,050	10301.4%	
2063		185	185				58,208		31493.0%		374	48,015	12828.6%	
2064		125	125				48,978		39121.5%		254	40,339	15911.6%	
2065		83	83				40,143		48115.2%		169	33,026	19548.0%	
2066		55	55				32,826		60019.5%		111	26,981	24361.9%	
2067		35	35				26,504		74797.5%		72	21,768	30337.7%	
2068		23	23				20,865		92020.3%		46	17,128	37302.4%	
2069		14	14				16,068		112056.1%		29	13,184	45405.8%	
2070		9	9				12,178		136069.7%		18	9,990	55118.7%	
2071		5	5				9,274		169069.9%		11	7,605	68465.1%	
2072		3	3				7,117		215155.3%		7	5,834	87096.4%	
2073		2	2				5,363		273125.7%		4	4,395	110529.4%	
2074		1	1				3,974		338611.0%		2	3,256	137003.2%	
2075		1	1				2,900		424232.2%		1	2,376	171631.2%	
2076		0	0				2,097		532994.1%		1	1,718	215602.9%	
2077		0	0				1,508		700510.9%		0	1,235	283354.6%	
Without Interest														
Past	4,526,895	4,526,895	4,526,895				574,344	12.7%	12.7%		4,526,895	574,344	12.7%	
Future		3,248,790	3,248,790				21,060,559		648.3%		6,201,860	18,781,076	302.8%	
Lifetime		7,775,685	7,775,685				21,634,903		278.2%		10,728,754	19,355,420	180.4%	
With Interest														
Past	6,261,078	6,261,078	6,261,078				646,953	10.3%	10.3%		6,261,078	646,953	10.3%	
Future		2,229,981	2,229,981				9,822,510		440.5%		4,152,937	8,814,533	212.2%	
Lifetime		8,491,059	8,491,059				10,469,463		123.3%		10,414,015	9,461,486	90.9%	

The interest rate used to accumulate historical values and discount future values is 4.3%.

Managing and Monitoring Long Term Care Risks

Risk Management processes and staffing are focused on four specific stages of the managing the claims process: Intake/New Claim Setup, Adjudication, Ongoing Management/Payment, and Claim Resolution.

Intake/New Claim Setup: By keeping the eligibility requirements-gathering process agile, significant delays are avoided that could otherwise compromise our ability to make sound claim decisions and prevent us from complying with our regulatory requirements. Since most claim notices are received telephonically, we maintain a phone unit dedicated solely to this function. This unit can accurately assess the developing circumstances that surround an early claim and guide the claimant and family through a timely and effective adjudication process while setting appropriate expectations by reviewing each insured's policy benefit information and coverage. Our proactive front-end process helps avoid "buying" claims that would otherwise happen if we just mailed a claim form.

Adjudication: As eligibility requirements are received, our extensive front-end Intake process proceeds to Adjudication. New claims are presented by the Claims Examiner to either a senior second-tier review specialist or to our Claim Committee, along with recommendations for approval, denial or further handling and disposition. The committee meets on a regular basis and consists of senior level staff with many years of experience, as well as management personnel who can discuss the claim and confirm the claim determination or offer any special guidance for handling.

It is vital that we thoroughly understand the medical circumstances that drive eligibility for each claim and that will set the stage for its development and outcome.

Ongoing Management/Payment: One of the most important risk controls for LTC claims is the active monitoring and payment of an approved, ongoing claim. Claimants that have a potential for recovery are closely monitored to ensure that the eligibility criteria continues to be met.

The protocol for reviewing ongoing claims is set by each individual claimant's medical status and recovery potential. In addition to our internal RN staff, also available to us are the services of an expert LTC Medical Director who can consult on the most difficult cases and who may also be called upon to clarify information given to us by the insured's own attending physician.

Ongoing claims are examined carefully for changes in billing patterns, changes in levels of care and breaks of confinement for possible hospital stays or other leaves. Confinement verification protocol ensures that claim payments are properly adjusted to reflect these leaves.

Claim Resolution: Controlling the trajectory of short duration claims can have a positive outcome for early claim closure and restoration of premium payment. This is often a "win-win" situation for both the company and the client.

Also, accurate and timely resolution of a client's death and accurately paying a claim to its coverage maximums prevents overpayment, recovery costs and disruption to a grieving family.

Also critical to managing risk exposure and monitoring morbidity are fraud detection controls, ongoing claims audits, and periodic updates to our expected claim costs.

Fraud: Our LTC processes include several fraud detection and mitigation controls and practices. Staff members are trained annually on several aspects of fraud including "red flags" of LTC fraud detection and will refer suspect claim activity to management for review and further action if warranted. If necessary, independent medical exams or other investigatory methods may be used to resolve outstanding concerns. All suspect claim activity is reported to the appropriate state governing agencies as required. Lastly, our Strategic Investigative Unit (SIU) is comprised of a multidisciplinary group of senior leaders who serve as a sounding board and steering committee for both specific and general fraud matters.

Claims Audits: In addition to an ongoing robust internal claims audit program, we also engage external 3rd party audit reviews, assuring that our claims processes and practices are sound and generally in line with industry practices and regulatory controls. The most recent external review occurred in 2018 and covered a sample of claims with losses occurring between 2012 and 2018.

Internal audits represent a constant feedback loop. Results are reviewed monthly with senior management staff for discussion, process improvement and training purposes.

Continental General Insurance Company
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**Actuarial Memorandum Supporting Rate Revisions for
Long Term Care Insurance Base Policy Forms and Riders Associated with
2LTCIP0001 (VA)**

1 SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to the Base Policy Forms and Riders of the Continental General Insurance Company (the Company) long-term care (LTC) policy forms referenced above.

These policies were originally sold under the name Great American Life Insurance Company (GALIC). Virtually all of the GALIC policies have been novated into United Teacher Associates (UTA), and the remaining GALIC policies are 100% ceded to UTA. All policies issued in Florida are 100% ceded to GALIC and therefore are excluded from this analysis. Effective December 31, 2016, UTA (inactive NAIC No: 63479) merged into Continental General Insurance Company (active NAIC No: 71404).

Some riders may not be available in all states. The issue date range associated with premium-paying lives in this state is shown in Appendix A.

These forms are all included in this filing for filing simplicity. It is not the Company's intent to pool their experience.

These forms are no longer being marketed in any state and the Company is no longer selling any new Long-Term Care Insurance.

The Company is requesting the following rate increases in your state at this time:

<u>Policy Form</u>	<u>Requested Rate Increase</u>
2LTCIP0001 (VA)	150%

This rate filing is not intended to be used for other purposes.

The body of this actuarial memorandum was written to apply to each state where these products were issued. Any reference to information that is specific to a particular state is included in Appendix A.

Please refer to Section 22 for a description of the information contained in each Appendix.

2 POLICYHOLDER OPTIONS TO MITIGATE IMPACT OF PREMIUM RATE INCREASE

Optional Policyholder offers to Reduce Benefits

The Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the base policy and riders. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
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 the non-forfeiture benefit 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 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. Upon acceptance of this offer, an endorsement reflecting the non-forfeiture benefit will be sent to the policyholder. This offer will be made to all policyholders.

If applicable, for policyholders with active Limited Pay policy provisions, the Company will additionally provide policyholders an opportunity to elect a reduced paid-up policy in accordance with state regulatory requirements.

3 PREMIUM RATE INCREASE JUSTIFICATION

This rate revision is necessary because the current best estimate projections of the Nationwide lifetime loss ratios are in excess of expected. Policies were issued Nationwide under both loss ratio requirements and under rate stabilization requirements established in the 2000 LTC NAIC Model Regulation.

The lifetime loss ratios anticipated at the time of original pricing for these policy forms are shown below. This loss ratio has been stated based on the pricing interest rate. Based on available documentation, the pricing loss ratio stated below is conservatively assumed to be representative of best estimate expectations.

<u>Policy Form</u>	<u>Original Pricing Loss Ratio</u>
2LTCIP0001 (VA)	69.0%

For policies issued under loss ratio requirements, the lifetime loss ratio that these products were initially priced to has been exceeded. For policies issued under rate stabilization requirements, the margin for moderately adverse deviation built into the rates at the time of original pricing was a 10% deviation in the lifetime loss ratio, when compared to originally expected. This margin has been exceeded.

Consistent with the discussions and final document produced by the NAIC Pricing Subgroup's ("Long-term Care Insurance Approaches to Reviewing Premium Rate Increases"), the Company is providing analysis based on the modified prospective present value approach to determine the level of rate increase requested. This modified approach recognizes that past premium rate increases were not adequate and relies on the original pricing assumptions to catch-up on past premium rate increases.

The cumulative rate increase indicated by the modified prospective present value formula is calculated as:

$$\text{Cumulative rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - (.58)\Delta PV(\text{future earned premiums})}{(.85)PV_{\text{current}}(\text{future earned premiums})}$$

The ΔPV indicates the change in present value due to the change in actuarial assumptions between original assumptions and current moderately adverse assumptions. The formula is applied to Nationwide experience that has been restated to the original rate level. Please note that experience associated with lives that are currently in a paid-up status due to a non-forfeiture benefit or experience from limited pay policies has been excluded from the calculation. Moderately adverse assumptions are defined as best estimate assumptions as described in Section 10, plus a 10% load to future incurred claims.

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:

$$\frac{1 + \text{Cumulative Rate Increase}}{1 + \text{State Specific Cumulative Rate Increase to Date}} - 1$$

4 DESCRIPTION OF BENEFITS

Appendix B contains a brief summary of the benefits contained in these base forms and associated riders. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

5 RENEWABILITY CLAUSE

All products are Guaranteed Renewable, Individual Long-Term Care policies.

6 MARKETING METHOD

All forms were marketed to individuals by licensed agents. These products are not currently being marketed.

7 APPLICABILITY

The revised rates contained in this memorandum will be applicable to all renewals of the policy form and riders described in Section 1 as well as all future periodic inflation protection offers. The current and revised premium rate schedules are attached. The rate revision will be applied as a consistent percentage to all premium classes. The modal premium factors will remain unchanged from the current factors.

8 PROPOSED EFFECTIVE DATE

This rate will be implemented as soon as possible after approval has been granted as allowed based on regulation.

9 UNDERWRITING

Most policies subject to this rate revision were subject to full medical underwriting in accordance with Company standards in place at the time of issue. The underwriting standards used were taken into consideration when projecting future experience.

10 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. These base assumptions are the same as the assumptions being used in the Company's internal cash flow testing.

A Morbidity

The morbidity assumptions are based on a combination of the Company's historical claim experience on these forms from 2006 through 6/30/2018, the Milliman 2017 Long-Term Care Guidelines (Guidelines) and judgment. 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.

B Mortality

The best estimate future mortality assumption is 100% of the Individual Annuity Mortality (IAM) 2012 Base table with mortality steepening factors, selection factors, and other attained age adjustments.

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 and benefit exhaust rates to derive the total termination rate. We 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. Voluntary lapse rates vary by marital status and inflation versus non-inflation.

The table below shows the detailed voluntary lapse assumptions for the applicable projected policy durations.

Voluntary Lapse Rate				
	Married		Single	
Duration	Inflation	Non-Inflation	Inflation	Non-Inflation
9	0.93%	1.21%	1.48%	3.68%
10	0.62%	0.87%	1.48%	2.92%
11	0.52%	0.72%	1.33%	2.54%
12	0.52%	0.72%	1.17%	2.35%
13	0.41%	0.58%	1.02%	2.03%
14	0.36%	0.48%	0.87%	1.78%
15+	0.31%	0.39%	0.77%	1.46%

Additional multiplier to apply to Lapse Rates for Gender	
Gender	Multiplier
Female	82.5%
Male	140.0%

For limited pay policies, voluntary lapse rates were assumed to be zero after the premium payment period.

Voluntary lapse assumptions include an NFO conversion rate which is calculated as 19% of the requested rate increase and capped at 19%.

D Interest Rate

The supporting exhibits use the maximum valuation interest rate for contract reserves to calculate the lifetime loss ratio. This is consistent with the guidance provided in the Senior Issues Task Force Model Bulletin and the requirements established in the 2000 LTC NAIC Model regulation. The table below demonstrates the discount rates by policy form.

Policy Form	Maximum Valuation Interest Rate
2LTCIP0001 (VA)	4.3%

E Expenses

The need for a rate increase is based on the lifetime loss ratio being in excess of expected. Expenses do not directly impact the lifetime loss ratio. As such, expenses are not being projected and are not included in this filing.

11 ISSUE AGE RANGE

These products were available for issue ages 18 to 84. Premiums are based on issue age.

12 AREA FACTORS

The Company did not use area factors within the state in the premium scale for these products.

13 CLAIM LIABILITY AND RESERVE

Claim reserves were calculated using appropriate actuarial methods for IBNR and using continuance curves validated for the Company's experience for open claims on a disabled life basis. The claim reserves were discounted to the incurred date for each claim and have been included in the historical incurred claims.

14 ACTIVE LIFE RESERVES

Incurred claims are calculated without the impact of the change in active life reserves.

15 DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. The projected future experience is based on a seriatim projection of the current inforce policies. See Appendix C for the distribution of the inforce policies by key demographic and benefit characteristics.

16 NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of 10/31/2018 in this state.

17 AVERAGE ANNUAL PREMIUM

The average annual premium for these products both prior to the impact of the requested rate increase, and after, is indicated in Appendix A.

18 HISTORY OF RATE ADJUSTMENTS

Please refer to Appendix A for the history of rate adjustments on these products in this state.

19 EXPERIENCE – PAST AND FUTURE

Nationwide historical experience since inception by issue year within calendar year for these policy forms and riders as of 10/31/2018 is contained in Exhibit 2. Experience for loss years 2018 and prior are developed through 10/31/2018. 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.

Historical Nationwide experience for all policies issued under these products is contained in Exhibit 3. The Nationwide historical and projected experience adjusted to reflect the State's specific rate increase history, both with and without the impact of the requested rate increase, is also contained in Exhibit 3. Projected experience utilizes best estimate assumptions.

Historical Nationwide experience for policies in premium-paying status is contained in Exhibit 4. The Nationwide historical and projected experience adjusted to reflect the State's specific rate increase history, both with and without the impact of the requested rate increase, is also contained in Exhibit 4. Projected experience utilizes best estimate assumptions.

In developing the projected future experience with the rate increase, an implementation date of 1/15/2020 was assumed.

20 RELATIONSHIP OF RENEWAL PREMIUM TO NEW BUSINESS PREMIUM

The Company is no longer selling any new Long-Term Care business. Therefore, the comparison of renewal premium rates after the rate increase to the Company's current new business premium rate schedule is not applicable.

21 ELIGIBILITY FOR CONTINGENT BENEFIT UPON LAPSE

Exhibit 5 has been provided to demonstrate the number of premium paying policyholders that will become eligible for the contingent benefit upon lapse (CBUL). Policyholders are defined as being eligible given they are governed by rate stability regulations and they have surpassed the cumulative rate increase threshold given this request.

Given that policyholders in this State will become eligible for the CBUL, the attached document (Managing Long Term Care Risk - 2019), provided by the Company's Chief Operating Officer, provides a demonstration that the Company has appropriate policy administration and claim processing procedures in place to assure our policyholders' long-term care claims are paid according to the provisions of our contracts.

22 SUMMARY OF APPENDICES

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 of the inforce policies as of 10/31/2018.

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.

23 SUMMARY OF EXHIBITS

Exhibit 1 contains the breakdown of policy counts, annualized premium, and average premium for all inforce policies by state under each product grouping.

Exhibit 2 contains the historical Nationwide lifetime experience for all policies issued under these products by issue year within calendar year.

Exhibit 3 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 proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

Exhibit 4 contains historical and projected Nationwide experience for premium-paying policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

Exhibit 5 contains the number of premium paying policyholders that will become eligible for the contingent benefit upon lapse (CBUL), both at the Nationwide and state-specific level.

Exhibit 6 contains historical and projected Virginia-specific 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 proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

24 ACTUARIAL CERTIFICATION

In performing the analysis, preparing this filing, and rendering the actuarial opinion below, I relied upon Andrew Dalton, FSA, MAAA, Consulting Actuary, Milliman, USA for experience analysis used to develop baseline actuarial assumptions related to morbidity and persistency. I reviewed the assumptions for reasonableness and consistency, but I did not perform a detailed audit. Based on my review, the assumptions are appropriate for the purpose used.

To the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and regulations of this State as they relate to premium rate developments and revisions. This memorandum complies with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits," No. 18 "Long-Term Care Insurance," and No. 23 "Data Quality."

I have reviewed and taken into consideration the policy design and coverage provided, and the Company's original underwriting and claims adjudication processes.

In my opinion, the rates are not excessive or unfairly discriminatory. The anticipated lifetime loss ratio exceeds the applicable required loss ratio. The filing will enhance premium adequacy but may not be sufficient to prevent future rate action. Given this, I cannot certify the proposed rates to be sustainable over the lifetime of the form with no future premium increases or that they would be sufficient to cover anticipated costs under moderately adverse conditions.



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Appendix A
Continental General Insurance Company
2LTCIP0001 (VA)

Virginia

Requested Rate Increase = 150%

Issue Date Range (Section 1 in Actuarial Memorandum)

Virginia	3/4/2004	to	12/14/2006
Nationwide	5/20/2003	to	12/1/2009

Rate Stabilization Date for Virginia 10/1/2003

Number of Premium-Paying Policyholders and Annualized Premium as of October 31, 2018

Number of premium-paying lives in Virginia	
Issued prior to Rate Stabilization	0
Issued on or after Rate Stabilization	121

	Policies	Premium
Virginia	121 \$	198,761
Nationwide	5,120 \$	9,725,053

Average Annual Premium (Section 17 in Actuarial Memorandum)

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

Virginia	1,643
Nationwide	2,072

The average annual premium for this form and associated riders in Virginia, including the impact of the requested rate increase, is: 4,107

Rate Increase History (Section 18 in Actuarial Memorandum)

No prior rate increase has been approved.

Lifetime Loss Ratio - Exhibit 3

The Lifetime Loss Ratio without the requested rate increase is:	118.1%
The Lifetime Loss Ratio with the requested rate increase is:	85.4%

Appendix B
Continental General Insurance Company
Description of Benefits

A brief summary of the benefits contained in the base forms and associated riders is provided below. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

Policy Form 2LTCIP0001 (VA)

This policy is a comprehensive Long-Term Care policy covering nursing home care and home health care.

The elimination period could be chosen as 0, 20, 60, 90 or 180 calendar days. The benefit period is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times 365 times 2, 3, 4, 5, 6, or unlimited. The nursing home daily maximum was available in multiples of \$10 (minimum of \$50). Home health care is covered, with daily maximum options of 50%, 75%, 100%, 125% or 150% of the nursing home daily maximum. Actual expenses are reimbursed, up to the daily maximum.

Benefits are payable when the insured becomes disabled in two out of six Activities of Daily Living (ADLs) for 90 days, or when he or she becomes cognitively impaired.

An insured who qualifies for benefits will be eligible to receive all long term care services that are included in the Plan of Care and covered under the policy. This could include nursing home care or assisted living facility care. A 21-day per year bed reservation benefit could be included in the Plan of Care under the base policy. The Plan of Care could also include home health care, adult day care, up to 30 days per year of respite care, or up to 5 times the daily maximum in informal caregiver training (one time only). Other alternate services could be included, if agreed to by all parties. Also, upon approval of the Care Advisor, the policy will cover home health care services provided by an independent caregiver who is properly certified, does not live with the insured, is not a member of the insured's immediate family, and would normally charge for the care.

In the first 30 calendar days after the elimination period is satisfied, the home care daily maximums are doubled.

After covered care has been provided for 90 days, premiums on the policy are waived for the remainder of the claim period.

Policy form 2LTCIP0001 also provides for a home medical technology benefit, paying a monthly amount equal to the home care daily maximum for rental or lease of medical monitoring, diagnostic, or medication compliance equipment that is recommended by the Care Advisor.

If the insured does not elect rider 2LTCIE0010, then a contingent non-forfeiture benefit is automatically applied. This benefit will provide that, should the insured ever receive a substantial rate increase on his policy, he will be given the option of reducing his benefits or converting his coverage to paid-up status, with a shortened benefit period defined the same as on rider 2LTCIE0010 (except that the 3-year waiting period does not apply).

All benefits are subject to the daily maximums, the total benefit allowance, and the elimination period (except that the latter does not apply to the respite benefit, the care advisory services, or the caregiver training benefit).

