
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Filing at a Glance

Company:	Metropolitan Life Insurance Company
Product Name:	Individual Long-Term Care Insurance
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	07/07/2016
SERFF Tr Num:	META-130643303
SERFF Status:	Closed-Approved
State Tr Num:	META-130643303
State Status:	Approved
Co Tr Num:	CT15-203 LSA-NEW (CJ)
Implementation	On Approval
Date Requested:	
Author(s):	Cherise Livingston, Cory Johnson, Patricia Brabant
Reviewer(s):	Greg Smith (primary), Bill Dismore
Disposition Date:	12/06/2019
Disposition Status:	Approved
Implementation Date:	

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

General Information

Project Name: 2015_2016 Rate Increase Filings	Status of Filing in Domicile: Authorized
Project Number: CT15-203 LSA-New	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 12/06/2019
	State Status Changed: 12/06/2019
Deemer Date: 08/18/2019	Created By: Robert Waldron
Submitted By: Robert Waldron	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

Filing Description:

This is a premium rate schedule increase filing for individual long-term care insurance policies. Please see our filing letter for details.

July 7, 2016

Virginia Bureau of Insurance
State Corporation Commission
1300 East Main Street
Richmond, VA 23219

Re:Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance –
Inforce Premium Rate Schedule Increase Filing for Policy Form LTC2007-VA, et al.
NAIC Company No. is 65978
FEIN No. is 13-5581829

Dear Sir/Madam:

We are filing, for your review and authorization, a request for a 42% premium rate schedule increase with respect to the policy form listed below. The policy form is a tax-qualified individual long-term care insurance policy.

LTC2007-VA - authorized by your Department in 2009

The inforce premium rate schedule increase for which we are seeking authorization in this filing will apply to the above listed policy, along with those riders and endorsements that were contemporaneously or subsequently authorized for use by your Department. They were issued in your state from March 2010 to March 2011, and are no longer being marketed in any state. Nationwide, these policy forms were last issued in 2011.

An inforce rate increase has not been previously authorized or implemented with respect to the policy form noted above.

We are submitting an actuarial memorandum and rates in support of our request.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Notification to Policyholders of Premium Rate Schedule Increase

After we have obtained authorization of the premium rate increase, this rate increase will become effective on each policy's modal premium due date (monthly, quarterly, semi-annually and annually), following at least a 75 day advance written notification to the policyholder. In our written notification we will include explanatory information related to the rate increase, including:

- The amount of the increase requested in this filing and the amount of the increase authorized by your Department;
- If the full amount of the requested increase is authorized by your Department, a statement that the policy may be subject to rate increases in the future and, if the amount of the increase authorized by your Department is less than the amount requested in this filing, the notice may include an additional statement about the likelihood of MetLife making future rate increase requests on the policy. The wording of the statement will depend on the degree of variance from the amount requested;
- The current premium rate and the premium rate after the increase is applied;
- A statement that the premium rate adjustment will be effective on the policy's modal premium due date as described above;
- Information regarding each premium rate increase on this policy form or similar policy forms over the past ten (10) years for this state or any other state that identifies:

1.The policy forms for which premium rates have been increased;

2.The calendar years when the form was available for purchase; and

3.The percent range of each increase;

- The following options available to the policyholder:

1.the policyholder can continue his/her current coverage by paying the new premium amount when due;

2.the policyholder can reduce his/her coverage to lessen the impact of the premium rate schedule if the current level of coverage permits a reduction; or

3.if the policyholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), then the policyholder will have nonforfeiture coverage as follows.

if the policyholder's coverage does not include the nonforfeiture coverage provision, or includes the nonforfeiture coverage provision but that provision provides benefits less than the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), we will issue the policyholder the LCUL.

if the policyholder's policy includes Contingent Benefits Upon Lapse and the policyholder qualifies for coverage under Contingent Benefits Upon Lapse, we will instead provide coverage under the LCUL, since the benefit payable under the LCUL is equal to the benefit payable under Contingent Benefits Upon Lapse.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

off the policyholder's coverage includes the nonforfeiture coverage provision and that provision provides benefits equal to the LCUL, we will provide coverage under the nonforfeiture coverage provision.

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit.

We have included a copy of our policyholder notification letter for informational purposes.

We have submitted the Limited Coverage Upon Lapse Following Premium Increase Endorsement (LCUL) for authorization under separate cover.

The contact person for this filing is:

Gina Jisonna
1300 Hall Boulevard
Bloomfield, CT 06002
Telephone: 860-656-3809
gjisonna@metlife.com

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

Thomas G. Reilly

Company and Contact

Filing Contact Information

Gina Jisonna, Sr. Product Consultant	gjisonna@metlife.com
1300 Hall Blvd	860-656-3809 [Phone]
Bloomfield, CT 06002	860-656-3815 [FAX]

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: 241	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	12/06/2019	12/06/2019

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Greg Smith	09/06/2019	09/06/2019
Info has been requested from company	Bill Dismore	04/22/2019	04/22/2019
Info has been requested from company	Bill Dismore	04/11/2019	04/11/2019
Info has been requested from company	Bill Dismore	01/17/2019	01/17/2019
Info has been requested from company	Bill Dismore	12/06/2018	12/06/2018
Info has been requested from company	Bill Dismore	11/20/2018	11/20/2018
Disapproved	Greg Smith	04/30/2018	04/30/2018
Info has been requested from company	Janet Houser	10/12/2017	10/12/2017
Info has been requested from company	Janet Houser	06/06/2017	06/07/2017
Info has been requested from company	Janet Houser	12/08/2016	12/08/2016
Disapproved	Janet Houser	08/01/2016	08/01/2016

Response Letters

Responded By	Created On	Date Submitted
Cory Johnson	12/06/2019	12/06/2019
Cory Johnson	04/25/2019	04/25/2019
Cherise Livingston	04/19/2019	04/19/2019
Robert Waldron	01/17/2019	01/17/2019
Robert Waldron	01/17/2019	01/17/2019
Robert Waldron	12/05/2018	12/05/2018
Robert Waldron	08/21/2018	08/21/2018
Cherise Livingston	01/11/2018	01/11/2018
Robert Waldron	09/07/2017	09/07/2017
Robert Waldron	05/02/2017	05/02/2017
Cherise Livingston	12/01/2016	12/01/2016