Appendix B
Continental General Insurance Company
Description of Benefits

Several optional riders were available for these policies:

- Rider 2LTCIE0011 – Compound Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5%, compounded annually, on each policy anniversary.
- Rider 2LTCIE0012 – Simple Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5% of the original amounts, on each policy anniversary.
- Rider 2LTCIE0019 – Capped Compound Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5% compounded annually, on each policy anniversary, until the daily and lifetime maximums reach two times their original levels.
- Rider 2LTCIE0020 – Monthly Benefit Rider: Changes the daily maximum to a monthly maximum, where the monthly maximum is calculated as the daily maximum times 30.
- Rider 2LTCIE0021 – Restoration Rider: The pool of money is restored to its original level if the insured is claim-free and returns to normal activities for at least 6 months.
- Rider 2LTCIE0026 – Survivor Rider: The premiums for a surviving spouse are waived if death occurs after both spouses have had this coverage continuously inforce for 10 or more years.
- Rider 2LTCIE0029 – Return of Premium Rider: Returns a specified percentage of the cumulative premiums paid, less claims, to the insured's estate, if death occurs before age 75. The percentage of premiums returned is 100% for deaths occurring through age 65; the percentage then grades down by 10% per year, to 0% for ages 75+.
- Rider 2LTCIE0010 – Non-forfeiture Benefit: After 3 years inforce, an insured may lapse with a reduced lifetime benefit, but unreduced daily benefit inforce. The amount of the reduced lifetime benefit is the greater of 30 times the nursing home daily maximum inforce on the date of lapse, and the numerical sum of the premiums paid while the policy was inforce.
- Rider 1LTCIE0013 – Cost of Living Increase: Gives the insured the option of increasing benefits at scheduled intervals, with the increase amounts based on the change in the CPI. The incremental benefits will be subject to an additional premium, based on the insureds attained age.
- Rider 1LTCIE0014 – Dual Waiver of Premium: Waives the premium for a covered spouse when the other spouse's premium is waived due to claim.
- Rider 1LTCIE0015 – Shared Extended Expense: An additional pool of money, less than or equal to the original pool of money, can be purchased by both spouses for them to share, should one (or both) of them reach his or her lifetime maximum.
- Rider 2LTCIE0037 – Single Pay Rider: Allows the policyholder to pay for coverage for his entire lifetime with one single premium payment.
- Rider 2LTCIE0038 – 10-Pay Rider: Allows the policyholder to pay for coverage for his entire lifetime over a 10-year period.
- Rider 2LTCIE0039 – Paid up at 65 Rider: Allows the policyholder to pay for coverage for his entire lifetime with premium payments that end at age 65.

Appendix C
 Continental General Insurance
 Distribution of Inforce Business as of October 31, 2018
 Nationwide All Lives
 Policy Forms: 2LTCIP001

Issue Year	Count	% of Count	Premium	% of Premium
2003	112	2%	152,920	2%
2004	1,097	18%	1,534,410	16%
2005	2,793	45%	4,362,574	45%
2006	1,884	31%	3,194,710	33%
2007	172	3%	286,438	3%
2008	51	1%	93,718	1%
2009	46	1%	100,283	1%
Total	6,155	100%	9,725,053	100%

Issue Age	Count	% of Count	Premium	% of Premium
<45	676	11%	382,678	4%
45 - 49	467	8%	441,385	5%
50 - 54	1,008	16%	1,150,834	12%
55 - 59	1,629	26%	2,461,778	25%
60 - 64	1,295	21%	2,503,424	26%
65 - 69	745	12%	1,791,634	18%
70 - 74	280	5%	809,534	8%
75 - 79	49	1%	176,800	2%
80+	6	0%	6,987	0%
Total	6,155	100%	9,725,053	100%

Attained Age	Count	% of Count	Premium	% of Premium
<45	177	3%	62,202	1%
45 - 49	144	2%	71,764	1%
50 - 54	193	3%	119,557	1%
55 - 59	324	5%	266,400	3%
60 - 64	694	11%	725,011	7%
65 - 69	1,366	22%	1,823,105	19%
70 - 74	1,507	24%	2,502,613	26%
75 - 79	1,080	18%	2,335,009	24%
80+	670	11%	1,819,393	19%
Total	6,155	100%	9,725,053	100%

Inflation Type	Count	% of Count	Premium	% of Premium
5% Compound - Double (14 years)	49	1%	83,017	1%
5% Compound - Lifetime	1,574	26%	3,218,140	33%
5% Simple Lifetime	2,834	46%	4,412,986	45%
GPO	227	4%	433,428	4%
NONE	1,471	24%	1,577,482	16%
Total	6,155	100%	9,725,053	100%

Elimination Period	Count	% of Count	Premium	% of Premium
0	1,164	19%	1,863,880	19%
20	853	14%	1,388,602	14%
60	1,209	20%	1,871,899	19%
90	2,797	45%	4,410,378	45%
180	132	2%	190,294	2%
Total	6,155	100%	9,725,053	100%

Gender	Count	% of Count	Premium	% of Premium
M	2,526	41%	3,906,529	40%
F	3,629	59%	5,818,523	60%
Total	6,155	100%	9,725,053	100%

HHC Percent	Count	% of Count	Premium	% of Premium
50%	276	4%	441,649	5%
75%	290	5%	392,320	4%
100%	5,343	87%	8,339,396	86%
125%	65	1%	130,460	1%
150%	181	3%	421,228	4%
Total	6,155	100%	9,725,053	100%

Benefit Period	Count	% of Count	Premium	% of Premium
< 1 year	456	7%	-	0%
1 - 2 years	8	0%	-	0%
2 - 3 years	300	5%	467,542	5%
3 - 4 years	1,107	18%	1,820,032	19%
4 - 5 years	789	13%	1,240,040	13%
5 - 6 years	997	16%	1,646,808	17%
6 - 7 years	625	10%	952,989	10%
Lifetime	1,873	30%	3,597,642	37%
Total	6,155	100%	9,725,053	100%

Marital Status	Count	% of Count	Premium	% of Premium
Married	4,432	72%	6,483,277	67%
Single	1,723	28%	3,241,776	33%
Total	6,155	100%	9,725,053	100%

Limited Pay Options	Count	% of Count	Premium	% of Premium
10 Pay	426	7%	-	0%
CNFO	464	8%	-	0%
Lifetime	4,987	81%	9,538,977	98%
PU at 65	180	3%	186,076	2%
Single	98	2%	-	0%
Total	6,155	100%	9,725,053	100%

Premium Mode	Count	% of Count	Premium	% of Premium
Monthly	2,752	54%	4,760,388	49%
Quarterly	543	11%	1,085,745	11%
Semi-Annual	141	3%	297,992	3%
Annual	1,684	33%	3,580,928	37%
Total	5,120	100%	9,725,053	100%

Tax Status	Count	% of Count	Premium	% of Premium
TQ	6,155	100%	9,725,053	100%
Total	6,155	100%	9,725,053	100%

*Count includes premium paying lives only

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 study was conducted on the Company's actual termination experience from 2006 to 6/30/2018 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 Individual Annuity Mortality (IAM) 2012 Basic table with mortality steepening factors, mortality improvement, and selection factors applied.

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 2006 to 6/30/2018 on forms issued by Continental General Insurance Company. Actual claims were measured against the Milliman 2017 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 \$22 million of IBNR as of June 30, 2018, which is allocated to incurred year as follows: approximately 84.5% to incurred year 2018 and 15.5% to incurred year 2017. 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 Duration	Total Lives	Total Terminations		Mortality Rate	Voluntary Lapse Rate	
		Count	Rate	Expected	Implied	"Current"
1	17,268	1,862	10.8%	0.2%	10.6%	10.8%
2	19,223	1,080	5.6%	0.3%	5.3%	5.4%
3	19,485	836	4.3%	0.3%	3.9%	4.1%
4	19,935	745	3.7%	0.4%	3.3%	3.3%
5	20,641	591	2.9%	0.4%	2.4%	2.6%
6	21,425	556	2.6%	0.5%	2.1%	2.1%
7	21,795	496	2.3%	0.5%	1.7%	1.9%
8	21,174	411	1.9%	0.6%	1.3%	1.5%
9	19,655	386	2.0%	0.7%	1.2%	1.4%
10	17,017	393	2.3%	0.7%	1.5%	1.0%
11	12,513	250	2.0%	0.9%	1.1%	0.9%
12	9,213	182	2.0%	1.0%	0.9%	0.8%
13	6,437	141	2.2%	1.2%	0.9%	0.7%
14	4,406	118	2.7%	1.5%	1.1%	0.6%
15+	7,244	257	3.5%	2.0%	1.3%	0.5%
Total	237,432	8,304	3.5%	0.6%	2.87%	2.87%

Notes:

- 1) Experience from 2006 through 6/30/2018.
- 2) Expected Mortality Rate is 100% of the Individual Annuity Mortality (IAM) 2012 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 single Pay, 5 Pay, 10 Pay, 15 Pay, 20 Pay, and paid-up at 65).

Continental General Insurance Company

Appendix D

Exhibit D-2

**Policy Forms: 1LTCGP0001, 1LTCGP0008, 1LTCIP0001, 1LTCIP0002, 2LTCIP0001, 2LTCIP0002, 4LTCIP0001
Claim Study**

Experience by Policy Duration

Policy Duration	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
1	21,621	9	758,605	557,833	136.0%
2	22,556	31	1,453,873	1,214,373	119.7%
3	21,995	25	1,885,218	1,720,445	109.6%
4	22,443	25	1,176,810	2,506,853	46.9%
5	22,938	48	3,578,850	3,510,572	101.9%
6	23,353	68	5,796,078	4,714,104	123.0%
7	23,098	65	5,288,287	5,976,829	88.5%
8	22,601	107	7,487,865	7,334,949	102.1%
9	21,914	105	7,933,784	8,804,755	90.1%
10	19,668	108	9,315,687	9,809,126	95.0%
11	15,938	128	8,623,840	9,555,444	90.3%
12	11,691	100	8,377,240	8,770,658	95.5%
13	8,518	81	6,993,553	7,740,239	90.4%
14	5,527	75	4,668,981	6,434,048	72.6%
15+	9,507	194	20,448,906	16,155,953	126.6%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Experience by Calendar Year

Calendar Year	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
2006	13,602	23	1,208,168	1,565,355	77.2%
2007	18,091	39	2,152,494	2,173,376	99.0%
2008	23,319	39	2,125,616	2,961,136	71.8%
2009	26,259	50	3,763,974	3,863,635	97.4%
2010	26,642	58	4,967,618	4,824,553	103.0%
2011	23,933	82	5,777,331	5,877,098	98.3%
2012	23,219	101	6,900,358	7,100,818	97.2%
2013	22,629	105	7,465,161	8,397,998	88.9%
2014	22,090	108	9,378,267	10,026,923	93.5%
2015	21,603	143	11,570,237	11,546,603	100.2%
2016	21,144	149	12,138,393	13,248,071	91.6%
2017	20,701	175	15,786,771	14,986,944	105.3%
2018	10,137	99	10,553,188	8,233,672	128.2%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Experience by Policy Form

Policy Form	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
1LTCG	7,633	11	1,087,514	1,453,414	74.8%
1LTCI	50,876	550	44,069,338	45,343,925	97.2%
2LTCI	98,651	340	27,395,445	26,666,073	102.7%
4LTCI	116,209	271	21,235,281	21,342,770	99.5%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Notes:

- 1) Experience from 2006 through 6/30/2018
- 2) Actual incurred claims are defined as the sum of paid claims and reserves.
 Paid claims represent the present value of paid claims discounted to the claim incurred date.
 Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred date.
- 3) Expected Claims are based on the Milliman 2017 *Long-Term Care Guidelines* (including Product Factors)
- 4) Claim dollar amounts are discounted using a 4.50% interest rate (both actual and expected).
- 5) 1LTCG refers to 1LTCGP0001 and 1LTCGP0008, 1LTCI refers to 1LTCIP0001 and 1LTCIP0002,
 2LTCI refers to 2LTCIP0001 and 2LTCIP0002, 4LTCI refers to 4LTCIP0001

Continental General Insurance Company
Appendix E
Policy Forms: 2LTCIP0001, 2LTCIP0002
Policy Persistency Comparison

Policy Duration	<u>Actual Experience</u>		<u>Original Pricing Assumptions</u>			<u>Current Assumptions</u>		
	Total Lives	Total Terminations	Lapse	Mortality	Total Terminations	Lapse	Mortality	Total Terminations
1	3,403	8.8%	5.5%	0.1%	5.7%	11.3%	0.1%	11.4%
2	6,887	5.1%	4.0%	0.2%	4.2%	5.4%	0.3%	5.7%
3	7,786	3.8%	3.0%	0.3%	3.3%	4.1%	0.3%	4.4%
4	7,616	4.1%	2.0%	0.5%	2.5%	3.3%	0.4%	3.7%
5	7,307	2.9%	2.0%	0.6%	2.6%	2.7%	0.4%	3.1%
6	7,093	2.7%	2.0%	0.8%	2.8%	2.1%	0.4%	2.5%
7	6,899	2.0%	2.0%	1.0%	3.0%	1.9%	0.5%	2.4%
8	6,756	1.9%	2.0%	1.3%	3.3%	1.6%	0.5%	2.1%
9	6,592	2.0%	2.0%	1.6%	3.6%	1.4%	0.6%	2.0%
10	6,233	1.8%	2.0%	1.9%	3.9%	1.1%	0.6%	1.7%
11	5,846	1.7%	2.0%	2.1%	4.0%	0.9%	0.7%	1.6%
12	4,797	1.8%	2.0%	2.3%	4.2%	0.9%	0.8%	1.6%
13	2,253	1.8%	2.0%	2.5%	4.4%	0.7%	0.9%	1.6%
14	379	1.3%	2.0%	2.8%	4.7%	0.6%	1.1%	1.6%
15	5	40.0%	2.0%	6.3%	8.2%	0.6%	3.1%	3.7%

Notes:

- 1) Experience is 2006 through 6/30/18.
- 2) The "Original Pricing Assumptions" are those assumptions originally used to price this form.
- 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 composites.
 The ultimate lapse rate starts in duration 15.
 The mortality assumptions are 100% of the Individual Annuity Mortality (IAM) 2012 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.
- 4) The results shown above include only lifetime pay policies (excludes single pay, 10 pay, and paid-up at 65).

**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-131940319

Revised Rates

Average Annual Premium Per Member: 1,643

Average Requested Percentage Rate Change Per Member: 150%

Range of Requested Rate Changes: 150% - 150%

Number of Virginia Policyholders Affected: 121

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
2LTCIP0001 (VA)	N/A	3/4/2004 to 12/14/2006	None	No further premium rate schedule increases are anticipated at this time.

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

This document is prepared by the carrier to help explain the requested rate change and 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 at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>. (Rev. 06/19)

Rate Request Summary Supplement: 2LTCIP0001 (VA)

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.

June 28, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 05/21/2019 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

Objection 1:

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 see the attached files entitled **Original Memo – 2LTCIP0001**.

Please note that the memorandum for policy form 2LTCIP0001 (VA) could not be located by the Company at this time. We have provided the generic actuarial memorandum approved by a majority of the states with this response. The premium rates included in this original memorandum are consistent with the originally issued premium rates charged to Virginia policyholders.

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).*

With respect to item (a), please see Exhibit 4 submitted with the original filing. Exhibit 4 contains historical and projected Nationwide experience for premium-paying policies issued under these products. The experience has been adjusted to reflect the State's specific rate history. The exhibits also include the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

With respect to item (b), the present value of the earned premium and incurred claims was calculated for each form using the maximum valuation interest rate. However, the maximum valuation interest rate was not used to discount paid claims and reserves back to the incurred year. Historical paid claims are discounted from the paid date to the incurred date using a 5.0% interest rate. Claim reserves included in the historical experience are discounted from the valuation date to the incurred date using a 5.0% interest rate. For projected data, the current claim cost assumption uses includes an assumption that future claims are discounted from the paid date of the claim to the incurred date of the claim at a 4.5% interest rate. If the maximum

valuation interest rate was used to discount paid claims and reserves back to the incurred year, this would result in an increase in the calendar year incurred claim value, leading to an increase in the present value of the incurred claims. Increasing the present value of incurred claims under current assumptions would result in a higher rate increase request.

With respect to item (c), please see Exhibit 3 and Exhibit 4 submitted with the initial filing. These exhibits contain historical and projected Nationwide experience for all policies issued under these products. The experience has been adjusted to reflect the State's specific rate history. The exhibits also include the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

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 in aggregate as experience split by benefit period and inflation is not readily available to provide to the Department. This is a relatively large undertaking, and we request that the need for the rate increase be reviewed in aggregate.

With respect to items (a) and (b), please see Exhibit 4 submitted with the initial filing, which demonstrate historical and projected Nationwide experience with and without the proposed rate increase. Shock lapse and NFO residual liability resulting from the proposed rate increase are reflected in this exhibit.

With respect to item (c), please see the attached **Exhibit 7**, which demonstrates historical and projected Nationwide experience with the proposed rate increase, but excludes the impact of shock lapse, benefit reductions, NFO residual liability, and anti-selection.

With respect to item (d), please see the attached **Exhibit 8**, which demonstrates historical and projected Nationwide experience restated to the proposed Virginia rate level since inception. Please note that the assumptions used at the time of pricing did not support the level of premium indicated in these exhibits, and 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.

With respect to item (e), please see the attached **Exhibit 9**, which demonstrates expected Nationwide experience at original premium rates since inception under original assumptions.

With respect to item (f), please see the attached **Exhibit 10**, which demonstrates actual historical experience and projected experience using original assumptions, with earned premium adjusted to the original rate level from inception.

Each of the exhibits referenced above have been uploaded to SERFF in an Excel format as **Objection 1 – VA (2LTC) – Response Exhibits**.

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 that includes the active life reserves on a Nationwide basis as of 12/31/2018. These values do not include the reserves based on asset adequacy.

Form	Nationwide
2LTCIP0001	141,076,448

The annual statement for year end 2018 includes an additional actuarial reserve of \$525 million related to the Company’s long-term care block of business that was posted as a result of asset adequacy analysis / cash flow testing. This reserve is not calculated at the form series or state level.

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 premiums are included in earned premiums and incurred claims. The amount of waived premium included in the present values provided in Exhibit 4 are provided in the table below.

	<u>2LTCIP0001</u>
Historical	1,455,347
Projected	4,445,148
Lifetime	5,900,495

Excluding waived premium in the earned premium and claims would have an impact on the requested rate increase. We estimate that removing waiver of premium from the calculation of the rate increase would likely result in a slightly higher rate increase than currently requested.

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.*

The projection utilized by the company is an incurred basis projection which uses claim 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 for the Company’s entire block of Long-Term Care business, excluding the business acquired in August of 2018, is provided in the table below.

TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During 2018	
1.1 On claims incurred prior to 2018	46,576,742
1.2 On claims incurred during 2018	7,326,166
2. Claim Reserves and Liabilities, December 31, 2018	
2.1 On claims incurred prior to 2018	107,917,922
2.2 On claims incurred during 2018	63,245,436
3. Test of Sufficiency	
3.1 Lines 1.1 and 2.1	154,494,664
3.2 Claim reserves and liabilities, December 31, 2017	142,844,427
3.3 Long Duration Liability Interest	5,580,002
3.3 Line 3.1 minus Line 3.2 minus Line 3.3 Deficiency / (Sufficiency)	6,070,235

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 Rate Increase History spreadsheet that outlines the states, rate changes requested, and the status of all states for this block of business. Annualized premium within the document is as of 10/31/2018.

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 12/31/2018. Additionally, we would like to note that the lapse experience in later durations is not yet fully developed. As of 10/31/2018, most policies on these forms are in durations 13+. However, of the 237,432 life years of exposure included in Exhibit D-1, only 7.6% of the experience is for durations 13+. As experience fully develops for the projected durations, we anticipate the actual rates to be approximately equal to our current assumptions.

The requested projection has been provided as **Exhibit 11**, which assumes voluntary lapse rates equal to the "Implied" voluntary lapse rates of Exhibit D-1.

Objection 2:

1. *Since the policyholder notification letter, contingent benefit upon lapse and policy change request forms are required to be filed for review, they should be filed under the "Form Schedule" section. If the Company intends to use a previously approved policyholder letter or other form, please provide the SERFF tracking number for the approved letter and place the letter or form under the Supporting Documentation tab.*

Please find that the form "CGI(GFB) – RINC(VA)(0818)" has been added to the Form Schedule section.

In light of this information, please consider our rate increase request on the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "D Keeler". The signature is written in a cursive style with a large, stylized "D" and "K".