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	REMOVED	Cherise Livingston	04/08/2019	04/08/2019
Form	REMOVED	Cherise Livingston	04/08/2019	04/08/2019
Supporting Document	Coverage Change Form	Cherise Livingston	04/08/2019	04/08/2019
Supporting Document	REMOVED VA Insured RA ltr Revised_12-10-18 - John Doe versions - phase 1 & 2	Cherise Livingston	04/08/2019	04/08/2019
Supporting Document	Explanation of Variables	Cherise Livingston	04/08/2019	04/08/2019
Supporting Document	IB Insured RA ltr_FAQ	Cherise Livingston	04/08/2019	04/08/2019
Supporting Document	VA Insured RA ltr Revised_12-10-18 - John Doe versions - phase 1 & 2	Robert Waldron	02/13/2019	02/13/2019
Form	VA Insured RA ltr Revised_12-10-18	Robert Waldron	02/12/2019	02/12/2019
Form	VA Insured RA ltr Revised 12-10-18_Phase 2	Robert Waldron	02/12/2019	02/12/2019
Supporting Document	012 LTC2007-NF (VA)	Robert Waldron	09/07/2017	09/07/2017
Supporting Document	VA LSA new Objection Responses - 04-24-2017	Robert Waldron	05/23/2017	05/23/2017

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection 9/6/2019	Note To Filer	Bill Dismore	12/05/2019	12/05/2019
Amendment Letter - 4/08/2019 - Request for John Doe Policyholder Notification Letter	Note To Filer	Bill Dismore	04/09/2019	04/09/2019
Amendment Letter	Note To Filer	Bill Dismore	02/12/2019	02/12/2019
Filing Status - All Jurisdictions Where These Forms are Active	Note To Filer	Bill Dismore	04/27/2018	04/27/2018
Status	Note To Filer	Janet Houser	11/09/2017	11/09/2017
LTC Rate Request Summary	Note To Filer	Janet Houser	10/18/2017	10/18/2017
Exhibits	Note To Filer	Janet Houser	05/09/2017	05/09/2017
additional objection	Note To Filer	Janet Houser	12/09/2016	12/09/2016
Actuarial Review - Final Summary Report	Reviewer Note	Bill Dismore	12/05/2019	
Pending Forms approval contained in SERFF # META-130643279	Reviewer Note	Greg Smith	09/06/2019	

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
VALR for LTCI Filings	Reviewer Note	Bill Dismore	07/18/2019	
RRS	Reviewer Note	Bill Dismore	10/01/2018	
Filing Status Request of 9/25/2018	Reviewer Note	Bill Dismore	09/25/2018	
Status Report	Reviewer Note	Bill Dismore	08/30/2018	
Policyholder Letter Objections - 4/30/2018	Reviewer Note	Bill Dismore	05/18/2018	
LBUL - SERFF # META-131610584	Reviewer Note	Bill Dismore	04/24/2018	

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Disposition

Disposition Date: 12/06/2019

Implementation Date:

Status: Approved

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience for the next three years comparing the actual results to the results that the Company projected in justifying the rate increase. We would expect the initial experience report filing to be made no later than 18 months from the disposition date and to include updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Metropolitan Life Insurance Company	43.330%	43.330%	\$50,597	59	\$120,468	43.330%	43.330%

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	Filing Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Updated Policyholder Letters	Received & Acknowledged	Yes
Supporting Document (revised)	call center scripting	Received & Acknowledged	Yes
Supporting Document	Response Letter 12.01.2016	Received & Acknowledged	Yes
Supporting Document (revised)	Explanation of Variables	Received & Acknowledged	Yes
Supporting Document	Filing Status Rate Summary	Received & Acknowledged	Yes
Supporting Document	LTC2007 Policy	Received & Acknowledged	Yes
Supporting Document	Exhibits and Attachments	Received & Acknowledged	Yes
Supporting Document	Future Purchase Option rider	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Form	Received & Acknowledged	Yes
Supporting Document	VA LSA new Objection 2016-12-08 META-130643303	Received & Acknowledged	Yes
Supporting Document (revised)	VA LSA new Objection Responses - 04-24-2017	Received & Acknowledged	Yes
Supporting Document	Filing Letter - LTC2007 - Approval Filing w-Partnership	Received & Acknowledged	Yes

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Schedule	Schedule Item	Schedule Item Status	Public Access
	(VA) (8-40-07)		
Supporting Document	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)	Received & Acknowledged	Yes
Supporting Document	VA LSAnew Objection 2017-06-07 Response attachments (Revised)	Received & Acknowledged	Yes
Supporting Document (revised)	Removed	Received & Acknowledged	Yes
Supporting Document (revised)	Removed	Received & Acknowledged	Yes
Supporting Document	012 LTC2007-NF (VA)	Received & Acknowledged	Yes
Supporting Document	Response Letter 1.5.18	Received & Acknowledged	Yes
Supporting Document	Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Explanation of Variable for the Coverage Change Form	Received & Acknowledged	Yes
Supporting Document	Response Letter 1.11.18	Received & Acknowledged	Yes
Supporting Document	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)	Received & Acknowledged	Yes
Supporting Document	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)	Received & Acknowledged	Yes
Supporting Document	Cost of Care 2016-LD exp 10_19	Received & Acknowledged	Yes
Supporting Document (revised)	Removed	Received & Acknowledged	Yes
Supporting Document (revised)	REMOVED VA Insured RA ltr Revised_12-10-18 - John Doe versions - phase 1 & 2	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Letter FAQs John Doe	Received & Acknowledged	Yes
Supporting Document	Response Letter to Objection 4.22.2019	Received & Acknowledged	Yes
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	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Removed and attached to the Form Schedule tab	Withdrawn	No
Supporting Document	Policyholder Letter	Withdrawn	No
Supporting Document	call center scripting	Withdrawn	No
Supporting Document	Explanation of Variables	Withdrawn	No
Supporting Document	Explanation of Variable for the Policyholder Letter	Withdrawn	No
Supporting Document	Explanation of Variable for the Policyholder Letter	Withdrawn	No

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanation of Variable for the Policyholder Letter	Withdrawn	No
Supporting Document	Explanation of Variable for the Policyholder Letter	Withdrawn	No
Supporting Document	Explanation of Variable for the Policyholder Letter	Withdrawn	No
Supporting Document	Statement of Variable	Withdrawn	No
Supporting Document	Statement of Variable	Withdrawn	No
Supporting Document	Coverage Change Form	Withdrawn	No
Supporting Document	REMOVED	Withdrawn	No
Supporting Document	Coverage Change form	Withdrawn	No
Supporting Document	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection	Withdrawn	No
Supporting Document	VA LSA new Objection Responses - 04-24-2017	Withdrawn	No
Supporting Document	Policyholder Letter LSA	Withdrawn	No
Supporting Document	Removed PH Ltr	Withdrawn	No
Supporting Document	VA IB PH Ltr LSA	Withdrawn	No
Supporting Document	Explanation of Variable for the Policyholder Letter	Withdrawn	No
Supporting Document	Removed	Withdrawn	No
Supporting Document	EOV_LSA PH Letter_for VA Objection	Withdrawn	No
Supporting Document	IB Insured RA ltr_FAQ	Withdrawn	No
Supporting Document	IB Insured RA ltr_FAQ	Withdrawn	No
Supporting Document	IB Insured RA ltr_FAQ	Withdrawn	No
Supporting Document	VA Insured RA ltr Revised_12-10-18 - John Doe versions - phase 1 & 2	Withdrawn	No
Supporting Document	Policyholder Letter FAQs John Doe	Withdrawn	No
Form (revised)	REMOVED	Received & Acknowledged	Yes
Form (revised)	REMOVED	Received & Acknowledged	Yes
Form (revised)	REMOVED	Received & Acknowledged	Yes
Form (revised)	REMOVED	Received & Acknowledged	Yes
Form	Policyholder Letter	Disapproved	No
Form	Policyholder Letter	Withdrawn	No
Form	VA Insured RA ltr Revised_12-10-18	Withdrawn	No
Form	Policyholder Letter	Withdrawn	No
Form	Policyholder Letter	Withdrawn	No

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Policyholder Letter	Withdrawn	No
Form	Policyholder Letter	Withdrawn	No
Form	VA Insured RA ltr Revised 12-10-18_Phase 2	Withdrawn	No
Form	Policyholder Letter Phase 2	Withdrawn	No
Form	Policyholder Letter Phase 2	Withdrawn	No
Form	Policyholder Letter Phase 2	Withdrawn	No
Form	Policyholder Letter Phase 2	Withdrawn	No
Form	VA IB Coverage Change Form revised 11-26-18	Withdrawn	No
Form	VA IB Coverage Change Form new version	Withdrawn	No
Rate (revised)	VA_LSAnew_rates_43.33%IncreasePhase1_19.72%	Approved	Yes
Rate (revised)	VA_LSAnew_rates_43.33%IncreasePhase2_19.72%	Approved	Yes
Rate	VA_LSAnew_rates_43.33%IncreasePhase1_19.42%	Withdrawn	No
Rate	VA_LSAnew_rates_43.33%IncreasePhase1_19.42%	Withdrawn	No
Rate	VA_LSAnew_rates_42% Increase Phase 1	Withdrawn	No
Rate	VA_LSAnew_rates_42%Increase	Withdrawn	No
Rate	VA_LSAnew_rates_43.33%IncreasePhase2_19.42%	Withdrawn	No
Rate	VA_LSAnew_rates_43.33%IncreasePhase2_19.42%	Withdrawn	No
Rate	VA_LSAnew_rates_42% Increase Phase 2	Withdrawn	No

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/06/2019
Submitted Date	09/06/2019
Respond By Date	12/06/2019

Dear Gina Jisonna,

Introduction:

Objection 1

Comments: Further action on this filing is pending approval of necessary forms in a separate related filing noted in the State Filing Description. Once related forms are approved, we will continue processing this filing.

No response to this message is requested at this time.

Conclusion:

Thank you for your courtesy and consideration in this matter.

Sincerely,
Greg Smith

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/22/2019
Submitted Date	04/22/2019
Respond By Date	05/22/2019

Dear Gina Jisonna,

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

- Policyholder Letter LSA (Supporting Document)

Comments: Please bracket the percentages displayed in the 2nd and 3rd paragraphs of the Policyholder Letter. The Explanation of Variability (EOV) provides an explanation for the 2nd paragraph percentage but should be expanded to explain the variability for the 3rd paragraph percentages.

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:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/11/2019
Submitted Date	04/11/2019
Respond By Date	04/25/2019

Dear Gina Jisonna,

Introduction:

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

Objection 1

Comments: Please provide a "JOHN DOE" letter version under the Supporting Documentation tab so that the notification may be viewed through the eyes of the policyholder. Please include all attachments that are intended to go with the notification letter.

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:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/17/2019
Submitted Date	01/17/2019
Respond By Date	02/15/2019

Dear Gina Jisonna,

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

- Explanation of Variable for the Policyholder Letter (Supporting Document)

Comments: The Statement of Variability applies to the Frequently Asked Questions document.

Please provide the Statement of Variability for the Policyholder Notification Letter that was revised on 1/17/2019.

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:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 12/06/2018
Submitted Date 12/06/2018
Respond By Date

Dear Gina Jisonna,

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

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Page 1, second paragraph under "What You Need to Know", on both the PH-LTR-VA and PH-LTR-P2-VA

There should be brackets before the words, "Over time, ... and after ".... meet our future claim obligations."

Objection 2

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Fourth paragraph in PH-LTR-VA and third paragraph in PH-LTR-P2-VA, please remove the word, "approximately".

In your response to our Objection 4 dated 12/5/2018, you stated, "One of the main reasons is that the insured's phase 2 and/or 3 premium may not be accurately reflected on the phase 1 rate action notification letter, particularly if the insured makes a coverage change prior to the phase 2 or phase 3 rate increase being implemented.

The VA BOI feels that in place of the word "approximately", the Company could follow the premium increase with a phrase such as, "assuming the policyholder does not change benefits" or "unless you change your coverage".

Objection 3

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Fourth paragraph in PH-LTR-VA and third paragraph in PH-LTR-P2-VA

For clarity, the VA BOI believes that the new premium amount should be stated for the second and, if necessary, the third increase. The policyholder may not understand how to calculate the premium increase based upon the percentage stated.