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Exhibit 7
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Policies In Premium Paying Status With Proposed Rate Increase
Excluding Shock Lapse, Benefit Reductions, NFO Residual Liability, and Anti-Selection
Policy Forms: 2LTCIP0001

Calendar Year	Premium State Rtlvl	Incurred Claims	Incld LR State Rtlvl
2003	101,585	0	0.0%
2004	763,198	0	0.0%
2005	4,006,698	133,373	3.3%
2006	8,169,364	310,288	3.8%
2007	9,402,406	214,443	2.3%
2008	9,217,145	208,021	2.3%
2009	9,002,307	583,229	6.5%
2010	8,756,458	1,512,229	17.3%
2011	8,330,466	1,868,150	22.4%
2012	8,113,136	1,492,420	18.4%
2013	7,894,622	2,581,181	32.7%
2014	7,654,170	2,842,375	37.1%
2015	7,627,606	3,483,864	45.7%
2016	7,365,674	3,328,848	45.2%
2017	7,150,813	5,171,872	72.3%
2018	5,678,064	5,996,124	105.6%
2018	1,150,682	787,672	68.5%
2019	6,795,682	5,237,834	77.1%
2020	11,187,596	6,241,153	55.8%
2021	16,022,118	7,401,965	46.2%
2022	15,504,931	8,310,485	53.6%
2023	14,928,878	9,267,565	62.1%
2024	14,322,208	10,260,362	71.6%
2025	13,683,972	11,275,818	82.4%
2026	13,006,612	12,301,600	94.6%
2027	12,298,095	13,335,608	108.4%
2028	11,574,918	14,366,942	124.1%
2029	10,847,749	15,368,942	141.7%
2030	10,112,280	16,304,866	161.2%
2031	9,374,790	17,128,667	182.7%
2032	8,649,992	17,833,989	206.2%
2033	7,938,433	18,398,024	231.8%
2034	7,241,536	18,798,140	259.6%
2035	6,567,875	19,010,564	289.4%
2036	5,918,232	19,013,509	321.3%
2037	5,297,029	18,831,552	355.5%
2038	4,711,059	18,468,263	392.0%
2039	4,163,125	17,926,970	430.6%
2040	3,652,834	17,208,123	471.1%
2041	3,184,295	16,323,389	512.6%
2042	2,757,631	15,339,796	556.3%
2043	2,374,692	14,293,520	601.9%
2044	2,032,958	13,206,758	649.6%
2045	1,730,548	12,103,101	699.4%
2046	1,466,471	11,025,710	751.9%
2047	1,236,434	10,008,246	809.4%
2048	1,039,469	9,060,956	871.7%
2049	871,360	8,185,602	939.4%
2050	728,897	7,390,136	1013.9%
2051	609,150	6,683,613	1097.2%
2052	508,758	6,063,045	1191.7%
2053	424,880	5,512,991	1297.5%
2054	354,974	5,012,485	1412.1%
2055	296,808	4,548,392	1532.4%
2056	248,385	4,122,847	1659.9%
2057	208,001	3,737,642	1796.9%
2058	174,256	3,386,576	1943.5%
2059	145,985	3,061,208	2096.9%
2060	122,231	2,759,603	2257.7%
2061	102,214	2,479,664	2425.9%
2062	85,299	2,216,636	2598.7%
2063	70,983	1,968,655	2773.4%
2064	58,860	1,732,267	2943.0%
2065	48,587	1,510,837	3109.5%
2066	39,886	1,308,700	3281.1%
2067	32,529	1,123,822	3454.8%
2068	26,331	953,298	3620.4%
2069	21,139	791,964	3746.4%
2070	16,816	644,815	3834.4%
2071	13,243	519,699	3924.5%
2072	10,314	416,739	4040.4%
2073	7,941	332,428	4186.0%
2074	6,045	262,671	4345.6%
2075	4,549	204,964	4506.0%
2076	3,387	157,861	4661.2%
2077	2,497	119,891	4800.9%

Loss Ratio Summary at 4.3%

Historical	148,757,371	34,822,538	23.4%
Projected	157,255,646	237,190,384	150.8%
Lifetime	306,013,017	272,012,922	88.9%

Exhibit 8
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Policies In Premium Paying Status With Proposed Rate Increase From Inception
Policy Forms: 2LTCIP0001

Calendar Year	Premium Proposed RtLvl	Incurred Claims	Incd LR Proposed RtLvl
2003	253,964	0	0.0%
2004	1,907,995	0	0.0%
2005	10,016,746	133,373	1.3%
2006	20,423,410	310,288	1.5%
2007	23,506,015	214,443	0.9%
2008	23,042,863	208,021	0.9%
2009	22,505,767	583,229	2.6%
2010	21,891,146	1,512,229	6.9%
2011	20,826,165	1,868,150	9.0%
2012	20,282,840	1,492,420	7.4%
2013	19,736,554	2,581,181	13.1%
2014	19,135,425	2,842,375	14.9%
2015	19,069,014	3,483,864	18.3%
2016	18,414,184	3,328,848	18.1%
2017	17,877,032	5,171,872	28.9%
2018	14,195,160	5,996,124	42.2%
2018	2,876,705	838,326	29.1%
2019	16,989,204	5,743,555	33.8%
2020	16,513,347	6,544,849	39.6%
2021	16,029,192	7,402,423	46.2%
2022	15,504,931	8,310,485	53.6%
2023	14,928,878	9,267,565	62.1%
2024	14,322,208	10,260,362	71.6%
2025	13,683,972	11,275,818	82.4%
2026	13,006,612	12,301,600	94.6%
2027	12,298,095	13,335,608	108.4%
2028	11,574,918	14,366,942	124.1%
2029	10,847,749	15,368,942	141.7%
2030	10,112,280	16,304,866	161.2%
2031	9,374,790	17,128,667	182.7%
2032	8,649,992	17,833,989	206.2%
2033	7,938,433	18,398,024	231.8%
2034	7,241,536	18,798,140	259.6%
2035	6,567,875	19,010,564	289.4%
2036	5,918,232	19,013,509	321.3%
2037	5,297,029	18,831,552	355.5%
2038	4,711,059	18,468,263	392.0%
2039	4,163,125	17,926,970	430.6%
2040	3,652,834	17,208,123	471.1%
2041	3,184,295	16,323,389	512.6%
2042	2,757,631	15,339,796	556.3%
2043	2,374,692	14,293,520	601.9%
2044	2,032,958	13,206,758	649.6%
2045	1,730,548	12,103,101	699.4%
2046	1,466,471	11,025,710	751.9%
2047	1,236,434	10,008,246	809.4%
2048	1,039,469	9,060,956	871.7%
2049	871,360	8,185,602	939.4%
2050	728,897	7,390,136	1013.9%
2051	609,150	6,683,613	1097.2%
2052	508,758	6,063,045	1191.7%
2053	424,880	5,512,991	1297.5%
2054	354,974	5,012,485	1412.1%
2055	296,808	4,548,392	1532.4%
2056	248,385	4,122,847	1659.9%
2057	208,001	3,737,642	1796.9%
2058	174,256	3,386,576	1943.5%
2059	145,985	3,061,208	2096.9%
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2061	102,214	2,479,664	2425.9%
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2066	39,886	1,308,700	3281.1%
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2068	26,331	953,298	3620.4%
2069	21,139	791,964	3746.4%
2070	16,816	644,815	3834.4%
2071	13,243	519,699	3924.5%
2072	10,314	416,739	4040.4%
2073	7,941	332,428	4186.0%
2074	6,045	262,671	4345.6%
2075	4,549	204,964	4506.0%
2076	3,387	157,861	4661.2%
2077	2,497	119,891	4800.9%

Loss Ratio Summary at 4.3%

Historical	371,893,428	34,822,538	9.4%
Projected	173,858,201	238,016,111	136.9%
Lifetime	545,751,629	272,838,649	50.0%

Exhibit 9
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Expected Nationwide Cash Flows Under Original Pricing Assumptions
Policy Forms: 2LTCIP0001

Calendar Year	Premium Original RtLvl	Incurred Claims	Incd LR Original RtLvl
2003	101,585	3,595	3.5%
2004	820,033	31,817	3.9%
2005	4,068,649	169,729	4.2%
2006	8,192,451	431,452	5.3%
2007	9,354,303	719,423	7.7%
2008	9,028,033	1,029,629	11.4%
2009	8,815,005	1,387,057	15.7%
2010	8,486,028	1,774,882	20.9%
2011	8,112,969	2,168,844	26.7%
2012	7,716,095	2,544,087	33.0%
2013	7,296,247	2,898,797	39.7%
2014	6,857,074	3,234,446	47.2%
2015	6,406,949	3,561,534	55.6%
2016	5,957,632	3,889,857	65.3%
2017	5,518,056	4,215,182	76.4%
2018	4,243,337	3,792,073	89.4%
2018	848,667	758,415	89.4%
2019	4,681,395	4,904,131	104.8%
2020	4,287,544	5,270,045	122.9%
2021	3,911,342	5,619,842	143.7%
2022	3,553,620	5,938,301	167.1%
2023	3,215,004	6,253,420	194.5%
2024	2,895,949	6,570,486	226.9%
2025	2,596,832	6,834,782	263.2%
2026	2,318,122	6,973,680	300.8%
2027	2,060,107	6,999,688	339.8%
2028	1,822,587	6,986,333	383.3%
2029	1,605,010	6,961,591	433.7%
2030	1,406,628	6,916,314	491.7%
2031	1,226,622	6,808,974	555.1%
2032	1,064,092	6,622,268	622.3%
2033	918,163	6,404,963	697.6%
2034	787,857	6,181,513	784.6%
2035	672,123	5,939,303	883.7%
2036	569,967	5,637,327	989.1%
2037	480,482	5,265,135	1095.8%
2038	402,757	4,879,168	1211.4%
2039	335,688	4,508,095	1342.9%
2040	278,163	4,146,682	1490.7%
2041	229,185	3,774,325	1646.8%
2042	187,849	3,389,087	1804.2%
2043	153,260	3,035,060	1980.3%
2044	124,362	2,757,423	2217.3%
2045	100,011	2,649,847	2649.6%
2046	79,666	2,531,730	3177.9%
2047	63,216	2,155,442	3409.7%
2048	50,133	1,723,704	3438.3%
2049	39,733	1,380,422	3474.2%
2050	31,487	1,096,502	3482.4%
2051	24,952	868,929	3482.4%
2052	19,773	688,587	3482.4%
2053	15,653	548,619	3504.9%
2054	12,276	454,828	3704.9%
2055	9,113	448,760	4924.3%
2056	6,127	447,127	7297.6%
2057	3,907	338,551	8664.9%
2058	2,484	217,297	8749.0%
2059	1,559	141,593	9079.8%
2060	975	89,589	9186.0%
2061	610	56,030	9186.1%
2062	381	35,042	9186.1%
2063	238	21,863	9186.1%
2064	145	13,303	9186.1%
2065	72	6,634	9186.1%
2066	21	1,914	9186.1%
2067	4	367	9186.1%
2068	2	168	9186.1%
2069	0	24	9186.1%
2070	0	0	9186.1%

Lifetime Loss Ratio Summary at 4.3%

Historical	139,312,184	38,905,802	27.9%
Projected	32,885,814	96,486,763	293.4%
Lifetime	172,197,998	135,392,565	78.6%

Exhibit 10
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Actual Nationwide Historical Experience with Projected Cash Flows Under Original Assumptions
Policy Forms: 2LTCIP0001

Calendar Year	Premium Original RtLvl	Incurred Claims	Incd LR Original RtLvl
2003	101,585	0	0.0%
2004	763,198	0	0.0%
2005	4,006,698	133,373	3.3%
2006	8,169,364	310,288	3.8%
2007	9,402,406	214,443	2.3%
2008	9,217,145	208,021	2.3%
2009	9,002,307	583,229	6.5%
2010	8,756,458	1,512,229	17.3%
2011	8,330,466	1,868,150	22.4%
2012	8,113,136	1,492,420	18.4%
2013	7,894,622	2,581,181	32.7%
2014	7,654,170	2,842,375	37.1%
2015	7,627,606	3,483,864	45.7%
2016	7,365,674	3,328,848	45.2%
2017	7,150,813	5,171,872	72.3%
2018	5,678,064	5,996,124	105.6%
2018	1,151,693	1,031,592	89.6%
2019	6,344,771	6,631,438	104.5%
2020	5,803,250	7,080,771	122.0%
2021	5,286,794	7,498,384	141.8%
2022	4,796,495	7,869,988	164.1%
2023	4,333,177	8,231,608	190.0%
2024	3,897,404	8,592,175	220.5%
2025	3,489,636	8,880,427	254.5%
2026	3,110,432	9,006,299	289.6%
2027	2,760,104	8,988,328	325.7%
2028	2,438,298	8,920,379	365.8%
2029	2,144,161	8,843,735	412.5%
2030	1,876,566	8,744,557	466.0%
2031	1,634,252	8,569,966	524.4%
2032	1,415,938	8,303,685	586.4%
2033	1,220,334	8,003,053	655.8%
2034	1,045,994	7,700,805	736.2%
2035	891,423	7,378,562	827.7%
2036	755,231	6,984,778	924.9%
2037	636,123	6,510,243	1023.4%
2038	532,770	6,019,993	1129.9%
2039	443,697	5,552,401	1251.4%
2040	367,399	5,099,694	1388.1%
2041	302,502	4,635,131	1532.3%
2042	247,807	4,158,253	1678.0%
2043	202,102	3,716,290	1838.8%
2044	163,900	3,379,977	2062.2%
2045	131,712	3,250,906	2468.2%
2046	104,863	3,092,300	2948.9%
2047	83,158	2,638,714	3173.1%
2048	65,914	2,106,337	3195.6%
2049	52,220	1,682,555	3222.0%
2050	41,367	1,335,399	3228.2%
2051	32,770	1,057,859	3228.2%
2052	25,959	838,001	3228.2%
2053	20,512	662,154	3228.2%
2054	15,451	498,775	3228.2%
2055	8,817	284,641	3228.2%
2056	2,666	86,069	3228.2%
2057	383	12,378	3228.2%
2058	198	6,407	3228.2%
2059	31	991	3228.2%

Loss Ratio Summary at 4.3%

Historical	148,757,371	34,822,538	23.4%
Projected	44,253,365	123,234,028	278.5%
Lifetime	193,010,736	158,056,566	81.9%

Exhibit 11
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Policies In Premium Paying Status With Assumed Lapses at Experience Levels
Policy Forms: 2LTCIP0001

Calendar Year	Premium State Rtlvl	Incurred Claims	Incd LR State Rtlvl
2003	101,585	0	0.0%
2004	763,198	0	0.0%
2005	4,006,698	133,373	3.3%
2006	8,169,364	310,288	3.8%
2007	9,402,406	214,443	2.3%
2008	9,217,145	208,021	2.3%
2009	9,002,307	583,229	6.5%
2010	8,756,458	1,512,229	17.3%
2011	8,330,466	1,868,150	22.4%
2012	8,113,136	1,492,420	18.4%
2013	7,894,622	2,581,181	32.7%
2014	7,654,170	2,842,375	37.1%
2015	7,627,606	3,483,864	45.7%
2016	7,365,674	3,328,848	45.2%
2017	7,150,813	5,171,872	72.3%
2018	5,678,064	5,996,124	105.6%
2018	1,150,354	787,382	68.4%
2019	6,777,300	5,224,423	77.1%
2020	6,548,630	5,930,841	90.6%
2021	6,310,000	6,675,175	105.8%
2022	6,056,144	7,456,337	123.1%
2023	5,784,875	8,273,388	143.0%
2024	5,505,014	9,113,507	165.5%
2025	5,216,849	9,964,531	191.0%
2026	4,917,878	10,815,189	219.9%
2027	4,611,449	11,663,161	252.9%
2028	4,304,005	12,498,732	290.4%
2029	3,999,578	13,297,938	332.5%
2030	3,696,730	14,028,302	379.5%
2031	3,397,849	14,651,115	431.2%
2032	3,108,171	15,162,921	487.8%
2033	2,827,796	15,546,309	549.8%
2034	2,557,194	15,784,633	617.3%
2035	2,299,141	15,860,689	689.9%
2036	2,053,708	15,759,442	767.4%
2037	1,822,149	15,505,392	850.9%
2038	1,606,460	15,105,478	940.3%
2039	1,407,270	14,565,422	1035.0%
2040	1,223,966	13,888,777	1134.7%
2041	1,057,712	13,087,931	1237.4%
2042	908,074	12,218,373	1345.5%
2043	775,215	11,311,275	1459.1%
2044	657,973	10,385,177	1578.4%
2045	555,337	9,458,623	1703.2%
2046	466,605	8,564,335	1835.5%
2047	390,087	7,727,113	1980.9%
2048	325,224	6,954,131	2138.3%
2049	270,393	6,245,759	2309.9%
2050	224,359	5,606,384	2498.8%
2051	186,006	5,041,015	2710.1%
2052	154,133	4,546,738	2949.9%
2053	127,729	4,110,575	3218.2%
2054	105,905	3,715,999	3508.8%
2055	87,891	3,352,683	3814.6%
2056	73,013	3,021,504	4138.3%
2057	60,702	2,723,983	4487.5%
2058	50,494	2,454,463	4860.9%
2059	42,009	2,206,173	5251.7%
2060	34,935	1,977,666	5661.0%
2061	29,020	1,767,306	6089.9%
2062	24,061	1,571,039	6529.4%
2063	19,897	1,387,274	6972.3%
2064	16,398	1,213,758	7401.9%
2065	13,457	1,052,704	7822.9%
2066	10,985	907,355	8260.2%
2067	8,911	775,196	8699.8%
2068	7,176	653,898	9111.8%
2069	5,735	540,509	9425.4%
2070	4,543	437,999	9641.1%
2071	3,565	351,337	9856.3%
2072	2,768	280,203	10123.0%
2073	2,126	222,130	10447.4%
2074	1,616	174,471	10798.5%
2075	1,215	135,353	11141.5%
2076	904	103,668	11462.2%
2077	667	78,314	11735.7%

Loss Ratio Summary at 4.3%

Historical	148,757,371	34,822,538	23.4%
Projected	65,599,657	200,134,660	305.1%
Lifetime	214,357,028	234,957,198	109.6%



Great American Life Insurance Company

Long Term Care Policy Form 2LTCIP0001

Riders 2LTCIE0011, 2LTCIE0012, 2LTCIE0019, 2LTCIE0020,
2LTCIE0021, 2LTCIE0026, 2LTCIE0029, 2LTCIE0010,
1LTCIE0013, 1LTCIE0014, 1LTCIE0015, 2LTCIE0037,
2LTCIE0038, and 2LTCIE0039

Actuarial Memorandum

I. PLAN DESCRIPTION

This policy is an individual, guaranteed renewable form providing benefits for long term care. The policy is intended to be tax-qualified. Several options are available, including inflation and non-forfeiture options.

A. Benefits

This policy is a comprehensive Long-Term Care policy covering nursing home care and home health care.

The elimination period can be chosen as 0, 20, 60, 90 or 180 calendar days. The benefit period is administered on a “pool of money” basis, where the pool of money is calculated as the nursing home daily maximum times 365 times 2, 3, 4, 5, 6, or unlimited. The nursing home daily maximum is available in multiples of \$10 (minimum of \$50). Home health care is covered, with daily maximum options of 50%, 75%, 100%, 125% or 150% of the nursing home daily maximum. Actual expenses are reimbursed, up to the daily maximum.

Benefits are payable when the insured becomes disabled in two out of six Activities of Daily Living (ADLs) for 90 days, or when he becomes cognitively impaired. The six ADL’s are: bathing, dressing, continence, eating, toileting and transferring. In order to be considered impaired in an ADL, a person must need substantial human assistance or supervision.

The insured can be provided with the services of a Care Advisor, who evaluates the insured’s functional abilities, prepares a Plan of Care, and coordinates the care to be received. If the insured has a Plan of Care prepared by a Licensed Health Practitioner other than the company’s Care Advisor, he must do so at his expense. The company must agree to the Plan of Care.

An insured who qualifies for benefits will be eligible to receive all long term care services that are included in the Plan of Care and covered under the policy. This could include nursing home care or assisted living facility care. A 21-day per year bed reservation benefit could be included in the Plan of Care under the base policy. The Plan of Care could also could include home health care, adult day



care, up to 30 days per year of respite care, or up to 5 times the daily maximum in informal caregiver training (one time only). Other alternate services could be included, if agreed to by all parties. Also, upon approval of the Care Advisor, the policy will cover home health care services provided by a independent caregiver who is properly certified, does not live with the insured, is not a member of the insured's immediate family, and would normally charge for the care.

In the first 30 calendar days after the elimination period is satisfied, the home care daily maximums are doubled.

After covered care has been provided for 90 days, premiums on the policy are waived for the remainder of the claim period.

Policy form 2LTCIP0001 also provides for a home medical technology benefit, paying a monthly amount equal to the home care daily maximum for rental or lease of medical monitoring, diagnostic, or medication compliance equipment that is recommended by the Care Advisor.

If the insured does not elect rider 2LTCIE0010, then a contingent non-forfeiture benefit will automatically apply. This benefit will provide that, should the insured ever receive a substantial rate increase on his policy, he will be given the option of reducing his benefits or converting his coverage to paid-up status, with a shortened benefit period defined the same as on rider 2LTCIE0010 (except that the 3-year waiting period does not apply).

All benefits are subject to the daily maximums, the total benefit allowance, and the elimination period (except that the latter does not apply to the respite benefit, the care advisory services, or the caregiver training benefit).

Several optional riders are available for these policies:

- Rider 2LTCIE0011 - Compound Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5%, compounded annually, on each policy anniversary.
- Rider 2LTCIE0012 - Simple Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5% of the original amounts, on each policy anniversary.
- Rider 2LTCIE0019 - Capped Compound Inflation Protection: Increases



the daily maximum and the remaining lifetime maximum by 5% compounded annually, on each policy anniversary, until the daily and lifetime maximums reach two times their original levels.