Objection 4

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Under the Effective Date; Current Premium Amount; Increased Premium Amount box is the term "[COMPLETE DATE]". Since it appears in brackets, it should be explained on the Statement of Variability for both letters.

Objection 5

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

- VA IB Coverage Change Form revised 11-26-18, COVCHG-VA (Form)

Comments: Please remove COVCHG-VA from the Form Schedule and place it under the Supporting Documentation tab.

This document does not need to be an approved form since the approved policy allows for a change to the Schedule of Benefits.

Conclusion:

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

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/20/2018
Submitted Date	11/20/2018
Respond By Date	

Dear Gina Jisonna,

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

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)
- VA IB Coverage Change Form new version, COVCHG-VA (Form)

Comments: We have two concerns with the presentation of the full and corporate name.

1) V14VAC5-100-50 5 - The type size of the text must appear in a type size of at least 10 point.

2) 14VAC5-100-50 2 - The full and proper corporate name must be displayed prominently. The corporate name should appear at least as prominently as other text appearing on the form.

Objection 2

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: 14VAC5-2-185 E provides that the standard nonforfeiture credit will equal 100% of the premiums paid; however the minimum shall not be less than 30 times the daily nursing home benefit.

For those policies with a maximum monthly benefit, we allow the insurer to state that the minimum shall not be less than the monthly benefit.

Please review the second paragraph on page 3 of the letter which states, "... waived prior to lapse; or 30 times the Monthly Benefit Amount in effect immediately prior to your date of lapse." Please explain if the word "Monthly" should be changed to "Daily".

Objection 3

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Under SERFF Filing # META-130643279, a rate increase has been requested for 17.87% over three phases. The current policyholder letter only allows for increases over 2 phases. Please revise the policyholder letter language and the Statement of Variability to allow for rate increases of more than two phases.

Objection 4

- Policyholder Letter, PH-LTR-VA (Form)

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Comments: Please add a Current/Increased Premium Information box for each phase of the proposed rate increase. Since this rate increase is over multiple phases, each additional Current/Increased Premium Information box should be variable.

This was recommended and responded to in your letter to us on 8/13/2018. Your response was noted but in reviewing a different rate increase filing, META-130643279, we find that filing has requested a rate increase over 3 phases and the current structure of the policyholder letter forms PH-LTR-VA and PH-LTR-P2-VA would not be acceptable by the BOI.

Objection 5

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Your Options - Page 2

- 1) *The policyholder option(s) should be stated and fully explained in the letter.*
- 2) *Provide a clear explanation of what happens if the policyholder fails to submit a Coverage Change Form.*

Objection 6

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Enclosures

- 1) *Please place a copy of the "Cost of Care Chart" in Supporting Documentation and provide an explanation of how the Company uses this document.*
- 2) *Please place a copy of the "Frequently Asked Questions" in Supporting Documentation.*

Objection 7

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Company Address

There appears to be a bracket, rather than a digit at the end of the postal code. Does the Company intend to make the address variable?

Conclusion:

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

*Sincerely,
Bill Dismore*

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 04/30/2018
Submitted Date 04/30/2018
Respond By Date

Dear Gina Jisonna,

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

- Policyholder Letter, (Form)

Comments: Initial Policyholder Notification Letter

1) Concern regarding clarity remains about some of the wording in paragraph 2, "What you need to know." We offer the following language as an example of wording that would satisfy our concerns and that also may assist you in getting future letters approved. Specifically:

- We offer as a suggestion, the inclusion of variability brackets enclosing the specific triggers. Should the triggers change in future rate revisions, it would not be necessary for you to resubmit the letter for approval as long as the changes are addressed in the Statement of Variability.

- The following language includes a summary sentence explaining the rate increase action.

"We understand how important your long-term care insurance policy is to your personal financial plan. Any decision about premium increases is difficult and not taken lightly. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, we experienced a larger number of claims lasting longer than we anticipated. To account for the increasing claim costs, a premium increase is necessary to meet our future claim obligations.] You may be able to reduce the change in premium by adjusting your coverage. Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form."

2) Please remove the word "approximately" that appears twice before [19.72%] in the 4th paragraph.

3) As shown at the top of page 2 of the letter, please label the Current/Increased Premium Amounts box as "First Rate Increase". Create a second Current/Increased Premium Amounts box and label as "Second Rate Increase". Consider making the second Current/Increased Premium Amounts box variable to account for future changes.

4) Please bold the second paragraph on page 2, "Please note that if you are on waiver of contribution...."

5) Please explain the [FORM DATE] under "Your Options" on page 2 of the Policyholder letter and add this to the Statement of Variability since it is bracketed.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

6) Please update the Statement of Variability for the above changes as necessary..

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please clarify your statement under Policy Forms regarding, "...the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated after October 27, 2009." Please provide a count of the number of policyholders that are active that submitted applications before and after 10/27/2009.

Objection 3

- Policyholder Letter Phase 2, (Form)

Comments: Second Policyholder Notification Letter

1) Concern regarding clarity remains about some of the wording in paragraph 2, "What you need to know." We offer the following language as an example of wording that would satisfy our concerns and that also may assist you in getting future letters approved. Specifically:

- We offer as a suggestion, the inclusion of variability brackets enclosing the specific triggers. Should the triggers change in future rate revisions, it would not be necessary for you to resubmit the letter for approval as long as the changes are addressed in the Statement of Variability.

- The following language includes a summary sentence explaining the rate increase action.

"We understand how important your long-term care insurance policy is to your personal financial plan. Any decision about premium increases is difficult and not taken lightly. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, we experienced a larger number of claims lasting longer than we anticipated. To account for the increasing claim costs, a premium increase is necessary to meet our future claim obligations.] You may be able to reduce the change in premium by adjusting your coverage. Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form."

2) Please remove the word "approximately" that appears twice before [19.72%] in the 3rd paragraph.

3) As shown at the top of page 2 of the letter, please label the Current/Increased Premium Amounts box as "Second Rate Increase". Consider making the second Current/Increased Premium Amounts box variable to account for future changes.

4) Please bold the first paragraph at the top of page 2, "Please note that if you are on waiver of contribution...."

5) Please explain the [FORM DATE] under "Your Options" on page 2 of the Policyholder letter and add this to the Statement of Variability since it is bracketed.

6) Please update the Statement of Variability for any changes or additions.

Objection 4

- Policyholder Letter, (Form)

- Policyholder Letter Phase 2, (Form)

Comments: Pursuant to 14VAC5-100-50 Form Requirements:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

- Please assign form numbers for the Policyholder Letter and Policyholder Letter Phase 2 and list these under the Form Schedule for the appropriate form.

- Add the Long Term Care Increase Coverage Change Request Form to the Form Schedule and assign a form number, since this form will be attached to the policy.

- Update the Explanation of Variability for each Policyholder Letter and Coverage Change Request form as necessary to explain all bracketed items.

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 me.

Thank you,

Greg Smith
Principal Insurance Market Examiner

Sincerely,
Greg Smith

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 10/12/2017
Submitted Date 10/12/2017
Respond By Date

Dear Gina Jisonna,

Introduction:

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

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

Objection 1

- VA IB PH Ltr LSA (Supporting Document)

Comments: Please move this letter from Supporting Documentation to replace the policyholder letter currently on the Form Schedule which does not reflect the recent changes made in the letter.

Before doing so, please remove the "42%" located before the first paragraph on the first page of the letter. According to the Rate/Rule Schedule to overall percentage of the rate change is 43.33%; however, the rate attachments indicates two phases of 19.42% each. The Actuarial Memorandum indicates the two phases would be 19.72% each which would result in an overall increase of 43.33%. Please amend the letter accordingly to reflect 43.33% overall increase with each implementation to be 19.72% as well as the rate attachments in the Rate/Rule Schedule.

It does not appear any variability has been added to the letter so that it may be used when the second implementation is to occur. As previously stated, a second letter may be used and should be submitted for review OR this letter may contain a variable paragraph which will only be used when sending the second notice. Please address.

The letter must be in its final version for review. As a result, under "Cancel your coverage" remove the language "Insert for insureds with no nonforfeiture feature", "Insert for insureds with no nonforfeiture feature (applies to insured with CBUL)" and "Insert for letters to insureds who have an existing NF benefit" since this language will not appear in the letter. Each paragraph should have a beginning bracket. Please amend the statement of variability to indicate paragraph 1, 2 or 3 will appear depending upon the specific benefits provided in the policy.

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

Objection 2

Comments: It appears the LCUL form submitted under META-130643672 has not been approved. Please be aware this filing may not be approved until such time all related forms to the rate increase have been reviewed and approved.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 06/07/2017
Submitted Date 06/07/2017
Respond By Date

Dear Gina Jisonna,

Introduction:

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

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

Objection 1

- VA_LSAnew_rates_43.33%IncreasePhase1_19.42%, [LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60] (Rate)

- VA_LSAnew_rates_43.33%IncreasePhase2_19.42%, [LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60] (Rate)

Comments: Thank you for adding form numbers to the Rate/Rule Schedule as requested. The forms in this filing should match the forms listed on the Rate/Rule Schedule in the original filing META-125279795. It appears form LTC2007-UCPI-VA was not included in that filing and was withdrawn. Please clarify and remove from the rate schedule.

Please remove all other forms that were not included in the initial filing under the Rate/Rule Schedule such as the application forms, endorsement forms, reinstatement forms, or personal worksheets.

Objection 2

- VIP1, VIP2, LSA IB RA Coverage Change form for VA objection (Supporting Document)

Comments: Thank you for providing a copy of the Long Term Care Insurance Coverage Change Form. Please confirm this form is not attached and becomes a part of the policy.

We note the name of the company is bracketed on the form. Although such forms may not be subject for approval, please provide a copy of the Statement of Variability in Supporting Documentation.

Objection 3

- Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07) (Supporting Document)

Comments: In reviewing the letter and the Nonforfeiture Coverage Rider form LTC2007-NF-VA, the contingent benefit upon lapse benefit is not consistent with current requirements as revised in VAC5-200-185 and should be updated accordingly. Please attach a form for review and approval. A readability certification will also be required for any new riders and/or endorsements for compliance with 14VAC5-110-60.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

We also suggest the company review form LTC2007-CBUL(AP) -VA for compliance as well.

Objection 4

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Thank you for the revised policyholder letter. And as requested, the Company changed the following sentence: "In the event of future rate increase, options may be available; however, decreases in coverage can be made at any time, per the provisions of your policy."

After further review, there is a concern this sentence may be potentially confusing and contradictory. To meet regulatory requirement and address the company's concerns, please amend the sentence to state: "In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums per the provisions of your policy."

I apologize for any inconvenience this may have caused.

Objection 5

- Policyholder Letter, PH-LTR-VA (Form)

Comments: The letter currently states the paid up amount of the nonforfeiture benefit will not exceed the remaining Total Lifetime Benefit of your policy immediately prior to your date of lapse. For consistency with 14VAC5-200-185 F, please amend the language to state that is no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status.

This language is also consistent with the call center script.

Objection 6

- Policyholder Letter, PH-LTR-VA (Form)

Comments: The policyholder letter indicates the rate increase will be implemented in two or three periods. The letter, however, should indicate the overall percentage increase and then indicate what the increase will be for each subsequent period. In addition, a policyholder notification letter must be sent at least 75 days prior to each implementation which satisfies all the requirements as set forth in 14VAC5-200-75 D. As a result, the Company will need to furnish such letters for review. The Company may wish to add variability for this purpose or create a separate letter and attach it to the Form Schedule. Please provide a corresponding Statement of Variability.

Please include in the letter the actual dollar amounts of each subsequent increase under the Current and New Premium Amounts section of the letter.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Attachment 4 shows total claim count for incidence of 4,108 but has a count of 17,876 for claim terminations. Are these based on different datasets? Please reconcile.

2.Please provide in Excel format a calculation of the expected lifetime loss ratio based on all original assumptions including the original premium scale, but using the actual mix of business based on policies issued rather than the assumed mix of business.

3.Please provide in Excel format a projection of future experience utilizing the actual policies in force at the projection date, but utilizing original assumptions for mortality, lapse, morbidity and interest from the projection date forward and utilizing the original premium scale with no increases.