- Rider 2LTCIE0020 - Monthly Benefit Rider: Changes the daily maximum to a monthly maximum, where the monthly maximum is calculated as the daily maximum times 30.
- Rider 2LTCIE0021 - Restoration Rider: The pool of money is restored to its original level if the insured is claim-free and returns to normal activities for at least 6 months.
- Rider 2LTCIE0026 - Survivor Rider: The premiums for a surviving spouse are waived if death occurs after both spouses have had this coverage continuously in-force for 10 or more years.
- Rider 2LTCIE0029 - Return of Premium Rider: Returns a specified percentage of the cumulative premiums paid, less claims, to the insured's estate, if death occurs before age 75. The percentage of premiums returned is 100% for deaths occurring through age 65; the percentage then grades down by 10% per year, to 0% for ages 75+.
- Rider 2LTCIE0010 - Non-forfeiture Benefit: After 3 years in-force, an insured may lapse with a reduced lifetime benefit, but unreduced daily benefit in-force. The amount of the reduced lifetime benefit is the greater of the 30 times the Nursing Home daily maximum in-force on the date of lapse and the numerical sum of the premiums paid while the policy was in-force.
- Rider 1LTCIE0013 - Cost of Living Increase: Gives the insured the option of increasing benefits at scheduled intervals, with the increase amounts based on the change in the CPI. The incremental benefits will be subject to an additional premium, based on the insured's attained age.
- Rider 1LTCIE00014 - Dual Waiver of Premium: Waives the premium for a covered spouse when the other spouse's premium is waived due to claim.
- Rider 1LTCIE00015 - Shared Extended Expense: An additional pool of money, less than or equal to the original pool of money, can be purchased



by both spouses for them to share, should one (or both) of them reach his/her lifetime maximum.

- Rider 2LTCIE0037 - Single Pay Rider: Allows the policyholder to pay for coverage for his entire lifetime with one single premium payment.
- Rider 2LTCIE0038 - 10-Pay Rider: Allows the policyholder to pay for coverage for his entire lifetime over a 10-year period.
- Rider 2LTCIE0039 - Paid up at 65 Rider: Allows the policyholder to pay for coverage for his entire lifetime with premium payments that end at age 65.

B. Exclusions and Limitations

No benefit is payable for:

- care which is free of charge in the absence of insurance,
- care received outside the US or its possessions,
- care provided by a Veteran's Administration or Federal government facility (unless a legitimate charge is made),
- care covered by Medicare or any other government program (except Medicaid),
- care caused by engaging in a felony, riot or insurrection,
- care made necessary by a self-inflicted injury or attempted suicide, war or act of war, alcoholism or drug addiction, and
- care covered by Workers Compensation, Employer's Liability or Occupational Disease Law.



C. Issue Ages

Policies can be issued from ages 18 - 84. Rates have been developed for ages 85+, to be used only for age misstatement purposes. These rates will not be marketed.

D. Marketing and Underwriting

The policy will be marketed to individuals through direct agents and brokers. Applicants will be home-office underwritten, based on questions on the application and protective information, such as telephone interviews, face-to-face assessments, medical records, and cognitive screening.

II. ASSUMPTIONS

A. Claim Costs

Milliman USA claim costs for long term care were utilized, based on the 2002 *Milliman Long Term Care Claim Cost Guidelines*. The basis for these guidelines is governmental studies, experience of clients, and the expertise and judgment of Milliman USA actuaries.

Sample nationwide claim costs are shown below:

Illustrative Net Annual Claim Costs						
Attained Age	Elimination Period/Lifetime Max/Daily Max					
	90-day elim \$73,000 max \$100/day NH max \$50/day HHC max		60-day elim \$182,500 max \$100/day NH max \$100/day HHC max		0-day elim Unlimited max \$100/day NH max \$150/day HHC max	
	Male	Female	Male	Female	Male	Female
42	14.08	13.70	29.47	28.81	63.25	65.53
52	32.70	28.47	67.41	58.98	140.20	134.74
62	77.87	86.35	154.62	171.18	296.71	358.65
72	206.41	230.44	370.70	417.50	651.20	785.82
82	915.21	1,337.00	1,517.79	2,378.22	2,555.68	4,050.58



To these claim costs, durational select factors were applied to allow for the impact of underwriting, for the effect of marital status, and for the difference between actual charge levels and daily maximums (i.e., salvage).

Claim costs for the various available options were developed to be consistent with those of the policies.

Care Advisory expenses were added to the claim costs to reflect the costs of the care advisory services. These care advisory costs were assumed to be 5% of claims.

B. Lapse Rates

The following annual lapse rates (excluding mortality) were assumed:

Duration	Ages <60	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
1	5%	6%	6%	7%	9%	10%
2	4	4	4	4	5	5
3	3	3	3	3	3	3
4+	2	2	2	2	2	2

Lapse rates for the limited pay plans were assumed to be half of the above during the premium-paying period and were assumed to be 0% once the policy was paid up.

For non-institutional lives, mortality was assumed to be equal to the 1983 Group Annuitant Mortality Table, with selection factors applied (grading from .2 in duration 1 to 1.0 for durations 10+). For institutional lives, mortality was assumed to be equal to four times the 1979-81 US Life Mortality Table.



C. Expenses

For the lifetime payment policies, the following expenses were assumed:

Type of Expense	Cost	Unit
Underwriting/Protective Info	Varies by Age: Under 60 = \$85 60-71 = \$165 72+ = \$325	Per Policy Submitted*
Administrative (third party administrator)	7% 3%	Of First Year Premium**, plus Of Renewal Premium**
Corporate Overhead/Sales Expenses	12% 2%	Of First Year Premium, plus Of Renewal Premium
Claims Payment	5%	Of Claims Paid
Premium Taxes	2%	Of Premium

* The following medical reject/not taken rates were assumed for the policy as a whole:

Ages < 50:	15%
Ages 50-54:	18%
Ages 55-59:	25%
Ages 60-64:	27%
Ages 65-69:	32%
Ages 70-74:	37%
Ages 75-79:	47%
Ages 80+:	57%

Average reject/not-taken rate = 29%, based on sales distribution by age

Thus, underwriting costs would be divided by (1 • medical reject/not-taken rate) to obtain the cost per policy issued.

** Calculated on annual premium, excluding modal loads



For limited pay policies, the following expense factors are used:

Type of Expense	Cost	Unit
Underwriting/Protective Info	Varies by Age: Under 60 = \$85 60-71 = \$165 72+ = \$325	Per Policy Submitted, with medical rejects/not takens as shown above
Administrative (third party administrator)	\$140 * \$60 \$45	Per Policy Issued & Taken plus Per Policy in Renewal Premium Paying Years Plus Per Policy in Paid-Up Years
Corporate Overhead/Sales Expenses	\$317** \$53	Per Policy Issued & Taken plus Per Policy in Renewal Years
Claims Payment	5%	Of Claims Paid
Premium Taxes	2%	Of Premium

* About \$99 per policy submitted

** About \$225 per policy submitted



D. Commissions/Marketing Expenses

Commissions were assumed to be paid on original premium and not on waived premiums. The following percentages were assumed:

Policy Year	Commissions, by Issue Age						
	<55	55-59	60-64	65-69	70-74	75-79	80-84
1	95%	90%	85%	80%	75%	65%	60%
2-10	16.6%	16.6%	16.6%	16.6%	16.6%	16.6%	16.6%
11+	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%

In addition to the above commissions, an average first year production bonus of 5% was assumed, and an average marketing override of .37% of premium (all durations) was assumed.

Sales made to affinity groups can receive premium discounts of either 10% or 15%. If such a discount is received, the above commission percentages are applied to only 75% or 60%, respectively, of the premium.

For the limited pay options, the following commissions were assumed:

10-pay option: Full first year commissions (from above) would be paid on full first year premium. For renewal years, the commission level would be based only on the original annual premium (i.e., no commission is paid on the extra 10-pay factor portion of the premium).

Single-pay: A 10% commission is paid on the single premium.

Paid-up-at-65: Commissions would be paid in the same way as for the 10-pay option, except that for ages 55-59, the first year commission is reduced to 70%, and for ages 60-64, the first year commission is reduced to 35%.

In addition, limited pay policies that include inflation protection will pay the exact same dollar amount of commissions as limited pay policies that do not include inflation protection. (i.e., no commissions are paid on the inflation rider when limited payment is selected.)



E. Distributions

The following issue age distribution of insureds was assumed:

Issue Age	Distribution
42	3.05%
47	5.05
52	7.06
57	23.34
62	21.44
67	18.42
72	14.23
77	5.16
82	2.25

The following sex distribution was assumed:

Issue Age	% Male	% Female
42	44.3%	55.7%
47	44.0	56.0
52	43.5	56.5
57	42.8	57.2
62	41.7	58.3
67	40.0	60.0
72	37.8	62.2
77	34.9	65.1
82	30.2	69.8



For profit analysis and composite loss ratio calculations, the following distributions by policy option were assumed. Premiums for other options were developed to yield consistent results.

Policy Type	% of Sales
NH + 150% HHC	30%
NH + 100% HHC	45
NH + 50% HHC	25

Elimination Period	% of Sales
0 days	20%
20 days	20
60 days	25
90 days	30
180 days	5

Benefit Period	% of Sales
2 years	10%
3 years	20
4 years	20
5 years	20
6 years	10
Lifetime	20



Inflation Options	% of Sales
COLI Only	28%
5% Compound for Life	31%
5% Compound with 200% Cap	15%
5% Simple for Life	26%

F. Average Annual Premium

Based upon the above stated distributions, the average annual premium at issue is expected to be \$2,513. This average premium assumes an average nursing home daily benefit of \$150 and assumes no additional optional benefits are added.

G. Additional Reserves

For pricing, we assumed that additional reserves would be established using a 1-year preliminary term method and a 5.5% discount rate. Pricing claim costs were used, with selection, along with 1983 GAM mortality and 80% of duration 1 – 4 pricing lapse rates and 100% of duration 5+ pricing lapse rates.



III. GROSS PREMIUMS

Gross premiums were computed to pay for benefits and expenses and to provide the desired overall return on equity. Investment income was assumed to accrue at the rate of 6.5% per year.

The resulting gross annual premiums for single insureds are attached. A 20% spouse discount will apply to both husband and wife when the policies are purchased at the same time, and both spouses are approved for coverage and pay for their policies. If applicable, the spouse discount will continue throughout the life of the insured.

Policyholders can be classified as preferred risks, standard risks, or substandard risks. Preferred risks are charged premiums equal to 87% of the premiums charged to standard risks, while substandard risks are charged rates that are 25% higher than standard rates.

Affinity groups could receive either a 10% or a 15% discount to premiums (subject to a reduction in agent commissions paid, as discussed in Section II.D above).

For other than annual mode, the following factors will be applied:

Monthly pre-authorized check:	.09 times annual
Semiannual:	.525 times annual
Quarterly:	.2625 times annual

Factors are available which would convert the annual premiums into premiums that are paid up after 10 years, paid up at issue (i.e., single pay), or paid up at age 65.

Rates sheets are attached which show the annual premiums for a single insured for the 0-day elimination period option, for each of the different home health care coverage options, by benefit period. Factors are then shown which would convert these rates to annual premiums for other elimination periods, for adding other optional benefits, or for changing the payment parameters. The resulting annual premiums for the particular option selected will be rounded to the nearest dollar.



Great American Life Insurance Company
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IV. LOSS RATIO

The anticipated loss ratio, calculated by taking the present value of benefits, excluding change in additional reserves, divided by the present value of premiums at 5.5%, is expected to exceed 60%. In developing the anticipated loss ratio, the above assumptions and distributions were used. Factors for other options were developed to yield consistent lifetime loss ratio results.

I certify that, to the best of my knowledge and judgment, this entire rate filing is in compliance with applicable laws and that it complies with Actuarial Standard of Practice #8, and that the benefits are reasonable in relation to the premiums.

Dawn E. Helwig, F.S.A., M.A.A.A.
Member, American Academy of Actuaries

August 15, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 7/15/2019 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

Objection 1:

1. *Please clarify whether the original lifetime loss ratio of 69.0% reflects the actual mix of business sold. If it does not, please state the original lifetime loss ratio, adjusted to reflect the actual mix of business sold.*

The stated original lifetime loss ratio of 69.0% reflects the assumed mix of business sold. The original lifetime loss ratio adjusted to reflect the actual mix of business sold is 66.8%. Both lifetime loss ratios assumed here are calculated at the pricing interest rate of 5.5%.

2. *According to Appendix D, the experience projections assume future mortality improvement. Please state the assumed level of future mortality improvement and explain the source(s) used to support the assumption.*

The termination study described Appendix D did assume mortality improvement based on Scale G2. The mortality improvement scale is centered in 2012, consistent with the date of the experience underlying the IAM 2012 Basic table, and projected both forward and backward in time during the study period from that point.

Please note, the experience projections do not include an assumption for future mortality improvement. As described in section 10.B of the Actuarial Memorandum, the best estimate future mortality assumption is 100% of the IAM 2012 Basic table, with mortality steepening factors, selection factors, and other attained age adjustments. For rate increase purposes, the exclusion of the mortality improvement assumption generates a lower rate increase need.

3. *According to Appendix D, no future morbidity improvement is assumed. Please provide additional justification and reasoning for this assumption.*

The Company has taken the position that it will not include morbidity improvement at this time since there is not a strong credible source that suggests it should be included. Please note, this is consistent with the assumptions used in the Company's year-end 2018 Asset Adequacy Analysis.

4. *Please state the level of shock lapses assumed to occur as a result of the requested rate increase. Please provide quantitative support for the assumption used.*

As stated in section 10.c of the Actuarial Memorandum, the NFO conversion rate is calculated as 19% of the requested rate increase and capped at 19%. Given the requested increase of 150%, the assumed NFO conversion rate is 19%.

The shock lapse assumption is based on the Company's most recent experience study and actuarial judgement. The table below demonstrates the company-wide number of lives impacted by a rate

increase, the NFO conversion rate, the average annual rate increase, and rate increase NFO factor from 2009 to 2017. The rate increase NFO factor is calculated as the ratio of the policies' NFO election rate to the average annual rate increase, which expresses the rate at which policies elect NFO status in relation to their rate increase amount.

Year	Rate Increase Lives	Actual NFO Election Rate	Average Annual Rate Increase	Rate Increase NFO Factor
2009	6,406	5.6%	30.9%	18.1%
2010	4,621	4.8%	24.7%	19.4%
2011	8,337	4.4%	21.6%	20.5%
2012	7,218	3.2%	19.2%	16.4%
2013	5,211	3.0%	19.2%	15.8%
2014	18,167	3.5%	18.9%	18.6%
2015	11,144	5.8%	21.5%	26.9%
2016	21,778	7.7%	32.8%	23.4%
2017	7,074	11.1%	45.0%	24.7%
Total	99,957	5.6%	26.0%	21.4%

While the current analysis could support a higher rate, that rate is supported mostly by very recent experience. The Company understands this rate is higher than what is typically seen in the industry, and may not be expected to continue indefinitely. Actuarial judgement was used to cap the impact of the shock lapse assumption, as credible data was not available to Company to determine the impact of shock lapse at higher rate increase amounts.

5. *Please state the level of benefit buydowns assumed to occur as a result of the requested rate increase. Please provide quantitative support for the assumption used.*

The Company did not assume benefit reductions as a result of the requested rate increase. This assumption is consistent with the Company's year-end 2018 Asset Adequacy Analysis.

6. *The following questions are related to the experience projections submitted with the objection responses dated June 28, 2019:*
- a. *Please provide an additional experience projection similar to Exhibit 7 but without the requested rate increase.*

The requested cash flows were provided in Exhibit 4 submitted with the initial filing.

- b. *Please confirm Exhibit 10 excludes paid-up policyholders. If not, please revise Exhibit 10 to remove paid-up policyholders from the experience projection.*

Exhibit 10 includes only policyholders in premium-paying status.

7. *Please demonstrate quantitatively that the proposed rate increase is consistent with the rate increase produced under the modified prospective present value approach.*

Please see the table below which details the cash flows utilized in our calculation.

	Original Assumptions	Current Assumptions
Present Value of Projected Original-Level Premium	44,253,365	58,433,047
Present Value of Projected Incurred Claims	123,234,027	187,587,721

Then, as detailed in section 3 of the Actuarial Memorandum, the cumulative rate increase indicated by the modified prospective present value formula is calculated as:

$$\begin{aligned}
& \text{Cumulative rate increase \%} = \\
& = \frac{\Delta PV(\text{future incurred claims}) - (.58)\Delta PV(\text{future earned premiums})}{(.85)PV_{\text{current}}(\text{future earned premiums})} \\
& = \frac{(187,587,721 * 1.1 - 123,324,027) - (.58)(58,433,047 - 44,253,365)}{(.85)(58,433,047)} \\
& = 150.7\%
\end{aligned}$$

Where ΔPV indicates the change in present value due to the change in actuarial assumptions between original assumptions and current moderately adverse assumptions. Moderately adverse assumptions are defined as best estimate assumptions plus a 10% load to future incurred claims.

The requested rate increase is equal to the cumulative rate increase indicated by the modified prospective present value formula as the Bureau has not previously approved any increase on this form.

8. *Please provide the maximum statutory valuation interest rate by policy issue year.*

Please see the table below which demonstrates the maximum statutory valuation interest rate by policy issue year for the issue date range provided in Appendix A.

Policy Issue Year	Maximum Statutory Valuation Interest Rate
2003	4.50%
2004	4.50%
2005	4.50%
2006	4.00%
2007	4.00%
2008	4.00%
2009	4.00%

9. *Please clarify whether the nationwide active life reserves of \$141.1 million were calculated using the average maximum valuation interest rate. If not, please state the nationwide active life reserves as of October 31, 2018, calculated at the average maximum valuation interest rate. Additionally, please clarify whether the nationwide active life reserves were limited to premium paying policies or include all policies for the policy form associated with this filing.*

The Nationwide active life reserves of \$141.1 million were calculated at the seriatim level with the reserve for each policyholder calculated based on the policyholder's issue year with discount rates given above. The active life reserves were not limited to premium-paying policies, and instead include all policies for the form associated with this filing.

10. *The actuarial certification states, "The filing will enhance premium adequacy but may not be sufficient to prevent future rate action." Assuming the proposed rate increase is approved, please state the expectations with regard to the potential timing and magnitude of any future rate increases.*

If the justified rate increase of 150% is implemented, and the underlying assumptions are realized, no further premium rate schedule increases will be anticipated.

11. *Please provide a breakdown of the rate increase components showing the portion of the rate increase each component contributes to the requested rate increase of 150%.*

The rate increase justified by the modified prospective present value approach utilizing both original morbidity assumptions as well as original persistency assumptions is 150%. This increase is entirely attributable changes in persistency assumptions.

12. Please provide the full credibility standard used to determine the credibility of the Virginia and nationwide experience.

Partial credibility is demonstrated using a credibility standard of a 90.0% confidence interval for the number of claims with an error of plus or minus 5.0%. Based on these parameters, 1,082 claims is the criterion for full credibility. The credibility percentages shown in the following table are determined as:

$$\sqrt{\frac{\# \text{ of Claims}}{1,082}} = X.X\%$$

Experience Set	Claim Count	Credibility
Nationwide	412	61.7%
Virginia	12	10.5%

The rate increase is based on Nationwide experience which, while not fully credible itself, was projected using assumptions that were developed based on fully credible experience. As described in Section 10.A of the Actuarial memorandum, the basis for the morbidity assumption used to project experience is the Milliman 2017 Long-Term Care Guidelines.

In light of this information, please consider our rate increase request on the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

September 19, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 9/05/2019 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *The response to objection 7 from the objection responses dated August 15, 2019, shows the present value of projected incurred claim using the current assumptions to be \$187.6 million. However, Exhibit 3 submitted with the actuarial memorandum shows projected incurred claims to be \$226.9 million. Please explain the discrepancy.*

The \$226.9 million shows in Exhibit 3 is the projected incurred claims for all policyholders, after the proposed rate increase. This accounts for the resulting shock lapse from the rate increase. The \$187.6 million represents the total projected incurred claims of premium paying policyholders only, after the shock lapse resulting from the cumulative rate increase need using the PPV method since original assumptions. This amount is the amount that we base the calculation for the rate increase.

Projected Incurred Claims	Lives	Proposed RI?	Comment
\$226.9 m	All lives	Yes	Exhibit 3
\$257.5 m	All lives	No	Exhibit 3
\$226.0 m	Premium Paying	No	Exhibit 4
\$187.6 m	Premium Paying	No	Includes shock lapse of rate increase
\$195.5 m	Premium Paying	Yes	Exhibit 4

- a. *Additionally, please clarify whether margin for adverse deviation was included in the original pricing of this policy form. If so, please revise the present value of projected incurred claims using the original assumptions to reflect the margin included in the original pricing of this policy form.*

The cashflows provided using original assumptions are assumed to represent original pricing best estimate assumptions. The certification provided in the original pricing memorandum stated "initial premium rates are sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedules are reasonably expected to be sustainable over the life of the forms with no future premium increases anticipated".

The Company was willing to operate within the range of experience between best estimate assumptions and moderately adverse assumptions, waiting until beyond moderately adverse

deviation occurred to obtain a rate increase. However, upon surpassing moderately adverse conditions, the Company would request a rate increase to reestablish the original intended margins. As such, the rate increase request used original assumptions that do not reflect the margin.

If the rate increase formula was adjusted to include a 10% adverse margin on original assumptions, the resulting rate increase is shown with the current request in the table below.

Form	Current Request	Including Margin
2LTCIP0001 (VA)	150%	126%

- Please clarify whether the nationwide active life reserves of \$141.1 million represent the natural reserves for these policies (i.e., calculated using the assumptions associated with this filing for lapse, mortality, etc., and cash flows discounted using the maximum statutory valuation interest rate at the time the policies were issued). If not, please provide the natural reserves for these policies as of October 31, 2018.*

Could the Bureau provide addition details in order for our valuation team to provide the correct data. Is the Bureau asking for a gross premium valuation reserve? If so, what level of granularity would be needed?