4.Please provide in Excel format an updated exhibit showing the rate increase history and status of existing rate increase requests in

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

each state, including the in force annualized premium for each state.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Janet Houser*

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 12/08/2016
Submitted Date 12/08/2016
Respond By Date

Dear Gina Jisonna,

Introduction:

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

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

Objection 1

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Thank you for the attaching the policyholder letter to the Form Schedule. With sufficient variability the letter only needs to be submitted on one filing for review in order to be used for all future long term care rate filings. We will review this letter attached to this filing and will request on the rate filing META-130643279 that the letter be removed from the Form Schedule.

In regards to the letter, please address the following:

- 1) The letter attached to the Form Schedule should be a final version and not reflect any highlighted changes.
- 2) The type size of the Company's name on page one should be at least 10 point for compliance with 14VAC5-100-50 5.
- 3) There are three paid up options. According to the Company, the CBUL has an age restriction that the LCUL does not. If the benefits are the same, would this not mean the CBUL is basically being offered to everyone regardless of the triggers? And if this the case, there would be no need to offer three paid up options. It would seem only the contingent benefit upon lapse and the contractual nonforfeiture benefit would be offered. Please clarify.
- 4) Thank you for your explanation regarding the last sentence in the paragraph "Insert for letters to insureds who have an existing NF benefit". The Company has indicated what the benefit will be under the LCUL and CBUL. Since the value of the nonforfeiture benefit is calculated in the same manner as the CBUL, please include that information in this paragraph.
- 5) In line with the above objection, the amount of coverage should clearly state the paid up status will not exceed the maximum benefits which would be payable if the policy had remained in a premium paying status. Stating the Total Lifetime Benefit payable will not exceed the Total Lifetime Benefit of your policy immediately prior to your date of lapse may not be completely accurate. If benefits have been paid, the amount of coverage will be the lesser of total premiums paid or the remaining amount of coverage. In other words, if premiums paid are less than the lifetime benefit amount less claims paid, the benefit would be the amount of premiums paid; if the premiums paid are higher than the remaining amount of coverage, then the remaining coverage would be the paid up value. Do you agree?
- 6) Please attach a copy of the Coverage Change Form that is referenced in "Next Steps" to Supporting Documentation.
- 7) In regards to the landing spots, please attach a copy of the Future Purchase Option rider to Supporting Documentation. Please advise when this form was approved and the SERFF tracking number.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

8) It appears the following language regarding the fact that similar options will be made available if there are future increases has been removed. Please include this for compliance with 14VAC5-200-75 D 1 Subsection A 2:

"In the event of future rate increases, options, similar to those being offered at this time, if applicable, may or may not be available but decreases in coverage can be made at any time, per the provisions of your policy."

9) Please include the appropriate variability if this rate, or future rate increases, will be implemented in stages. Please understand, as well, policyholder notifications must be sent at least 75 days prior to each implementation stage. This can also be handled with the appropriate variability. Please amend the statement of variability accordingly.

Objection 2

- call center scripting (Supporting Document)

Comments: Thank you for providing the call center scripting. In reviewing this, there are concerns as follows:

5A should clearly state for Virginia, the policyholder will receive at least a 75 day notice prior to the rate implementation.

Although the company does have the right to request rate increases, item 7 should include a comment that any rate increase would be subject to review and approval of the Virginia State Corporation Commission.

Item 13 should be expanded to include that in no event will the paid up value exceed the maximum benefit would be payable if the policy had remained in a premium paying status.

Objection 3

- Statement of Variable (Supporting Document)

Comments: There are two variable item #2's under Options to consider. Based on the Statement of Variability, it appears which paragraph will be used is based on the policy forms. Is that correct? The statement specifically, however, refers to a LifeStage Advantage (LSA) policyholder letter. What letter is that and how is this applicable to the policyholder letter we are reviewing?

Objection 4

- VA_LSAnew_rates_42% Increase Phase 1, [LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA] (Rate)

- VA_LSAnew_rates_42% Increase Phase 2, [LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA] (Rate)

Comments: Thank you for expanding the form numbers on the Rate/Rule Schedule as requested. The affected form numbers must reflect the form numbers exactly as approved under SERFF tracking # META-125279795. Please revise accordingly.

The rate attachments should clearly indicate the form numbers and corresponding rates. Please add the form number of the riders to the rate attachments.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection 5

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

Comments: Thank you for your reply to our objection regarding the Long Term Care Rate Request Summary. Although the information explaining the reason for the rate increase is found in the Actuarial Memorandum, our objection has not been resolved. Please attach a brief narrative to the LTC summary. This form will be available on our website for consumers to view and obtain an explanation for the rate increase. It should be presented in consumer friendly language and explain what assumptions have changed and why since the policy was initially priced and what effect this has on rates.

Also, the form should be updated to reflect all the form numbers affected by this rate increase.

Objection 6

- LTC2007 Policy (Supporting Document)

Comments: Thank you for the information regarding how the policy is updated. This is currently under review and if there are any concerns, we will notify you as soon as possible.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please update all projections to include experience through 12/312015.

2.In response to Objection 6.e., the Company states that some information from original pricing is no longer available. This is concerning, especially considering the relatively recent timing of the original pricing in 2009. Please further describe what data is missing that prevented the Company from responding to the original question.

3.Please provide in Excel format a loss ratio exhibit assuming the requested premiums had been in effect from inception of the policies.

4.Please provide an A/E analysis on each assumption (morbidity, mortality, lapse) with expected on both original and current assumption basis.

5.Since the current assumptions as described in the memorandum are very similar to the original assumptions, please provide a quantitative measure of the impact of the change in each assumption individually on the lifetime loss ratio.

6.By comparing the data presented in Attachments 1a and 2, we have reached the following conclusions. Please confirm that you agree with these observations or explain if you believe we have misinterpreted the data:

a.The Company is projecting lower overall persistency under current assumptions than under the original assumptions.

b.The Company is projecting lower claims in early durations (1-20) than under original assumptions.

c.The Company is projecting significantly higher ultimate claims (beyond duration 20) than under original assumptions.

7.Please provide a detailed explanation of the source data and actuarial review performed in setting each assumption. If outside data sources were utilized, please discuss any adjustments made to reflect the company's unique business.

8.Please provide a discussion of the credibility of the data underlying the current assumptions.

9.The 58/85 test must use projections which do not include benefit downgrades or anti-selective lapses. Please revise this test and provide supporting exhibits.