In light of this information, please consider our rate increase request on the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

November 7, 2019

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 10/08/2019 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

- 1. Please revise the cash flow summary provided in response to objection 7 from the objection responses dated August 15, 2019, so that both the original assumptions and the current assumptions include margin for moderately adverse experience. Please state the level of margin included under each set of assumptions. Please do not include the impact of shock lapses, benefit buydowns, or adverse selection as a result of the rate increase.*

Please see the table below for original and current assumptions, including a 10% margin for moderately adverse experience. Additionally, the values do not include a shock lapse assumption.

	Original Assumptions	Current Assumptions
Present Value of Projected Original-Level Premium	44,253,365	69,543,280
Present Value of Projected Incurred Claims	135,557,430	250,190,444

- 2. Please revise the cash flow summary provided in response to objection 7 from the objection responses dated August 15, 2019, so that both the original assumptions and the current assumptions do not include margin for moderately adverse experience. Please do not include the impact of shock lapses, benefit buydowns, or adverse selection as a result of the rate increase.*

Please see the table below for original and current assumptions. Additionally, the values do not include a shock lapse assumption.

	Original Assumptions	Current Assumptions
Present Value of Projected Original-Level Premium	44,253,365	69,543,280
Present Value of Projected Incurred Claims	123,234,027	227,445,859

- 3. Please provide the nationwide gross premium valuation reserves for these policies as of October 31, 2018.*

The gross premium valuation reserves for these policies as of October 31, 2018 is \$186,351,934.

In light of this information, please consider our rate increase request on the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

December 19, 2019

Bureau of Insurance
 State Corporation Commission
 PO Box 1157
 Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 11/21/2019 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *Please explain why the present value of projected incurred claims, using the current assumptions as stated in response to objection 2, from the objection responses dated November 7, 2019, does not tie to any of the experience projections submitted with this filing.*

The \$187.6 million represents the total projected incurred claims of premium paying policyholders only, after the shock lapse resulting from the cumulative rate increase need using the PPV method since original assumptions. This amount is the amount that we base the calculation for the rate increase. Please see the table below, which was submitted with the objection dated September 5, 2019, explaining the premium basis and features of the incurred claims discussed throughout the filing.

Projected Incurred Claims	Lives	Proposed RI Included?	Comment
\$226.9 m	All lives	Yes	Exhibit 3
\$257.5 m	All lives	No	Exhibit 3
\$226.0 m	Premium Paying	No	Exhibit 4
\$187.6 m	Premium Paying	No	Includes shock lapse of rate increase
\$195.5 m	Premium Paying	Yes	Exhibit 4

2. *According to the response to objection 3 from the objection responses dated November 7, 2019, the Company is holding a gross premium valuation reserve of \$186.4 million for policy form 2LTCIP0001. However, when calculating the future loss ratio as the present value of future incurred claims minus the gross premium valuation reserve, divided by the present value of future earned premium using Exhibit 3 from the initial submission of this filing, the resulting loss ratio is unreasonably low (i.e., 31.3%) relative to the originally filed loss ratio adjusted to reflect the actual mix of business sold (i.e., 66.8%). This suggests the Company has prefunded most of the future claim liability, and that the proposed rate increase may not be necessary.*
 - a. *Please explain why the level of active life reserves are appropriate for this policy form, given the future loss ratio calculation described above yields an unreasonably low future loss ratio.*

- b. *Please describe any actions that have been taken to strengthen reserves since the assumptions underlying this filing were developed, if any, that may be reflected in the reserve estimate provided by the Company.*

Regarding part (a), the gross premium valuation reserve of \$186.4 million for policy form 2LTCIP0001 is representative of a form specific allocation of a gross premium valuation reserve that is calculated for the entire company and is currently held in the aggregate as additional actuarial reserves resulting from asset adequacy analysis. While holding the additional actuarial reserves are statutorily required the recognition of the additional reserve needed does not impact the rate increase that may be actuarially justified under the modified prospective present value rate increase approach that has been recommended to the NAIC Long-Term Care Insurance (EX) Task Force

Regarding part (b), the assumptions underlying this filing were utilized to determine the additional actuarial reserves held by the company in the 12/31/2018 annual statement, but have not been reflected in the additional contract reserve assumptions. In the aggregate the allocation of additional actuarial reserves to the policy forms in combination with the additional contract reserves and the reserve for the present value of amounts not yet due have been deemed to be sufficient for the policy forms.

In light of this information, please consider our rate increase request on the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Thomas E. Pyle, ASA, MAAA

Senior Vice President, Chief Actuary and Appointed Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

January 20, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 01/06/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

- 1. The response to objection 1 from the objection responses dated December 19, 2019, shows projected future incurred claims of \$226.0 million when limiting the projected experience to premium paying policyholders and assuming no shock lapses. The response to objection 2 from the objection responses dated November 7, 2019, shows projected future incurred claims of \$227.4 million using the current assumptions and assuming no shock lapses. Please explain why the projected incurred claim amounts do not match. If necessary, please revise any experience projections to reflect the appropriate information.*

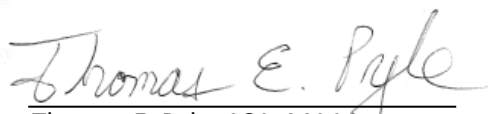
The \$226.0 million referred to in the response dated December 19, 2019 is representative of the projected incurred claims for premium paying lives without shock lapse and survivorship claims adjusted to the state rate level. This in contrast to the \$227.4 million referred to in the response dated November 7, 2019 is representative of the projected incurred claims for premium paying lives without shock lapse and survivorship claims unadjusted.

- 2. We interpret the response to objection 2 from the objection responses dated December 19, 2019, to state that the gross premium valuation reserve was based on an allocation of the overall gross premium valuation reserve held by the Company and includes additional actuarial reserves resulting from asset adequacy testing. Please state what the gross premium valuation reserves would be if they were calculated solely for the policy form associated with this filing (i.e., not based on an allocation of the overall gross premium valuation reserve held by the Company) and did not include any additional actuarial reserves resulting from asset adequacy testing.*

Please allow us to clarify our previous response which has led to an inaccurate understanding of the reserves provided. The \$186.4 million is the present value of benefits plus the present value of expenses less the present value of premiums for the 2LTCIP0001 business in isolation (i.e., with no interaction with any other policy forms). Note that this amount does not include a reduction for the statutory formula reserves that are currently being held for this business, the \$186.4 million is just the present value of pre-tax liability cash flows.

In light of this information, please consider our rate increase request on the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Thomas E. Pyle". The signature is written in black ink and is positioned above a horizontal line.

Thomas E. Pyle, ASA, MAAA
Senior Vice President and Chief Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

March 5, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 02/06/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *Please provide a "Statement of Variability" for each form listed in SERFF under the Form Schedule tab. Follow the "Variability Guidance Document" attached and the provisions of 14VAC5-101-80.*

A "Statement of Variability" has been provided under each for listed under the Form Schedule tab.

2. *Please clarify if there are any partnership policies issued in Virginia. If yes, the policyholder notification letter ("PNL"), CGI(GFB)-RINC(VA)(0818), must contain a disclosure pursuant to 14VAC5-200-75 D.2.c.*

There are no partnership policies in Virginia.

3. *Page 1, 1st sentence of the PNL provides variable language pertaining to Great American Life Insurance Company. Please explain why the letter references this insurance company, when the rate increase filing is filed under the Continental General Insurance Company NAIC number. Any reference to another insurance company should be removed from the letter.*

Please see the updated policyholder notification letter, where the only references to Great American Life Insurance Company is on the footer of the cover page, the benefit reduction quote page, and the CNFO page.

4. *Page 1, 1st paragraph, provide a clear identification of the driving factors for the premium rate increase. "However, the total claims experience for this policy form is in excess of expected levels." does not describe the driving factors and does not comply with 14VAC5-200-75D.2.*

This has been addressed in the new version of the letter.

5. *Page 1, 2nd paragraph, the word "commission" should be replaced with "State Corporation Commission" to comply with 14VAC5-200-75 D. 4.*

This has been addressed in the new version of the letter.

6. *In reference to Page 1, 3rd paragraph, a statement regarding available options in case of a future rate increase to comply with 14VAC5-200-75A.2.*

This has been addressed in the new version of the letter.

7. *Include a statement that the policyholder has a right to a revised premium rate schedule if the premium rate is changed to comply with 14VAC5-200-75 A.4.b.*

This has been addressed in the new version of the letter.

8. *Pursuant to 14VAC5-200-75 D. 2. b. the policyholder letter must include a disclosure (said disclosure should be emphasized) stating that all options available to the policyholder may not be of equal value.*

This has been addressed in the new version of the letter.

9. *Please confirm that the Continental General Insurance Company and address in the top left corner of each page is at least 10-point font.*

This has been addressed in the new version of the letter.

10. *Provide a certificate of compliance pursuant to 14VAC5-101-70.*

Please see the updated **GALIC Certification of Compliance – VA (2LTC)**.

11. *Please provide an explanation for the inclusion of the administration for Great American Life Insurance Company and Loyal American Life Insurance Company in the lower right-hand corner (footer) of the policyholder notification letter. The rate increase is filed under Continental General Insurance Company and is not filed under either of the other insurance companies referenced. Please remove this from the policyholder notification letter to avoid confusion to the policyholder over who their insurance carrier for their coverage is.*

Please see the updated policyholder notification letter, where the only references to Great American Life Insurance Company is on the footer of the cover page, the benefit reduction quote page, and the CNFO page.

12. *Please provide an explanation for how much notice (i.e. the number of days) the company provides the policyholder once they come off claim to elect an option in response to the premium increase notification.*

Policyholders are not restricted to a timeframe for benefit reduction options. The options communicated in the policyholder notification letter are available at any time.

13. *To avoid confusion and to be consistent with 14VAC5-200-185 D. 3. and D. 4. please explain why the company does not call this option the "Contingent Benefit Upon Lapse". The BOI is concerned that a policyholder with a Nonforfeiture Benefit rider will confuse the rider coverage with the Contingent Nonforfeiture Benefit Option coverage.*

The Company chose to call the option "Contingent Nonforfeiture Benefit" because there are differences from the "Contingent Benefit Upon Lapse" option outlined in 14VAC5-200-185 D. 3. and D. 4. While the amount of the benefit pool available to the insured is calculated on the same basis as the regulations, there are differences in who is eligible to receive this benefit.

Regulations require that the Contingent Benefit Upon Lapse be offered to policyholders who have triggered a Substantial Premium Increase. However, the Company had made the decision to offer this benefit to all policyholders receiving the current rate increase, regardless of the percent increase over initial premium. To distinguish between this variation, the Company felt it was necessary to provide a unique option name.

14. *The certification refers to form number 2LTCIP0001 (VA) which has already been approved and is not listed under SERFF's Form Schedule tab. Please clarify and revise this certification to confirm that the company intends to certify form CGI(GAL) - RINC(VA)(0818) instead.*

Please see the updated **GALIC Certification of Compliance – VA (2LTC)** containing the form CGI(GAL) – RINC(VA)(0818).

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

May 14, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 04/17/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *Please explain if the [Template ID] appears on the 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.

2. *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. We were unable to locate this in the 3/05/2020 objection response.*

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?

3. *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 future premium rate revision. Please add a statement to the policyholder letter addressing this. Our concern would be resolved if the Company added language similar to: "In the event of a future rate increase, similar options to those outlined under "What options you have:" will be offered to those policyholders eligible."*

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.

4. *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."*

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.

5. *Pursuant to 14VAC5-101-70 F. please provide a certification of readability. The certification should list all applicable form numbers, signed by an officer of the Company and dated. This document should be placed under the Supporting Documentation tab.*

Please see the attached **VA Readability Compliance Certification_GALIC 2LTCIP No Limited Pay** and **VA Readability Compliance Certification_GALIC 2LTCIP_Limited Pay**.

6. *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 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.

7. *There are several bracketed items on pages 5 and 6, which contains the Benefit Reduction Form, that are not explained on the SOV. Please check and ensure that all bracketed items are explained. For example:*
 - a. *Page 5 [Rate Increase Effective Date + 120 Days] is missing.*
 - b. *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.*
 - c. *Page 6 there are a number of Benefit Reduction Options that are listed as variable as well 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.*

The referenced fields do not appear on page 5. The variable fields on the quote page have been updated on the SOV.

8. *Benefit Reduction Form (Page 6) and Statement of Variability for Benefit Reduction Form*

Since this rate revision is only for Continental General Insurance Company, the BOI cannot allow variability to include Great American Life Insurance Company or United Teacher Associates (UTA). Please remove any reference to an insurance company other than Continental General Insurance Company from the Statement of Variability.

These policies were originally issued by Great American Life Insurance Company. The majority of these policies were novated from Great American Life Insurance Company into United Teacher Associates, which later merged into Continental General Insurance Company. Some Virginia policies did not accept this novation from Great American Life Insurance Company into United Teacher Associates. Continental General Insurance Company is the administrator for these policies, but they still have Great American Life Insurance Company as the company name above the signature lines since they rejected the novation. The letters for policies that accepted the novation only reference Continental General Insurance Company in the section above the signature line.

9. *Contingent Nonforfeiture Benefit Forms and Statement of Variability for both forms.*

Since this rate revision is only for Continental General Insurance Company, the BOI cannot allow variability to include Great American Life Insurance Company or United Teacher Associates (UTA). Please remove any reference to an insurance company other than Continental General Insurance Company from the Statement of Variability.

These policies were originally issued by Great American Life Insurance Company. The majority of these policies were novated from Great American Life Insurance Company into United Teacher Associates, which later merged into Continental General Insurance Company. Some Virginia policies did not accept this novation from Great American Life Insurance Company into United Teacher Associates. Continental General Insurance Company is the administrator for these policies, but they still have Great American Life Insurance Company as the company name above the signature lines since they rejected the novation. The letters for policies that accepted the novation only reference Continental General Insurance Company in the section above the signature line.

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



P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Insurer: Continental General Insurance Company
P. O. Box 203098, Austin, Texas 78720-3098
NAIC #71404

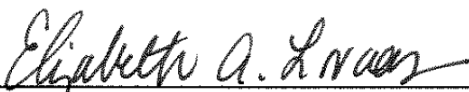
To Go With Long-Term Care Insurance Policy Forms: 2LTCIP0001 (VA) (No Limited Pay)

Form #	Title of Form and Description
CGI(GAL)-RINC(VA)(0320)	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(GAL)-RINC(VA)(0320)-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.
CGI(GAL)-RINC(VA)(0320)-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 54.4. It contains:

210 Sentences 1789 Words 3034 Syllables 12 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.



Signature of Officer

Elizabeth A. Lovaas

Printed Name of Officer

Secretary

Title

May 14, 2020

Date

Long-term care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®



P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Insurer: Continental General Insurance Company
P. O. Box 203098, Austin, Texas 78720-3098
NAIC #71404

To Go With Long-Term Care Insurance Policy Forms: 2LTCIP0001 (VA) (Limited Pay)

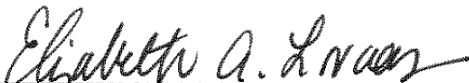
Form #	Title of Form and Description
CGI(GAL)-RINC(VA)(0320)LP	Rate Increase Notification This is the first 4 pages of the rate increase notification letter. It includes the cover page containing the rate increase overview and the Frequently Asked Questions. This form only applies to limited pay policies. It has different wording due to the different CNFO option available to Limited Pay policies.
CGI(GAL)-RINC(VA)(0320)-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.
CGI(GAL)-RINC(VA)(0320)-CNFOLP	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 54.2. It contains:

221 Sentences 1922 Words 3259 Syllables 12 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.



Signature of Officer

Elizabeth A. Lovaas

Printed Name of Officer

Secretary

Title

May 14, 2020

Date

Long-term care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®

July 15, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

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. *Please provide the number of Virginia policies that still retain Great American Life Insurance Company of the policy form 2LTCIP0001 (VA) as the named insurer.*

In the company's response to objection #8 in their response letter dated 5/14/2020, it states, "Some Virginia policies did not accept the novation from Great American Life Insurance Company into United Teachers Associates."

There are 121 Virginia policies that still retain Great American Life Insurance Company of the policy form 2LTCIP0001 (VA) as the named insurer.

2. *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 now 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."

3. *1) Please explain why page 4 of CGI(GAL)-RINC(VA)(0320) and CGI(GAL)-RINC(VA)(0320)LP is blank.*

2) Since the Benefit Reduction Form, CGI(GAL)-RINC(VA)(0320)-BR, Contingent Nonforfeiture Benefit Form CGI(GAL)-RINC(VA)(0320)-CNFO and CGI(GAL)-RINC(VA)(0320)-CNFOLP 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 may not contain a removable form.

3) Contingent Nonforfeiture Benefit Form CGI(GAL)-RINC(VA)(0320)-CNFO and CGI(GAL)-RINC(VA)(0320)-CNFOLP Form have the same Form Title. They should be different in order to avoid policyholder confusion.

- 1) This page is blank so that both pages of the benefit reduction form, CGI(GAL)-RINC(VA)(0320)-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) These forms will not both be sent to the policyholder, so the Company does not believe there is a chance of policyholder confusion regarding the form title. A policyholder will receive only one of the two forms dependent on the benefits on their policies. If the policyholder meets the limited pay criteria, they will receive CGI(GAL)-RINC(VA)(0320)-CNFOLP along with their notification letter. All other policyholders will instead receive CGI(GAL)-RINC(VA)(0320)-CNFO along with their notification letter.

4. *The Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)*

- 1) Enclosures, form CGI(GAL)-RINC(VA)(0320)-CNFOLP is not included in the statement of variability. Please explain why this is not included or provide clarification.*
- 2) Please advise if all items sent as an Enclosure are identified on the Statement of Variability. For example, a self-addressed return envelope.*

- 1) Please see the updated SOV's on the Supporting Documentation tab for the addition of Enclosures in **CGI(GAL)-RINC(VA)(0320)-CNFO** and **CGI(GAL)-RINC(VA)(0320)-CNFOLP**.
- 2) The self-addressed return envelope has been added to the SOV's for the CNFO forms. Only 1 return envelope is enclosed with each notification letter so it is not referenced on the other SOV's.

5. *Please include a John Doe letter for each policyholder letter and option. Please ensure that no bracketed items appear in the John Doe letters. This will help us follow the letter in the same format as received by an actual policyholder.*

Please see the attached John Doe letters for the limited pay letter and the non-limited pay letter (**RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 LP John Doe** and **RINC Letter - 1LTC, 2LTC, 4LTC VA 2020 John Doe**). These letters reflect the letter as it would be sent to the policyholder and therefore, they are not split into the separate forms.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Nahrup', is positioned above a solid horizontal line.

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

<p>Page 1, continued</p>	<p>[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code]</p> <p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p> <p>[1]</p>	<p>The address information used here will vary based on the policyholder's mailing address.</p> <p>This field will reflect the policyholder's policy number.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>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.</p> <p>The page number is bracketed due to potential variance.</p>
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<p>Page 2</p>	<p>[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 [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Enclosures]</p> <p>[1]</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder’s Benefit Reduction Form.</p> <p>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.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(GAL) – RINC(VA)(0320)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p> <p>Form CGI(GAL) – RINC(VA)(0320)-CNFO will be included in the mailings for all policyholders.</p> <p>The page number is bracketed due to potential variance.</p>
<p>Page 3</p>	<p>[Rate Increase Effective Date]</p>	<p>The date used here will vary based on the</p>

<p>Page 3, continued</p>	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]</p> <p>[866-830-0607]</p> <p>[3]</p>	<p>policyholder's premium payment dates.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This field is variable in the event of a future change.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>The page number is bracketed due to potential variance.</p>
<p>Page 4</p>	<p>[4]</p>	<p>The page number is bracketed due to potential variance.</p>

[\$XXX,XXX]

[\$XXX.XX]

[XX Days]

[Great American Life Insurance Company/Continental
General Insurance Company]

multiple benefit
reduction options
shown.

These fields will
reflect the original
and reduced
maximum lifetime
benefits for the
downgrade
maximum lifetime
benefit reduction
option.

These fields will
reflect the original
and reduced
maximum daily
benefits for the
downgrade
maximum daily
benefit reduction
option.

These fields will
reflect the original
and increased
elimination periods
for the increase
elimination period
benefit reduction
option.

For the small
subset of policies
that were not
novated to United
Teacher Associates
(UTA) this field will
be Great American
Life Insurance
Company. For all
other policies, this

	<p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[6]</p>	<p>field will be Continental General Insurance Company.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>The page number is bracketed due to potential variance.</p>
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Continental General Insurance Company

P.O. Box 203098
Austin, TX 78720-3098

GALRIPAVAMFI3BR4

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: AIXXXXXXXXXX

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 \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
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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.

Administration for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®
P.O. Box 203098 • Austin, TX 78720-3098
Toll Free: (866) 830-0607 • Fax: (888) 769-0737

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 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.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

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.

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 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

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: _____

Policy No.
AIXXXXXXXXX

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. 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.

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: _____

Policy No. A1XXXXXXXX

Policy Holder Name: John Doe

Continental General Insurance Company

P.O. Box 203098
Austin, TX 78720-3098

GFBRIVAMFI3BR4

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: AIXXXXXXXXXX

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 \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
--	--	--

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.

Administration for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®
P.O. Box 203098 • Austin, TX 78720-3098
Toll Free: (866) 830-0607 • Fax: (888) 769-0737

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 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 lowering your long-term care policy coverage. 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. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

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.

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 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Assisted Living Facility Daily Benefit	\$999.99
Reduced Assisted Living Facility Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

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: _____

Policy No.
AIXXXXXXXX

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 lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. 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.

This option 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.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

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. Option 2 will be provided unless you tell Us otherwise.

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: _____
Policy No. AIXXXXXXXXXX Policy Holder Name: John Doe

Date: _____

Statement of Variability
Continental General Insurance Company
CGI(GAL) – RINC(VA)(0320)-CNFO

The following items are indicated as variable items in form CGI(GAL) – RINC(VA)(0320)-CNFO. This form applies to limited pay policies with cumulative increases that do not trigger a substantial premium increase and lifetime pay policies.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Great American Life Insurance Company/Continental General Insurance Company]</p> <p>[Policy Number]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>For the small subset of policies that were not novated to United Teacher Associates (UTA) this field will be Great American Life Insurance Company. For all other policies, this field will be Continental General Insurance Company.</p> <p>This field will reflect the policyholder's policy number.</p>

<p>Page 7 ctd.</p>	<p>[Policy Holder Name]</p> <p>[7]</p>	<p>This field will reflect the policyholder's name.</p> <p>The page number will change to 5 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>
<p>Enclosure</p>	<p>Self-addressed return envelope</p>	<p>A self-addressed return envelope is enclosed with the letter.</p>

Statement of Variability
Continental General Insurance Company
CGI(GAL) – RINC(VA)(0320)-CNFOLP

The following items are indicated as variable items in form CGI(GAL) – RINC(VA)(0320)-CNFOLP. This form applies to limited pay policies with cumulative increases that trigger a substantial premium increase.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Great American Life Insurance Company/Continental General Insurance Company]</p> <p>[Policy Number]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>For the small subset of policies that were not novated to United Teacher Associates (UTA) this field will be Great American Life Insurance Company. For all other policies, this field will be Continental General Insurance Company.</p> <p>This field will reflect the policyholder's policy number.</p>

<p>Page 7 ctd.</p>	<p>[Policy Holder Name]</p> <p>[7], [8]</p>	<p>This field will reflect the policyholder's name.</p> <p>These page numbers will change to 5 and 6 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>
<p>Enclosure</p>	<p>Self-addressed return envelope</p>	<p>A self-addressed return envelope is enclosed with the letter.</p>

<p>Page 1, continued</p>	<p>[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code]</p> <p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p> <p>[1]</p>	<p>The address information used here will vary based on the policyholder's mailing address.</p> <p>This field will reflect the policyholder's policy number.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>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.</p> <p>The page number is bracketed due to potential variance.</p>
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<p>Page 2</p>	<p>[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 [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Enclosures]</p> <p>[1]</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder’s Benefit Reduction Form.</p> <p>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.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(GAL) – RINC(VA)(0320)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p> <p>Form CGI(GAL) – RINC(VA)(0320)-CNFOLP will be included in the mailings for all policyholders.</p> <p>The page number is bracketed due to potential variance.</p>
<p>Page 3</p>	<p>[Rate Increase Effective Date]</p>	<p>The date used here will vary based on the policyholder’s premium payment dates.</p>

<p>Page 3, continued</p>	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]</p> <p>[866-830-0607]</p> <p>[3]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This field is variable in the event of a future change.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>The page number is bracketed due to potential variance.</p>
<p>Page 4</p>	<p>[4]</p>	<p>The page number is bracketed due to potential variance.</p>

July 27, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

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. *Please explain the relationship between Great American Life Insurance Company (NAIC # 63312) and Continental General Insurance Company (NAIC # 71404) as it pertains to the rate revision filing for the Long Term Care policy form 2LTCIP0001.*

These policies were originally sold under the name Great American Life Insurance Company (GALIC), NAIC # 63312. United Teacher Associates then assumed 100% of the risk associated with the policies sold under GALIC. Effective December 31, 2016, UTA (inactive NAIC No: 63479) merged into Continental General Insurance Company (active NAIC No: 71404).

2. *Please provide the authorization letter from Great American Life Insurance Company that authorizes Continental General to file a long term rate revision for this form on their behalf.*

Continental General is authorized to file long term care rate revisions on Great American's behalf per the Assumption Reinsurance Agreement between United Teacher Associates Insurance Company (now Continental General) and Great American. Under the agreement, Continental is the insurer as though it originally issued the policies and has full and complete responsibility for all administrative services for the policies. A copy of the agreement was provided to the Virginia Bureau of Insurance as part of assumption reinsurance agreement filing SERFF tracking number UTAC-126674908.

3. *Please explain how the experience of the two companies are able to be pooled together for the purposes of this rate revision.*

These policies were all originally on one policy form, sold under Great America Life Insurance Company. Therefore, they were sold with the same original assumptions and rates. The form became split over two companies when some policies choose not to novate.

4. *Please provide the SERFF Tracking Number that grants approval to Continental General Insurance Company to add their company name to the form 2LTCIP001 in Virginia.*

The assumption reinsurance agreement between United Teacher Associates Insurance Company (now Continental General) and Great American was approved by the Virginia Bureau of Insurance on August 16, 2010. The SERFF tracking number is UTAC-126674908.

5. *The Certification of Compliance is incorrect for this filing as it does not indicate affected form 2LTCIP0001 (VA). Please revise.*

Please see the revised **GALIC Certification of Compliance - VA (2LTC)** in the Supporting Documents tab.

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 28, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 08/26/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *We have reviewed the Notice and Certification of Assumption provided as well as the supporting documentation in SERFF Tracking # UTAC-126674908 in support of the Assumption Agreement.*

After our review, please clarify for us the following:

If a policyholder did not accept the assumption agreement and remained with Great American Life Insurance Company (GALIC), is GALIC financially and legally responsible for any and all risk on their policy?

Since there was a reinsurance treaty established prior to the assumption agreement, Continental General Insurance Company (CGIC) retains all the financial risk on those policies and administrative responsibility. However, since those policies are direct on GAIC, they still retain legal responsibility for those policies. To clarify, CGIC is responsible for 100% of the risk of the policies, unless CGIC cannot financially support the policies, the legal responsibility lies with GAIC.

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

December 9, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 11/09/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

- 1. Since Great American Life Insurance Company (GAIC) retains legal responsibility for policies issued under the GAIC name, the GAIC Long Term Care rate request must be filed independently of Continental General Life Insurance Company.*

Please remove all GAIC policies from the supporting experience data and revise the proposed rate increase for only those policies issued under Continental General Insurance Company (CGIC).

The Certificate of Assumption and the fact that CGIC is a 100% reinsurer does not allow CGIC to file the rate request on behalf of GAIC. GAIC must file for a rate revision on the long term care policy forms under their own NAIC number.

The Company has adjusted the filing to exclude GAIC policies.

Please see the revised Actuarial Memorandum and Rate Request Summary form on the Supporting Documentation tab. Additionally, a post-submission update has been applied to the Rate/Rule Schedule figures to similarly exclude GAIC policies.

After excluding GAIC policies, the number of impacted policies has reduced from 138 to 121 (as can be seen in Appendix A of the Actuarial Memorandum).

The Company will independently file a rate request for the GAIC policies for this policy form.

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

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Continental General Insurance Company
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**Actuarial Memorandum Supporting Rate Revisions for
Long Term Care Insurance Base Policy Forms and Riders Associated with
2LTCIP0001 (VA)**

1 SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to the Base Policy Forms and Riders of the Continental General Insurance Company (the Company) long-term care (LTC) policy forms referenced above.

These policies were originally sold under the name Great American Life Insurance Company (GALIC). Virtually all of the GALIC policies have been novated into United Teacher Associates (UTA), and the remaining GALIC policies are 100% ceded to UTA. All policies issued in Florida are 100% ceded to GALIC and therefore are excluded from this analysis. Effective December 31, 2016, UTA (inactive NAIC No: 63479) merged into Continental General Insurance Company (active NAIC No: 71404).

Some riders may not be available in all states. The issue date range associated with premium-paying lives in this state is shown in Appendix A.

These forms are all included in this filing for filing simplicity. It is not the Company's intent to pool their experience.

These forms are no longer being marketed in any state and the Company is no longer selling any new Long-Term Care Insurance.

The Company is requesting the following rate increases in your state at this time:

<u>Policy Form</u>	<u>Requested Rate Increase</u>
2LTCIP0001 (VA)	150%

This rate filing is not intended to be used for other purposes.

The body of this actuarial memorandum was written to apply to each state where these products were issued. Any reference to information that is specific to a particular state is included in Appendix A.

Please refer to Section 22 for a description of the information contained in each Appendix.

2 POLICYHOLDER OPTIONS TO MITIGATE IMPACT OF PREMIUM RATE INCREASE

Optional Policyholder offers to Reduce Benefits

The Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the base policy and riders. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
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 the non-forfeiture benefit 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 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. Upon acceptance of this offer, an endorsement reflecting the non-forfeiture benefit will be sent to the policyholder. This offer will be made to all policyholders.

If applicable, for policyholders with active Limited Pay policy provisions, the Company will additionally provide policyholders an opportunity to elect a reduced paid-up policy in accordance with state regulatory requirements.

3 PREMIUM RATE INCREASE JUSTIFICATION

This rate revision is necessary because the current best estimate projections of the Nationwide lifetime loss ratios are in excess of expected. Policies were issued Nationwide under both loss ratio requirements and under rate stabilization requirements established in the 2000 LTC NAIC Model Regulation.

The lifetime loss ratios anticipated at the time of original pricing for these policy forms are shown below. This loss ratio has been stated based on the pricing interest rate. Based on available documentation, the pricing loss ratio stated below is conservatively assumed to be representative of best estimate expectations.

<u>Policy Form</u>	<u>Original Pricing Loss Ratio</u>
2LTCIP0001 (VA)	69.0%

For policies issued under loss ratio requirements, the lifetime loss ratio that these products were initially priced to has been exceeded. For policies issued under rate stabilization requirements, the margin for moderately adverse deviation built into the rates at the time of original pricing was a 10% deviation in the lifetime loss ratio, when compared to originally expected. This margin has been exceeded.

Consistent with the discussions and final document produced by the NAIC Pricing Subgroup's ("Long-term Care Insurance Approaches to Reviewing Premium Rate Increases"), the Company is providing analysis based on the modified prospective present value approach to determine the level of rate increase requested. This modified approach recognizes that past premium rate increases were not adequate and relies on the original pricing assumptions to catch-up on past premium rate increases.

The cumulative rate increase indicated by the modified prospective present value formula is calculated as:

$$\text{Cumulative rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - (.58)\Delta PV(\text{future earned premiums})}{(.85)PV_{\text{current}}(\text{future earned premiums})}$$

The ΔPV indicates the change in present value due to the change in actuarial assumptions between original assumptions and current moderately adverse assumptions. The formula is applied to Nationwide experience that has been restated to the original rate level. Please note that experience associated with lives that are currently in a paid-up status due to a non-forfeiture benefit or experience from limited pay policies has been excluded from the calculation. Moderately adverse assumptions are defined as best estimate assumptions as described in Section 10, plus a 10% load to future incurred claims.

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:

$$\frac{1 + \text{Cumulative Rate Increase}}{1 + \text{State Specific Cumulative Rate Increase to Date}} - 1$$

4 DESCRIPTION OF BENEFITS

Appendix B contains a brief summary of the benefits contained in these base forms and associated riders. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

5 RENEWABILITY CLAUSE

All products are Guaranteed Renewable, Individual Long-Term Care policies.

6 MARKETING METHOD

All forms were marketed to individuals by licensed agents. These products are not currently being marketed.

7 APPLICABILITY

The revised rates contained in this memorandum will be applicable to all renewals of the policy form and riders described in Section 1 as well as all future periodic inflation protection offers. The current and revised premium rate schedules are attached. The rate revision will be applied as a consistent percentage to all premium classes. The modal premium factors will remain unchanged from the current factors.

8 PROPOSED EFFECTIVE DATE

This rate will be implemented as soon as possible after approval has been granted as allowed based on regulation.

9 UNDERWRITING

Most policies subject to this rate revision were subject to full medical underwriting in accordance with Company standards in place at the time of issue. The underwriting standards used were taken into consideration when projecting future experience.

10 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. These base assumptions are the same as the assumptions being used in the Company's internal cash flow testing.

A Morbidity

The morbidity assumptions are based on a combination of the Company's historical claim experience on these forms from 2006 through 6/30/2018, the Milliman 2017 Long-Term Care Guidelines (Guidelines) and judgment. 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.

B Mortality

The best estimate future mortality assumption is 100% of the Individual Annuity Mortality (IAM) 2012 Base table with mortality steepening factors, selection factors, and other attained age adjustments.

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 and benefit exhaust rates to derive the total termination rate. We 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. Voluntary lapse rates vary by marital status and inflation versus non-inflation.

The table below shows the detailed voluntary lapse assumptions for the applicable projected policy durations.

Voluntary Lapse Rate				
	Married		Single	
Duration	Inflation	Non-Inflation	Inflation	Non-Inflation
9	0.93%	1.21%	1.48%	3.68%
10	0.62%	0.87%	1.48%	2.92%
11	0.52%	0.72%	1.33%	2.54%
12	0.52%	0.72%	1.17%	2.35%
13	0.41%	0.58%	1.02%	2.03%
14	0.36%	0.48%	0.87%	1.78%
15+	0.31%	0.39%	0.77%	1.46%

Additional multiplier to apply to Lapse Rates for Gender	
Gender	Multiplier
Female	82.5%
Male	140.0%

For limited pay policies, voluntary lapse rates were assumed to be zero after the premium payment period.

Voluntary lapse assumptions include an NFO conversion rate which is calculated as 19% of the requested rate increase and capped at 19%.

D Interest Rate

The supporting exhibits use the maximum valuation interest rate for contract reserves to calculate the lifetime loss ratio. This is consistent with the guidance provided in the Senior Issues Task Force Model Bulletin and the requirements established in the 2000 LTC NAIC Model regulation. The table below demonstrates the discount rates by policy form.

Policy Form	Maximum Valuation Interest Rate
2LTCIP0001 (VA)	4.3%

E Expenses

The need for a rate increase is based on the lifetime loss ratio being in excess of expected. Expenses do not directly impact the lifetime loss ratio. As such, expenses are not being projected and are not included in this filing.

11 ISSUE AGE RANGE

These products were available for issue ages 18 to 84. Premiums are based on issue age.

12 AREA FACTORS

The Company did not use area factors within the state in the premium scale for these products.

13 CLAIM LIABILITY AND RESERVE

Claim reserves were calculated using appropriate actuarial methods for IBNR and using continuance curves validated for the Company's experience for open claims on a disabled life basis. The claim reserves were discounted to the incurred date for each claim and have been included in the historical incurred claims.

14 ACTIVE LIFE RESERVES

Incurred claims are calculated without the impact of the change in active life reserves.

15 DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. The projected future experience is based on a seriatim projection of the current inforce policies. See Appendix C for the distribution of the inforce policies by key demographic and benefit characteristics.

16 NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of 10/31/2018 in this state.

17 AVERAGE ANNUAL PREMIUM

The average annual premium for these products both prior to the impact of the requested rate increase, and after, is indicated in Appendix A.

18 HISTORY OF RATE ADJUSTMENTS

Please refer to Appendix A for the history of rate adjustments on these products in this state.

19 EXPERIENCE – PAST AND FUTURE

Nationwide historical experience since inception by issue year within calendar year for these policy forms and riders as of 10/31/2018 is contained in Exhibit 2. Experience for loss years 2018 and prior are developed through 10/31/2018. 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.

Historical Nationwide experience for all policies issued under these products is contained in Exhibit 3. The Nationwide historical and projected experience adjusted to reflect the State's specific rate increase history, both with and without the impact of the requested rate increase, is also contained in Exhibit 3. Projected experience utilizes best estimate assumptions.

Historical Nationwide experience for policies in premium-paying status is contained in Exhibit 4. The Nationwide historical and projected experience adjusted to reflect the State's specific rate increase history, both with and without the impact of the requested rate increase, is also contained in Exhibit 4. Projected experience utilizes best estimate assumptions.

In developing the projected future experience with the rate increase, an implementation date of 1/15/2020 was assumed.

20 RELATIONSHIP OF RENEWAL PREMIUM TO NEW BUSINESS PREMIUM

The Company is no longer selling any new Long-Term Care business. Therefore, the comparison of renewal premium rates after the rate increase to the Company's current new business premium rate schedule is not applicable.

21 ELIGIBILITY FOR CONTINGENT BENEFIT UPON LAPSE

Exhibit 5 has been provided to demonstrate the number of premium paying policyholders that will become eligible for the contingent benefit upon lapse (CBUL). Policyholders are defined as being eligible given they are governed by rate stability regulations and they have surpassed the cumulative rate increase threshold given this request.

Given that policyholders in this State will become eligible for the CBUL, the attached document (Managing Long Term Care Risk - 2019), provided by the Company's Chief Operating Officer, provides a demonstration that the Company has appropriate policy administration and claim processing procedures in place to assure our policyholders' long-term care claims are paid according to the provisions of our contracts.

22 SUMMARY OF APPENDICES

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 of the inforce policies as of 10/31/2018.

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.

23 SUMMARY OF EXHIBITS

Exhibit 1 contains the breakdown of policy counts, annualized premium, and average premium for all inforce policies by state under each product grouping.

Exhibit 2 contains the historical Nationwide lifetime experience for all policies issued under these products by issue year within calendar year.

Exhibit 3 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 proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

Exhibit 4 contains historical and projected Nationwide experience for premium-paying policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

Exhibit 5 contains the number of premium paying policyholders that will become eligible for the contingent benefit upon lapse (CBUL), both at the Nationwide and state-specific level.

Exhibit 6 contains historical and projected Virginia-specific 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 proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

24 ACTUARIAL CERTIFICATION

In performing the analysis, preparing this filing, and rendering the actuarial opinion below, I relied upon Andrew Dalton, FSA, MAAA, Consulting Actuary, Milliman, USA for experience analysis used to develop baseline actuarial assumptions related to morbidity and persistency. I reviewed the assumptions for reasonableness and consistency, but I did not perform a detailed audit. Based on my review, the assumptions are appropriate for the purpose used.

To the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and regulations of this State as they relate to premium rate developments and revisions. This memorandum complies with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits," No. 18 "Long-Term Care Insurance," and No. 23 "Data Quality."

I have reviewed and taken into consideration the policy design and coverage provided, and the Company's original underwriting and claims adjudication processes.

In my opinion, the rates are not excessive or unfairly discriminatory. The anticipated lifetime loss ratio exceeds the applicable required loss ratio. The filing will enhance premium adequacy but may not be sufficient to prevent future rate action. Given this, I cannot certify the proposed rates to be sustainable over the lifetime of the form with no future premium increases or that they would be sufficient to cover anticipated costs under moderately adverse conditions.



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Appendix A
Continental General Insurance Company
2LTCIP0001 (VA)

Virginia

Requested Rate Increase = 150%

Issue Date Range (Section 1 in Actuarial Memorandum)

Virginia	3/4/2004	to	12/14/2006
Nationwide	5/20/2003	to	12/1/2009

Rate Stabilization Date for Virginia 10/1/2003

Number of Premium-Paying Policyholders and Annualized Premium as of October 31, 2018

Number of premium-paying lives in Virginia	
Issued prior to Rate Stabilization	0
Issued on or after Rate Stabilization	121

	Policies	Premium
Virginia	121 \$	198,761
Nationwide	5,120 \$	9,725,053

Average Annual Premium (Section 17 in Actuarial Memorandum)

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

Virginia	1,643
Nationwide	2,072

The average annual premium for this form and associated riders in Virginia, including the impact of the requested rate increase, is: 4,107

Rate Increase History (Section 18 in Actuarial Memorandum)

No prior rate increase has been approved.

Lifetime Loss Ratio - Exhibit 3

The Lifetime Loss Ratio without the requested rate increase is:	118.1%
The Lifetime Loss Ratio with the requested rate increase is:	85.4%

Appendix B
Continental General Insurance Company
Description of Benefits

A brief summary of the benefits contained in the base forms and associated riders is provided below. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

Policy Form 2LTCIP0001 (VA)

This policy is a comprehensive Long-Term Care policy covering nursing home care and home health care.

The elimination period could be chosen as 0, 20, 60, 90 or 180 calendar days. The benefit period is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times 365 times 2, 3, 4, 5, 6, or unlimited. The nursing home daily maximum was available in multiples of \$10 (minimum of \$50). Home health care is covered, with daily maximum options of 50%, 75%, 100%, 125% or 150% of the nursing home daily maximum. Actual expenses are reimbursed, up to the daily maximum.

Benefits are payable when the insured becomes disabled in two out of six Activities of Daily Living (ADLs) for 90 days, or when he or she becomes cognitively impaired.