10.Please further describe the margins for moderately adverse experience used in the certification. What exactly is meant by 5% of gross premiums future premiums? Lifetime premiums? How does this value compare to 10% of future claims?

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Janet Houser

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 08/01/2016
Submitted Date 08/01/2016
Respond By Date

Dear Gina Jisonna,

Introduction:

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

A preliminary review of the submitted filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information.

Objection 1

- Policyholder Letter (Supporting Document)

Comments: The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75. For compliance with this regulation, please address the following concerns:

- 1) For compliance with 14 VAC5-100-50 1 and 2, please attach the policyholder letter to the Form Schedule in SERFF. A form number must appear in the lower left-hand corner of the first page. The full and proper corporate name of the insurer shall prominently appear and may not be variable information in the policyholder letter.
- 2) Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3.
- 3) It is not necessary to file separate letters for each requested long term care rate increase provided the filed letter contains the appropriate variability to accommodate various scenarios. Please let us know if the company prefers to submit one letter or a separate letter for each filing. Please provide a statement of variability explaining any bracketed information in the letter.
- 4) The letter references the full corporate name of the insurer and later as only MetLife. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as MetLife. Our concern would be resolved if the first sentence of the letter were stated as When you purchased your long term care insurance policy from Metropolitan Life Insurance Company (MetLife)...."
- 5) Please add the words "Virginia's State Corporation" before the word "commission" in the third paragraph. (Please capitalize commission.)
- 6) Should the company wishes to use this letter in the future, it should place brackets around 58% in the fourth paragraph. If it does not, please revise the percentage to 42.0% to match what has been proposed in this filing.
- 7) Please remove the language in the fourth paragraph that states "...if applicable, may or may not be available." This language is not in compliance with 14VAC5-200-75 D 2.
- 8) The letter contains the disclosure that all options may not be of equal value. Since this is a disclosure set forth in 14VAC5-200-75 D 2 b, that information must be emphasized to bring attention to its importance such as highlighting, bolding, or using larger print.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
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9) 14VAC5-200-75 D 3 requires a clear identification of the driving factors of the rate increase. Please expand upon the explanation that a variation in claims and other key actuarial assumptions have not materialized as expected. Please be more specific as to what assumptions the company is referring and why rates must be increased. Below is a example:

"Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims."

10) It is unclear why the following sentence is bracketed since the options (and not just one option) must be offered in the letter:

"Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider."

11) What is the minimum benefit duration that an insured can reduce his benefit?

12) Under the Cancel your Coverage, please provide more information regarding the Limited Coverage Upon Lapse Following Premium Increase (LCUL). Please explain how it differs from the Contingent Benefit Upon Lapse Nonforfeiture Feature (CBUL) which must be compliant with 14VAC5-200-185 D as revised last year.

13) Please clarify what is meant by the last sentence in the optional paragraph for those insureds who have an existing NF benefit: "(Please note that this limited coverage is not intended to replace coverage you currently have.)"

14) Please confirm the Coverage Change Form is not attached and becomes a part of the contract.

15) Option 4 relates to the potential removal of riders as an option to reduce the impact of the rate increase. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

16) Please indicate in the letter that options to reduce benefits may occur at any time, not just at the time of a rate increase.

Objection 2

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

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
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Provided there is sufficient variability, forms only need to be filed for review and approval once to be used on all future filings unless the company wishes to use specific form numbers for each filing.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)
- VA_LSAnew_rates_42%Increase, [LTC2007-VA] (Rate)

Comments: According to the filing, the proposed rate increase includes any rider or endorsement forms that were contemporaneously or subsequently approved for use with the policy form. Please expand the "Affected Form Numbers" in SERFF to include any riders or endorsement forms for which the rates are associated with that form and for which the increase would be applicable. The form number should match exactly the form number as approved in Virginia. The Actuarial Memorandum would need to be updated accordingly.

The memorandum states this increase will only apply to policies with applications dated after October 27, 2009. Please confirm no policies were issued in Virginia prior to that date.

Please insert in the Percent Rate Change Request 42% under the Rate Action Information on the Rate/Rule Schedule as this information refers to the current request.

Objection 4

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

Comments: It appears the product checklist was attached in error. Please complete the attached form and attach a brief narrative to summarize the key information used to develop the rates including the main drivers for revised rates.

Objection 5

- Filing Letter (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)
- VA_LSAnew_rates_42%Increase, [LTC2007-VA] (Rate)

Comments: Please advise if the company wishes to request a series of scheduled rate increase that are actuarially equivalent to a single amount requested over the lifetime of the policy as set forth in 14VAC5-200-153 B 5.

If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the following:

a. An exhibit illustrating an actual to expected analysis based on the original assumptions.

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

c. Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
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Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

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

e. Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

f. According to the Actuarial Certification, the projection do not reflect any margins for moderately adverse experience. Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as - projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.

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

h. Please re-state nationwide experience using Virginia approved rate.

Objection 7

- Certification of Compliance (Supporting Document)

Comments: The Certification refers to South Carolina. Please provide a certification for compliance with 14VAC5-100-40 3.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

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

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

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

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

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/06/2019
Submitted Date	12/06/2019

Dear Greg Smith,

Introduction:

Response 1

Comments:

We have provided the revised forms as requested in the separate related filing. Please let us know if anything additional would be required to assist in your review of this filing.

Related Objection 1

Comments: Further action on this filing is pending approval of necessary forms in a separate related filing noted in the State Filing Description. Once related forms are approved, we will continue processing this filing.

No response to this message is requested at this time.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to our filing.

Gina Jisonna
MetLife Long Term Care
Manager, Product Development

Sincerely,
Cory Johnson

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/25/2019
Submitted Date	04/25/2019

Dear Greg Smith,

Introduction:

The following is our response to your objection letter dated April 22, 2019:

Response 1

Comments:

The objection does not seem to correspond to the latest version of the policyholder letter. We are removing all prior versions from the filing and resubmitting revised letters, EOVs and John Doe versions to eliminate any possible cause for confusion. The updated versions are all inclusive of your departments latest recommendations and approved language. The templates also include variability for all possible filing requests (i.e., increases with or without phased implementation; increases with or without landing spot offers). The updated forms can be found on the Supporting Documentation tab in this filing and were submitted for your review and approval in SERFF filing # META-130643279.