An insured who qualifies for benefits will be eligible to receive all long term care services that are included in the Plan of Care and covered under the policy. This could include nursing home care or assisted living facility care. A 21-day per year bed reservation benefit could be included in the Plan of Care under the base policy. The Plan of Care could also include home health care, adult day care, up to 30 days per year of respite care, or up to 5 times the daily maximum in informal caregiver training (one time only). Other alternate services could be included, if agreed to by all parties. Also, upon approval of the Care Advisor, the policy will cover home health care services provided by an independent caregiver who is properly certified, does not live with the insured, is not a member of the insured's immediate family, and would normally charge for the care.

In the first 30 calendar days after the elimination period is satisfied, the home care daily maximums are doubled.

After covered care has been provided for 90 days, premiums on the policy are waived for the remainder of the claim period.

Policy form 2LTCIP0001 also provides for a home medical technology benefit, paying a monthly amount equal to the home care daily maximum for rental or lease of medical monitoring, diagnostic, or medication compliance equipment that is recommended by the Care Advisor.

If the insured does not elect rider 2LTCIE0010, then a contingent non-forfeiture benefit is automatically applied. This benefit will provide that, should the insured ever receive a substantial rate increase on his policy, he will be given the option of reducing his benefits or converting his coverage to paid-up status, with a shortened benefit period defined the same as on rider 2LTCIE0010 (except that the 3-year waiting period does not apply).

All benefits are subject to the daily maximums, the total benefit allowance, and the elimination period (except that the latter does not apply to the respite benefit, the care advisory services, or the caregiver training benefit).

Appendix B
Continental General Insurance Company
Description of Benefits

Several optional riders were available for these policies:

- Rider 2LTCIE0011 – Compound Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5%, compounded annually, on each policy anniversary.
- Rider 2LTCIE0012 – Simple Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5% of the original amounts, on each policy anniversary.
- Rider 2LTCIE0019 – Capped Compound Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5% compounded annually, on each policy anniversary, until the daily and lifetime maximums reach two times their original levels.
- Rider 2LTCIE0020 – Monthly Benefit Rider: Changes the daily maximum to a monthly maximum, where the monthly maximum is calculated as the daily maximum times 30.
- Rider 2LTCIE0021 – Restoration Rider: The pool of money is restored to its original level if the insured is claim-free and returns to normal activities for at least 6 months.
- Rider 2LTCIE0026 – Survivor Rider: The premiums for a surviving spouse are waived if death occurs after both spouses have had this coverage continuously inforce for 10 or more years.
- Rider 2LTCIE0029 – Return of Premium Rider: Returns a specified percentage of the cumulative premiums paid, less claims, to the insured's estate, if death occurs before age 75. The percentage of premiums returned is 100% for deaths occurring through age 65; the percentage then grades down by 10% per year, to 0% for ages 75+.
- Rider 2LTCIE0010 – Non-forfeiture Benefit: After 3 years inforce, an insured may lapse with a reduced lifetime benefit, but unreduced daily benefit inforce. The amount of the reduced lifetime benefit is the greater of 30 times the nursing home daily maximum inforce on the date of lapse, and the numerical sum of the premiums paid while the policy was inforce.
- Rider 1LTCIE0013 – Cost of Living Increase: Gives the insured the option of increasing benefits at scheduled intervals, with the increase amounts based on the change in the CPI. The incremental benefits will be subject to an additional premium, based on the insureds attained age.
- Rider 1LTCIE0014 – Dual Waiver of Premium: Waives the premium for a covered spouse when the other spouse's premium is waived due to claim.
- Rider 1LTCIE0015 – Shared Extended Expense: An additional pool of money, less than or equal to the original pool of money, can be purchased by both spouses for them to share, should one (or both) of them reach his or her lifetime maximum.
- Rider 2LTCIE0037 – Single Pay Rider: Allows the policyholder to pay for coverage for his entire lifetime with one single premium payment.
- Rider 2LTCIE0038 – 10-Pay Rider: Allows the policyholder to pay for coverage for his entire lifetime over a 10-year period.
- Rider 2LTCIE0039 – Paid up at 65 Rider: Allows the policyholder to pay for coverage for his entire lifetime with premium payments that end at age 65.

Appendix C
 Continental General Insurance
 Distribution of Inforce Business as of October 31, 2018
 Nationwide All Lives
 Policy Forms: 2LTCIP001

Issue Year	Count	% of Count	Premium	% of Premium
2003	112	2%	152,920	2%
2004	1,097	18%	1,534,410	16%
2005	2,793	45%	4,362,574	45%
2006	1,884	31%	3,194,710	33%
2007	172	3%	286,438	3%
2008	51	1%	93,718	1%
2009	46	1%	100,283	1%
Total	6,155	100%	9,725,053	100%

Issue Age	Count	% of Count	Premium	% of Premium
<45	676	11%	382,678	4%
45 - 49	467	8%	441,385	5%
50 - 54	1,008	16%	1,150,834	12%
55 - 59	1,629	26%	2,461,778	25%
60 - 64	1,295	21%	2,503,424	26%
65 - 69	745	12%	1,791,634	18%
70 - 74	280	5%	809,534	8%
75 - 79	49	1%	176,800	2%
80+	6	0%	6,987	0%
Total	6,155	100%	9,725,053	100%

Attained Age	Count	% of Count	Premium	% of Premium
<45	177	3%	62,202	1%
45 - 49	144	2%	71,764	1%
50 - 54	193	3%	119,557	1%
55 - 59	324	5%	266,400	3%
60 - 64	694	11%	725,011	7%
65 - 69	1,366	22%	1,823,105	19%
70 - 74	1,507	24%	2,502,613	26%
75 - 79	1,080	18%	2,335,009	24%
80+	670	11%	1,819,393	19%
Total	6,155	100%	9,725,053	100%

Inflation Type	Count	% of Count	Premium	% of Premium
5% Compound - Double (14 years)	49	1%	83,017	1%
5% Compound - Lifetime	1,574	26%	3,218,140	33%
5% Simple Lifetime	2,834	46%	4,412,986	45%
GPO	227	4%	433,428	4%
NONE	1,471	24%	1,577,482	16%
Total	6,155	100%	9,725,053	100%

Elimination Period	Count	% of Count	Premium	% of Premium
0	1,164	19%	1,863,880	19%
20	853	14%	1,388,602	14%
60	1,209	20%	1,871,899	19%
90	2,797	45%	4,410,378	45%
180	132	2%	190,294	2%
Total	6,155	100%	9,725,053	100%

Gender	Count	% of Count	Premium	% of Premium
M	2,526	41%	3,906,529	40%
F	3,629	59%	5,818,523	60%
Total	6,155	100%	9,725,053	100%

HHC Percent	Count	% of Count	Premium	% of Premium
50%	276	4%	441,649	5%
75%	290	5%	392,320	4%
100%	5,343	87%	8,339,396	86%
125%	65	1%	130,460	1%
150%	181	3%	421,228	4%
Total	6,155	100%	9,725,053	100%

Benefit Period	Count	% of Count	Premium	% of Premium
< 1 year	456	7%	-	0%
1 - 2 years	8	0%	-	0%
2 - 3 years	300	5%	467,542	5%
3 - 4 years	1,107	18%	1,820,032	19%
4 - 5 years	789	13%	1,240,040	13%
5 - 6 years	997	16%	1,646,808	17%
6 - 7 years	625	10%	952,989	10%
Lifetime	1,873	30%	3,597,642	37%
Total	6,155	100%	9,725,053	100%

Marital Status	Count	% of Count	Premium	% of Premium
Married	4,432	72%	6,483,277	67%
Single	1,723	28%	3,241,776	33%
Total	6,155	100%	9,725,053	100%

Limited Pay Options	Count	% of Count	Premium	% of Premium
10 Pay	426	7%	-	0%
CNFO	464	8%	-	0%
Lifetime	4,987	81%	9,538,977	98%
PU at 65	180	3%	186,076	2%
Single	98	2%	-	0%
Total	6,155	100%	9,725,053	100%

Premium Mode	Count	% of Count	Premium	% of Premium
Monthly	2,752	54%	4,760,388	49%
Quarterly	543	11%	1,085,745	11%
Semi-Annual	141	3%	297,992	3%
Annual	1,684	33%	3,580,928	37%
Total	5,120	100%	9,725,053	100%

Tax Status	Count	% of Count	Premium	% of Premium
TQ	6,155	100%	9,725,053	100%
Total	6,155	100%	9,725,053	100%

*Count includes premium paying lives only

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 study was conducted on the Company's actual termination experience from 2006 to 6/30/2018 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 Individual Annuity Mortality (IAM) 2012 Basic table with mortality steepening factors, mortality improvement, and selection factors applied.

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 2006 to 6/30/2018 on forms issued by Continental General Insurance Company. Actual claims were measured against the Milliman 2017 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 \$22 million of IBNR as of June 30, 2018, which is allocated to incurred year as follows: approximately 84.5% to incurred year 2018 and 15.5% to incurred year 2017. 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 Duration	Total Lives	Total Terminations		Mortality Rate	Voluntary Lapse Rate	
		Count	Rate	Expected	Implied	"Current"
1	17,268	1,862	10.8%	0.2%	10.6%	10.8%
2	19,223	1,080	5.6%	0.3%	5.3%	5.4%
3	19,485	836	4.3%	0.3%	3.9%	4.1%
4	19,935	745	3.7%	0.4%	3.3%	3.3%
5	20,641	591	2.9%	0.4%	2.4%	2.6%
6	21,425	556	2.6%	0.5%	2.1%	2.1%
7	21,795	496	2.3%	0.5%	1.7%	1.9%
8	21,174	411	1.9%	0.6%	1.3%	1.5%
9	19,655	386	2.0%	0.7%	1.2%	1.4%
10	17,017	393	2.3%	0.7%	1.5%	1.0%
11	12,513	250	2.0%	0.9%	1.1%	0.9%
12	9,213	182	2.0%	1.0%	0.9%	0.8%
13	6,437	141	2.2%	1.2%	0.9%	0.7%
14	4,406	118	2.7%	1.5%	1.1%	0.6%
15+	7,244	257	3.5%	2.0%	1.3%	0.5%
Total	237,432	8,304	3.5%	0.6%	2.87%	2.87%

Notes:

- 1) Experience from 2006 through 6/30/2018.
- 2) Expected Mortality Rate is 100% of the Individual Annuity Mortality (IAM) 2012 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 single Pay, 5 Pay, 10 Pay, 15 Pay, 20 Pay, and paid-up at 65).

Continental General Insurance Company

Appendix D

Exhibit D-2

**Policy Forms: 1LTCGP0001, 1LTCGP0008, 1LTCIP0001, 1LTCIP0002, 2LTCIP0001, 2LTCIP0002, 4LTCIP0001
Claim Study**

Experience by Policy Duration

Policy Duration	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
1	21,621	9	758,605	557,833	136.0%
2	22,556	31	1,453,873	1,214,373	119.7%
3	21,995	25	1,885,218	1,720,445	109.6%
4	22,443	25	1,176,810	2,506,853	46.9%
5	22,938	48	3,578,850	3,510,572	101.9%
6	23,353	68	5,796,078	4,714,104	123.0%
7	23,098	65	5,288,287	5,976,829	88.5%
8	22,601	107	7,487,865	7,334,949	102.1%
9	21,914	105	7,933,784	8,804,755	90.1%
10	19,668	108	9,315,687	9,809,126	95.0%
11	15,938	128	8,623,840	9,555,444	90.3%
12	11,691	100	8,377,240	8,770,658	95.5%
13	8,518	81	6,993,553	7,740,239	90.4%
14	5,527	75	4,668,981	6,434,048	72.6%
15+	9,507	194	20,448,906	16,155,953	126.6%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Experience by Calendar Year

Calendar Year	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
2006	13,602	23	1,208,168	1,565,355	77.2%
2007	18,091	39	2,152,494	2,173,376	99.0%
2008	23,319	39	2,125,616	2,961,136	71.8%
2009	26,259	50	3,763,974	3,863,635	97.4%
2010	26,642	58	4,967,618	4,824,553	103.0%
2011	23,933	82	5,777,331	5,877,098	98.3%
2012	23,219	101	6,900,358	7,100,818	97.2%
2013	22,629	105	7,465,161	8,397,998	88.9%
2014	22,090	108	9,378,267	10,026,923	93.5%
2015	21,603	143	11,570,237	11,546,603	100.2%
2016	21,144	149	12,138,393	13,248,071	91.6%
2017	20,701	175	15,786,771	14,986,944	105.3%
2018	10,137	99	10,553,188	8,233,672	128.2%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Experience by Policy Form

Policy Form	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
1LTCG	7,633	11	1,087,514	1,453,414	74.8%
1LTCI	50,876	550	44,069,338	45,343,925	97.2%
2LTCI	98,651	340	27,395,445	26,666,073	102.7%
4LTCI	116,209	271	21,235,281	21,342,770	99.5%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Notes:

- 1) Experience from 2006 through 6/30/2018
- 2) Actual incurred claims are defined as the sum of paid claims and reserves.
 Paid claims represent the present value of paid claims discounted to the claim incurred date.
 Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred date.
- 3) Expected Claims are based on the Milliman 2017 *Long-Term Care Guidelines* (including Product Factors)
- 4) Claim dollar amounts are discounted using a 4.50% interest rate (both actual and expected).
- 5) 1LTCG refers to 1LTCGP0001 and 1LTCGP0008, 1LTCI refers to 1LTCIP0001 and 1LTCIP0002,
 2LTCI refers to 2LTCIP0001 and 2LTCIP0002, 4LTCI refers to 4LTCIP0001

Continental General Insurance Company
Appendix E
Policy Forms: 2LTCIP0001, 2LTCIP0002
Policy Persistency Comparison

Policy Duration	<u>Actual Experience</u>		<u>Original Pricing Assumptions</u>			<u>Current Assumptions</u>		
	Total Lives	Total Terminations	Lapse	Mortality	Total Terminations	Lapse	Mortality	Total Terminations
1	3,403	8.8%	5.5%	0.1%	5.7%	11.3%	0.1%	11.4%
2	6,887	5.1%	4.0%	0.2%	4.2%	5.4%	0.3%	5.7%
3	7,786	3.8%	3.0%	0.3%	3.3%	4.1%	0.3%	4.4%
4	7,616	4.1%	2.0%	0.5%	2.5%	3.3%	0.4%	3.7%
5	7,307	2.9%	2.0%	0.6%	2.6%	2.7%	0.4%	3.1%
6	7,093	2.7%	2.0%	0.8%	2.8%	2.1%	0.4%	2.5%
7	6,899	2.0%	2.0%	1.0%	3.0%	1.9%	0.5%	2.4%
8	6,756	1.9%	2.0%	1.3%	3.3%	1.6%	0.5%	2.1%
9	6,592	2.0%	2.0%	1.6%	3.6%	1.4%	0.6%	2.0%
10	6,233	1.8%	2.0%	1.9%	3.9%	1.1%	0.6%	1.7%
11	5,846	1.7%	2.0%	2.1%	4.0%	0.9%	0.7%	1.6%
12	4,797	1.8%	2.0%	2.3%	4.2%	0.9%	0.8%	1.6%
13	2,253	1.8%	2.0%	2.5%	4.4%	0.7%	0.9%	1.6%
14	379	1.3%	2.0%	2.8%	4.7%	0.6%	1.1%	1.6%
15	5	40.0%	2.0%	6.3%	8.2%	0.6%	3.1%	3.7%

Notes:

- 1) Experience is 2006 through 6/30/18.
- 2) The "Original Pricing Assumptions" are those assumptions originally used to price this form.
- 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 composites.
 The ultimate lapse rate starts in duration 15.
 The mortality assumptions are 100% of the Individual Annuity Mortality (IAM) 2012 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.
- 4) The results shown above include only lifetime pay policies (excludes single pay, 10 pay, and paid-up at 65).

**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-131940319

Revised Rates

Average Annual Premium Per Member: 1,643

Average Requested Percentage Rate Change Per Member: 150%

Range of Requested Rate Changes: 150% - 150%

Number of Virginia Policyholders Affected: 121

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
2LTCIP0001 (VA)	N/A	3/4/2004 to 12/14/2006	None	No further premium rate schedule increases are anticipated at this time.

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

This document is prepared by the carrier to help explain the requested rate change and 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 at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>. (Rev. 06/19)

Rate Request Summary Supplement: 2LTCIP0001 (VA)

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.

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. 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.

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 [Great American Life Insurance Company/Continental General Insurance Company] to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

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 lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. 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.

This option 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.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

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. Option 2 will be provided unless you tell Us otherwise.

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 [Great American Life Insurance Company/Continental General Insurance Company] to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

<p>Page 1, continued</p>	<p>[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code]</p> <p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p>	<p>The address information used here will vary based on the policyholder's mailing address.</p> <p>This field will reflect the policyholder's policy number.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>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.</p>
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<p>Page 2</p>	<p>[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 [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Benefit Reduction Form,]</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder’s Benefit Reduction Form.</p> <p>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.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(GAL) – RINC(VA)(0320)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p>
<p>Page 3</p> <p>Page 3, continued</p>	<p>[Rate Increase Effective Date]</p> <p>[Rate Increase Effective Date + 120 Days]</p> <p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]</p>	<p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>This field is variable in the event of a future change.</p>

	[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.
Page 4		

<p>Page 1, continued</p>	<p>[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code]</p> <p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p>	<p>The address information used here will vary based on the policyholder's mailing address.</p> <p>This field will reflect the policyholder's policy number.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>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.</p>
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<p>Page 2</p>	<p>[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 [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Benefit Reduction Form,]</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder’s Benefit Reduction Form.</p> <p>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.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(GAL) – RINC(VA)(0320)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p>
<p>Page 3, continued</p>	<p>[Rate Increase Effective Date]</p> <p>[Rate Increase Effective Date + 120 Days]</p> <p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]</p>	<p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>This field is variable in the event of a future change.</p>

	[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.
Page 4		

January 8, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 12/11/2020 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *Applies to: CGI(GAL) – RINC(VA)(0320)-BR*

Page 6, last paragraph above Signature. Please remove "Great American Life Insurance Company" and brackets since this letter is particular to Continental General Insurance Company policyholders. It should read that the policyholder is authorizing Continental General Insurance Company, not any other company.

As this is used for various rate increase letters, the Company would prefer to keep this in its current state to maintain consistency in rate-related communications to policyholders.

The reasoning for this variability is detailed in the Statement of Variability **(VA) CGI(GAL) - RINC(VA)(0320)-BR**:

*[Great American Life Insurance Company/Continental General Insurance Company]
For the small subset of policies that were not novated to United Teacher Associates (UTA) this field will be Great American Life Insurance Company. For all other policies, this field will be Continental General Insurance Company.*

As this filing pertains to only the novated policies, the variable functions will apply only the company name Continental General Insurance Company. The John Doe letter provided represents the letter as sent to a novated policy holder, which lists Continental General Insurance Company as the company name.

2. *Applies to: CGI(GAL) – RINC(VA)(0320)-CNFO, CGI(GAL) – RINC(VA)(0320)-CNFOLP*

Please remove "Great American Life Insurance Company" and the variability bracket from the last paragraph, above the signature line. It should read that the policyholder is authorizing Continental General Insurance Company, not any other company.

As this is used for various rate increase letters, the Company would prefer to keep this in its current state to maintain consistency in rate-related communications to policyholders.

The reasoning for this variability is detailed in the Statement of Variability **(VA) CGI(GAL) - RINC(VA)(0320)-CNFO** and Statement of Variability **(VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP**:

*[Great American Life Insurance Company/Continental General Insurance Company]
For the small subset of policies that were not novated to United Teacher Associates (UTA) this field will be Great American Life Insurance Company. For all other policies, this field will be Continental General Insurance Company.*

As this filing pertains to only the novated policies, the variable functions will apply only the company name Continental General Insurance Company. The John Doe letter provided represents the letter as sent to a novated policy holder, which lists Continental General Insurance Company as the company name.

3. *Applies to: CGI(GAL) – RINC(VA)(0320)-CNFO, CGI(GAL) – RINC(VA)(0320)-CNFOLP*

- a. *Both of the above forms are titled, "Contingent Nonforfeiture Benefit Form" but they have different coverage options. Please explain the company's reason for naming the forms the same.*

These forms will not both be sent to the policyholder, so the Company does not believe there is a chance of policyholder confusion regarding the form title. A policyholder will receive only one of the two forms dependent on the benefits on their policies. If the policyholder meets the limited pay criteria, they will receive **CGI(GAL)-RINC(VA)(0320)-CNFOLP** along with their notification letter. All other policyholders will instead receive **CGI(GAL)-RINC(VA)(0320)-CNFO** along with their notification letter.

- b. *The Virginia Bureau of Insurance believes the form, CGI(GAL) - RINC(VA)(0320)-CNFO is more appropriately called "Contingent Benefit Upon Lapse" pursuant to 14VAC5-200-185 D. The explanation of coverage language must closely mirror that found in 14VAC5 200-185 E. 3, "The contingent benefit upon lapse will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The minimum benefit shall not be less than 30 times the daily nursing home benefit at the time of lapse."*

Please consider revising the title to form CGI(GAL) - RINC(VA)(0320)-CNFO and the paragraph "How long is my new coverage:"

The Company chose to call the option "Contingent Nonforfeiture Benefit" because there are differences from the "Contingent Benefit Upon Lapse" option outlined in 14VAC5-200-185 D. 3. and D. 4. While the amount of the benefit pool available to the insured is calculated on the same basis as the regulations, there are differences in who is eligible to receive this benefit.

Regulations require that the Contingent Benefit Upon Lapse be offered to policyholders who have triggered a Substantial Premium Increase. However, the Company had made the decision to offer this benefit to all policyholders receiving the current rate increase, regardless of the percent increase over initial premium. To distinguish between this variation, the Company felt it was necessary to provide a unique option name.

The Company would prefer not to alter the wording under the "How long is my new coverage:" paragraph of this form. The current wording includes the required elements found in 14VAC5 200-185 E. 3, and the State of Virginia already approved similar wording for use in the letter for the CGI block of policies. Keeping this paragraph in its current state would maintain consistency in rate-related communications to Virginia policyholders.

4. *Applies to: CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320)LP*

The word "Enclosures" should not be variable. Only documents that accompany the letter as an enclosure can be variable (i.e. Form CGI(GAL) – RINC(VA)(0320)-BR and Form CGI(GAL) – RINC(VA)(0320)-CNFOLP) are examples as well as the return envelope mentioned on those forms.

Please revise the forms to remove the variable brackets around the word "Enclosures". Variability should be shown for the forms that may be sent with the policyholder letter as an enclosure. If a return envelope is not a variable item, then it should be listed under Enclosures but not as variable.

Please see the updated letters **CGI(GAL) – RINC(VA)(0320)** and **CGI(GAL) – RINC(VA)(0320)LP**. The word "Enclosures" is no longer variable. Instead, a listing of the Enclosures has been included, with only the Benefit Reduction Form as a variable item.

5. *John Doe letters*

Per 14VAC5-101-60. 5., "Each form shall be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used."

The first sentence below the table in the section, "When and how much your premium is increasing:" should be deleted from the John Doe version of the letter since the rate increase is based upon a single increase and not a multiple year increase.

The sentence in question, "The Company will be implementing a 99% increase to your premium rates approximately one year after the current increase", is a variable statement that will only be included if the approved rate increase is a multi-phase increase. If the approval is for a single-phase increase, the statement will be excluded.

Since it is not yet confirmed whether the final approval from the state will be a single-phase or multi-phase increase, the sentence was included in the John Doe letter.

6. *Applies to: CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320)LP*

Lower Right Hand Corner on Page 1

The text, "Administration for: Great American Life Insurance Company and Loyal American Life Insurance Company" appears to be an advertisement as it has no meaning to a Continental General Insurance Company policyholder. Please remove this text so it does not cause confusion for the policyholder.

All blocks of business currently administered and maintained by Continental General Insurance Company are closed blocks with no new policy sales. As this is the standard letterhead used for various rate increase letters, the Company would prefer to keep these pages in their current state to maintain consistency in rate-related communications to policyholders.

7. *Applies to: CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320)LP*

The first sentence following the section header, "What options you have:" does not appear to be properly structured and there are spacing issues.

Our concern would be addressed if the sentence were amended to something similar to, "The following options to reduce your premium increase are available to you."

The Company would strongly prefer not to alter this wording to maintain as much consistency as possible in communications to policyholders. The State of Virginia already approved this wording for use in the letter for the CGI block of policies. Keeping these pages in their current state would maintain consistency in rate-related communications to Virginia policyholders.

8. *Applies to: CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320)LP*

Under Option 2. and Option 3. and also appearing on other forms submitted for approval, the company capitalizes the letter "U" in the word "Us". Since "Us" is not defined, the word should not be capitalized.

The letters have been updated so all references to "Us" have been replaced with "us".

9. *Applies to: CGI(GAL) – RINC(VA)(0320)-BR, CGI(GAL) – RINC(VA)(0320)-CNFO, CGI(GAL) – RINC(VA)(0320)-CNFOLP*

a. *Please explain why the above separately approved forms contain page numbers.*

Forms **CGI(GAL) – RINC(VA)(0320)-BR**, **CGI(GAL) – RINC(VA)(0320)-CNFO**, and **CGI(GAL) – RINC(VA)(0320)-CNFOLP** are listed with page numbers as all forms are sent to the policy holder as one cohesive letter.

The variable brackets have been removed from page numbers 1, 2, 3, & 4 as these page numbers are consistent and will not change. The statements of variability have been updated accordingly. Page numbers [5], [6], [7], & [8] remain variable as they may change dependent on the inclusion of the BR form.

b. *Explain why they are not listed as an enclosure under the policyholder letter and the page number removed.*

Please see the updated letter, which does list these forms as enclosures. They are referred to as the Benefit Reduction Form (**CGI(GAL) – RINC(VA)(0320)-BR**) and the Contingent Nonforfeiture Benefit Form (**CGI(GAL) – RINC(VA)(0320)-CNFO** or **CGI(GAL) – RINC(VA)(0320)-CNFOLP**).

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

[TEMPLATE ID]

[P.O. Box 203098
Austin, TX 78720-3098]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

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 [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [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:

Administration for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®
[P.O. Box 203098 • Austin, TX 78720-3098
Toll Free: (866) 830-0607 • Fax: (888) 769-0737]

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 [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 [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](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 [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.** If you have a partnership policy, some benefit reduction options may result in a loss in partnership status. Please call us toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

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.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

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.

Continental General Insurance Company

[TEMPLATE ID]

[P.O. Box 203098
Austin, TX 78720-3098]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

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 [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [XX]%
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[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:

Administration for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®
[P.O. Box 203098 • Austin, TX 78720-3098
Toll Free: (866) 830-0607 • Fax: (888) 769-0737]

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 [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 lowering your long-term care policy coverage. 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 [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](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 [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.** If you have a partnership policy, some benefit reduction options may result in a loss in partnership status. Please call us toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

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. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

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.

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 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	[\$XXX,XXX]
Reduced Maximum Lifetime Benefit	[\$XXX,XXX]
 Premium After Reducing Benefit	 [\$X,XXX.XX]

[Benefit Reduction Option [2] – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	[\$XXX.XX]
Reduced Long-Term Care Daily Benefit	[\$XXX.XX]
 [Original Assisted Living Facility Daily Benefit	 [\$XXX.XX]
Reduced Assisted Living Facility Daily Benefit	[\$XXX.XX]
 [Original Home Health/Home and Community Care Daily Benefit	 [\$XXX.XX]
Reduced Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
 Premium After Reducing Benefit	 [\$X,XXX.XX]

[Benefit Reduction Option [3] – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	[XX Days]
Increased Elimination Period	[XX Days]
 Premium After Increasing Elimination Period	 [\$X,XXX.XX]

By signing below, I am authorizing [Great American Life Insurance Company/Continental General Insurance Company] to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
[Policy Number]

Policy Holder Name: [Policy Holder Name]

<p>Page 6 ctd.</p>	<p>[\$XXX,XXX]</p> <p>[\$XXX.XX]</p> <p>[XX Days]</p> <p>[Great American Life Insurance Company/Continental General Insurance Company]</p>	<p>multiple benefit reduction options shown.</p> <p>These fields will reflect the original and reduced maximum lifetime benefits for the downgrade maximum lifetime benefit reduction option.</p> <p>These fields will reflect the original and reduced maximum daily benefits for the downgrade maximum daily benefit reduction option.</p> <p>These fields will reflect the original and increased elimination periods for the increase elimination period benefit reduction option.</p> <p>For the small subset of policies that were not novated to United Teacher Associates (UTA) this field will be Great American Life Insurance Company. For all other policies, this</p>
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	<p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[6]</p>	<p>field will be Continental General Insurance Company.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>The page number is bracketed due to potential variance.</p>
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**Statement of Variability
Continental General Insurance Company
CGI(GAL) – RINC(VA)(0320)-CNFO**

The following items are indicated as variable items in form CGI(GAL) – RINC(VA)(0320)-CNFO. This form applies to limited pay policies with cumulative increases that do not trigger a substantial premium increase and lifetime pay policies.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Great American Life Insurance Company/Continental General Insurance Company]</p> <p>[Policy Number]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>For the small subset of policies that were not novated to United Teacher Associates (UTA) this field will be Great American Life Insurance Company. For all other policies, this field will be Continental General Insurance Company.</p> <p>This field will reflect the policyholder's policy number.</p>

<p>Page 7 ctd.</p>	<p>[Policy Holder Name]</p> <p>[7]</p>	<p>This field will reflect the policyholder's name.</p> <p>The page number will change to 5 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>
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**Statement of Variability
Continental General Insurance Company
CGI(GAL) – RINC(VA)(0320)-CNFOLP**

The following items are indicated as variable items in form CGI(GAL) – RINC(VA)(0320)-CNFOLP. This form applies to limited pay policies with cumulative increases that trigger a substantial premium increase.

Page	Variable Items	Justification
Page 7	<p data-bbox="370 573 857 604">[Rate Increase Effective Date + 120 Days]</p> <p data-bbox="370 814 557 846">[866-830-0607]</p> <p data-bbox="370 1125 1065 1188">[Great American Life Insurance Company/Continental General Insurance Company]</p> <p data-bbox="370 1713 565 1745">[Policy Number]</p>	<p data-bbox="1141 541 1365 741">The date used here will vary based on the policyholder's premium payment dates.</p> <p data-bbox="1141 783 1414 1024">This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p data-bbox="1141 1073 1365 1545">For the small subset of policies that were not novated to United Teacher Associates (UTA) this field will be Great American Life Insurance Company. For all other policies, this field will be Continental General Insurance Company.</p> <p data-bbox="1141 1703 1317 1829">This field will reflect the policyholder's policy number.</p>

<p>Page 7 ctd.</p>	<p>[Policy Holder Name]</p> <p>[7], [8]</p>	<p>This field will reflect the policyholder's name.</p> <p>These page numbers will change to 5 and 6 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>
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Continental General Insurance Company

P.O. Box 203098
Austin, TX 78720-3098

GALRIPAVAMFI3BR4

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: AIXXXXXXXXXX

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 \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
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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.

Administration for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®
P.O. Box 203098 • Austin, TX 78720-3098
Toll Free: (866) 830-0607 • Fax: (888) 769-0737

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 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>.

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, 2008, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.** If you have a partnership policy, some benefit reduction options may result in a loss in partnership status. Please call us toll-free at 866-830-0607 if you have questions regarding benefit reduction options.

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, 2008, 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.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

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.

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 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

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: _____

Policy No.
AIXXXXXXXX

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. 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.

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: _____

Policy No. A1XXXXXXXX

Policy Holder Name: John Doe

Continental General Insurance Company

P.O. Box 203098
Austin, TX 78720-3098

GFBRIVAMFI3BR4

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: AIXXXXXXXXXX

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 \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
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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.

Administration for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®
P.O. Box 203098 • Austin, TX 78720-3098
Toll Free: (866) 830-0607 • Fax: (888) 769-0737

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 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 lowering your long-term care policy coverage. 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>.

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, 2008, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.** If you have a partnership policy, some benefit reduction options may result in a loss in partnership status. Please call us toll-free at 866-830-0607 if you have questions regarding benefit reduction options.

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, 2008, the Contingent Nonforfeiture benefit will automatically apply. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

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.

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 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Assisted Living Facility Daily Benefit	\$999.99
Reduced Assisted Living Facility Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

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: _____

Policy No.
AIXXXXXXXX

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 lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. 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.

This option 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.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

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. Option 2 will be provided unless you tell us otherwise.

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: _____
Policy No. AIXXXXXXXXXX Policy Holder Name: John Doe

Date: _____

February 5, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 1/15/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. *Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320) from the Form Schedule tab (Item No. 1) and place it under the Supporting Documentation tab.*

This form has been moved removed from the Form Schedule tab and placed under the Supporting Documentation tab (attached with this response).

2. *Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-BR from the Form Schedule tab (Item No. 2) and place it under the Supporting Documentation tab.*

This form has been moved removed from the Form Schedule tab and placed under the Supporting Documentation tab (attached with this response).

3. *Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFO from the Form Schedule tab (Item No. 3) and place it under the Supporting Documentation tab.*

This form has been moved removed from the Form Schedule tab and placed under the Supporting Documentation tab (attached with this response).

4. *Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)-CNFOLP from the Form Schedule tab (Item No. 4) and place it under the Supporting Documentation tab.*

This form has been moved removed from the Form Schedule tab and placed under the Supporting Documentation tab (attached with this response).

5. *Please remove Statement of Variability (VA) CGI(GAL) - RINC(VA)(0320)LP from the Form Schedule tab (Item No. 5) and place it under the Supporting Documentation tab.*

This form has been moved removed from the Form Schedule tab and placed under the Supporting Documentation tab (attached with this response).

6. *Applies to:*
 - *CGI(GAL)-RINC(VA)(0320)-BR, Other, CGI(GAL)-RINC(VA)(0320)-BR (Form)*
 - *CGI(GAL)-RINC(VA)(0320)-CNFO, Other, CGI(GAL)-RINC(VA)(0320)-CNFO (Form)*

- *CGI(GAL)-RINC(VA)(0320)-CNFOLP, Other, CGI(GAL)-RINC(VA)(0320)-CNFOLP (Form)*

In your response to objections #1 and #2 in our letter of 12/11/2020, the BOI requested that the company remove "Great American Life Insurance Company" from all forms. A form submitted for approval cannot be used by another insurance company with a different NAIC number.

Please revise the Statement of Variability for each form to remove the variance of the Company name. These forms and statements of variability may only apply to forms filed on behalf of Continental General Insurance Company.

The company may file a form under Great American Life Insurance Company's NAIC # similar to the one filed under the Continental General Insurance Company NAIC #.

Please see the revised forms, which have removed "Great American Life Insurance Company/" and the variability brackets [] from the last paragraph above the signature line. Updated Statements of Variability are also attached, reflecting this change.

7. Applies to:

- *CGI(GAL)-RINC(VA)(0320), Other, CGI(GAL)-RINC(VA)(0320) (Form)*
- *CGI(GAL)-RINC(VA)(0320)LP, Other, CGI(GAL)-RINC(VA)(0320)LP (Form)*

This objection is in regards to the company's #6 response to our 12/12/2020 objection letter regarding administration for insurance companies found on the lower right hand corner of page 1 in each of the above referenced forms.

Even though the insurance block may be closed, at most the inclusion of the text, "Administration for: Great American Life Insurance Company and Loyal American Life Insurance Company" appears to be advertisement, and at minimum a statement to emphasize the scope of the company's administrative duties, both of which are outside the intended purposes of the long-term care policyholder rate increase notification letter. If the company believes that the BOI has approved this language in a previous filing, please provide the SERFF Tracking Number and the form number containing the standard language that the company wishes to continue to use. Otherwise, we recommend that the company remove reference to any insurance company other than Continental General Insurance Company.

Please see the revised forms, which have removed "Administration for: Great American Life Insurance Company® and Loyal American Life Insurance Company®" from the footer of page 1.

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

<p>Page 1, continued</p>	<p>[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code]</p> <p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p>	<p>The address information used here will vary based on the policyholder's mailing address.</p> <p>This field will reflect the policyholder's policy number.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>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.</p>
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<p>Page 2</p>	<p>[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 [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Benefit Reduction Form,]</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder’s Benefit Reduction Form.</p> <p>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.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(GAL) – RINC(VA)(0320)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p>
<p>Page 3</p> <p>Page 3, continued</p>	<p>[Rate Increase Effective Date]</p> <p>[Rate Increase Effective Date + 120 Days]</p> <p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]</p>	<p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>This field is variable in the event of a future change.</p>

	[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.
Page 4		

<p>Page 6 ctd.</p>	<p>[\$XXX,XXX]</p> <p>[\$XXX.XX]</p> <p>[XX Days]</p> <p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[6]</p>	<p>multiple benefit reduction options shown.</p> <p>These fields will reflect the original and reduced maximum lifetime benefits for the downgrade maximum lifetime benefit reduction option.</p> <p>These fields will reflect the original and reduced maximum daily benefits for the downgrade maximum daily benefit reduction option.</p> <p>These fields will reflect the original and increased elimination periods for the increase elimination period benefit reduction option.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>The page number is bracketed due to potential variance.</p>
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Statement of Variability
Continental General Insurance Company
CGI(GAL) – RINC(VA)(0320)-CNFO

The following items are indicated as variable items in form CGI(GAL) – RINC(VA)(0320)-CNFO. This form applies to limited pay policies with cumulative increases that do not trigger a substantial premium increase and lifetime pay policies.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[7]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>The page number will change to 5 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>

Page 7
ctd.

Statement of Variability
Continental General Insurance Company
CGI(GAL) – RINC(VA)(0320)-CNFOLP

The following items are indicated as variable items in form CGI(GAL) – RINC(VA)(0320)-CNFOLP. This form applies to limited pay policies with cumulative increases that trigger a substantial premium increase.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[7], [8]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>These page numbers will change to 5 and 6 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>

Page 7
ctd.

<p>Page 1, continued</p>	<p>[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code]</p> <p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p>	<p>The address information used here will vary based on the policyholder's mailing address.</p> <p>This field will reflect the policyholder's policy number.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>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.</p>
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<p>Page 2</p>	<p>[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 [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Benefit Reduction Form,]</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder’s Benefit Reduction Form.</p> <p>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.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(GAL) – RINC(VA)(0320)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p>
<p>Page 3, continued</p>	<p>[Rate Increase Effective Date]</p> <p>[Rate Increase Effective Date + 120 Days]</p> <p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]</p>	<p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>This field is variable in the event of a future change.</p>

	[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.
Page 4		

June 3, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-131940319

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 5/5/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Department's concerns:

1. Applies To:
CGI(GAL)-RINC(VA)(0320)
CGI(GAL)-RINC(VA)(0320)LP

The policyholder letter states on the first page, "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."

Please revise using the alternative language provided below

"Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available."

Please see the revised letter forms **CGI(GAL) – RINC(VA)(0320)** and **CGI(GAL) – RINC(VA)(0320)LP**, which have been updated with the requested language.

2. Applies To:
CGI(GAL)-RINC(VA)(0320)
CGI(GAL)-RINC(VA)(0320)-CNFO
CGI(GAL)-RINC(VA)(0320)-CNFOLP

The policyholder letter should use the same terms as approved in the policy and related endorsements. Unless the contingent benefit upon lapse was approved using the term Contingent Nonforfeiture benefit, the reference should be contingent benefit upon lapse.

Please confirm and provide the appropriate filed and approved policy and endorsement language to support the use of Contingent Nonforfeiture benefit.

The Company chose to call the option "Contingent Nonforfeiture Benefit" because there are differences from the "Contingent Benefit Upon Lapse" option outlined in 14VAC5-200-185 D. 3. and D. 4. While the amount of the benefit pool available to the insured is calculated on the same basis as the regulations, there are differences in who is eligible to receive this benefit.

Regulations require that the Contingent Benefit Upon Lapse be offered to policyholders who have triggered a Substantial Premium Increase. However, the Company had made the decision to offer this benefit to all policyholders receiving the current rate increase, regardless of the percent increase over initial premium. To distinguish between this variation, the Company felt it was necessary to provide a unique option name.

3. Applies To:
CGI(GAL)-RINC(VA)(0320)
CGI(GAL)-RINC(VA)(0320)LP

The disclosure regarding partnership policies appearing on page 3 and required by 14 VAC 5-200-75 D 2 c should appear in bold print.

Please see the revised letter forms **CGI(GAL) – RINC(VA)(0320)** and **CGI(GAL) – RINC(VA)(0320)LP**, which have been updated to display the disclosure regarding partnership policies in bold print.

4. Applies To:
CGI(GAL)-RINC(VA)(0320)
CGI(GAL)-RINC(VA)(0320)LP

To conform with 14VAC5-200-75 A. 4. b. the policyholder letter must contain the offer of a revised rate schedule. We were unable to locate this offer. Please add a statement to comply.

Please see the revised letter forms **CGI(GAL) – RINC(VA)(0320)** and **CGI(GAL) – RINC(VA)(0320)LP**, which now have the following statement added under the ‘**My premiums are being increased. Is this allowed?**’ heading on the FAQs:

“You have the right to request a revised premium rate or rate schedule.”

5. Applies To:
CGI(GAL)-RINC(VA)(0320)-CNFOLP

Option 2 is not in conformity with the regulation by stating in Item 2 on the second page that if the policy lapses within 120 days, Option 2 will be provided unless directed otherwise. Please revise.

While we understand that Option 2 provides a different option than that described in 14VAC 5-200-185, in the situation where the policy lapses within 120 days of the premium increase and the insured does not make a selection otherwise, the default must be a policy with a paid-up status with a shortened benefit period for conformity with the regulation.

§ 38.2-5210 and 14 VAC 5-200-185 requires a carrier that markets LTC policies to offer and make available a nonforfeiture benefit. If the nonforfeiture benefit is declined, the insured become eligible for the contingent benefit upon lapse if the rate increase triggers are met. 14 VAC 5-200-185 D 5 c provides that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert the policy to a policy with a paid-up status.

Please see the revised form **CGI(GAL) – RINC(VA)(0320)-CNFOLP**, which now has the following statement added under #2 of the ‘**How do I choose this benefit:**’ heading:

“Option 1 will be provided unless you tell Us otherwise.”

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Nahrup', is positioned above a solid horizontal line.

Madison P. Nahrup, ASA, MAAA
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Continental General Insurance Company
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Austin, Texas 78717