Related Objection 1

Applies To:

- Policyholder Letter LSA (Supporting Document)

Comments: Please bracket the percentages displayed in the 2nd and 3rd paragraphs of the Policyholder Letter. The Explanation of Variability (EOV) provides an explanation for the 2nd paragraph percentage but should be expanded to explain the variability for the 3rd paragraph percentages.

Changed Items:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Updated Policyholder Letters
Comments:	Please see attached updated Policyholder Letters
Attachment(s):	VA PH ltr_W_WO LS_Phase 2.pdf VA PH ltr_W_WO LS_W_WO Phase.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Removed and attached to the Form Schedule tab</i>
Comments:	<i>Removed</i>
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Letter</i>
Comments:	<i>Attached is the Policyholder Letter</i>
Attachment(s):	<i>VA IB PH Letter_FINAL w LD VIP1_LSA.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
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Satisfied - Item:	Explanation of Variables
Comments:	Attached are the updated Explanation of Variables
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Comments:	<i>Attached is the revised Explanation of Variables</i>
Attachment(s):	<i>EOV_VA_RA ltr_FAQs.pdf EOV_VA_Cov Chg Form.pdf</i>
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Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf</i>
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Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
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<i>Previous Version</i>	
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Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

Satisfied - Item:	Removed
Comments:	Removed
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Letter LSA</i>
Comments:	<i>Please see the attached VA IB Policyholder Letter LSA</i>
Attachment(s):	<i>VA IB PH Ltr LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Removed PH Ltr</i>

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
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Comments:	Removed PH Ltr
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments:	<i>Removed PH Ltr</i>
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Satisfied - Item:	Response Letter to Objection 4.22.2019
Comments:	Please see the attached Response Letter to Objection 4.22.2019
Attachment(s):	VA VIP1 Response to Objection Dated 2019-4-22.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please contact me with any further questions or concerns. Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
MetLife Long Term Care
Manager, Product Development
860-656-3809

Sincerely,

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
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Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Cory Johnson

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
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Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/19/2019
Submitted Date	04/19/2019

Dear Greg Smith,

Introduction:

We are in receipt of your Objection March April 11, 2019 in connection with the above-captioned submission.

Response 1

Comments:

We have attached the Policyholder Letter and the John Doe Version in response to your Objection April 11, 2019.

Related Objection 1

Comments: Please provide a "JOHN DOE" letter version under the Supporting Documentation tab so that the notification may be viewed through the eyes of the policyholder. Please include all attachments that are intended to go with the notification letter.

Changed Items:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Letter LSA
Comments:	Please see the attached VA IB Policyholder Letter LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Removed PH Ltr</i>
Comments:	<i>Removed PH Ltr</i>
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>VA IB PH Ltr LSA</i>
Comments:	<i>Please see the attached VA IB PH Ltr LSA</i>
Attachment(s):	<i>VA IB PH Ltr LSA.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Letter LSA
Comments:	Please see the attached VA IB Policyholder Letter LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Removed PH Ltr</i>
Comments:	<i>Removed PH Ltr</i>
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>VA IB PH Ltr LSA</i>
Comments:	<i>Please see the attached VA IB PH Ltr LSA</i>
Attachment(s):	<i>VA IB PH Ltr LSA.pdf</i>

Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Please see the attached EOVS_LSA PH Letter
Attachment(s):	EOVS_LSA PH Letter_for VA Objection.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Removed</i>
Comments:	<i>removed</i>
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>EOVS_LSA PH Letter_for VA Objection</i>
Comments:	<i>Please see the attached EOVS_LSA PH Letter for VA Objection</i>
Attachment(s):	<i>EOVS_LSA PH Letter_for VA Objection.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Letter LSA
Comments:	Please see the attached VA IB Policyholder Letter LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Removed PH Ltr</i>
Comments:	<i>Removed PH Ltr</i>
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>VA IB PH Ltr LSA</i>
Comments:	<i>Please see the attached VA IB PH Ltr LSA</i>
Attachment(s):	<i>VA IB PH Ltr LSA.pdf</i>

Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Please see the attached EOVS_LSA PH Letter
Attachment(s):	EOVS_LSA PH Letter_for VA Objection.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Removed</i>
Comments:	<i>removed</i>
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>EOVS_LSA PH Letter_for VA Objection</i>
Comments:	<i>Please see the attached EOVS_LSA PH Letter for VA Objection</i>
Attachment(s):	<i>EOVS_LSA PH Letter_for VA Objection.pdf</i>

Satisfied - Item:	Policyholder Letter FAQs John Doe
Comments:	Please see the attached Policyholder Letter FAQs John Doe
Attachment(s):	VA_Insured RA ltr FAQs - John Doe.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Thank you for your attention to our filing.

Gina Jisonna
MetLife Long Term Care
Manager, Product Development
860-656-3809
Sincerely,
Cherise Livingston

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/17/2019
Submitted Date	01/17/2019

Dear Greg Smith,

Introduction:

Dear Bill Dismore,

Response 1

Comments:

We apologize for the oversight. The EOV's for the PH letters have been added

Related Objection 1

Applies To:

- Explanation of Variable for the Policyholder Letter (Supporting Document)

Comments: The Statement of Variability applies to the Frequently Asked Questions document.

Please provide the Statement of Variability for the Policyholder Notification Letter that was revised on 1/17/2019.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VIB Insured RA ltr_FAQ_VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to our filing

Sincerely,

Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/17/2019
Submitted Date	01/17/2019

Dear Greg Smith,

Introduction:

Mr. Bill Dismore

Virginia Bureau of Insurance

P.O. Box 1157

Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130643303

Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Mr. Dismore:

Thank you for your response dated December 6, 2018. Here are the answers to your questions:

Response 1

Comments:

Brackets have been added as requested. Please note this language has been updated from the prior round in order to more clearly and accurately reflect our deciding factors in requesting a rate increase. Additionally, the revised language will bring consistency across other PH letters currently pending with your department.

Related Objection 1

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Page 1, second paragraph under "What You Need to Know", on both the PH-LTR-VA and PH-LTR-P2-VA

There should be brackets before the words, "Over time, ... and after ".... meet our future claim obligations."

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_12-10-18.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

No Rate/Rule Schedule items changed.

Response 2

Comments:

My apologies if there was misunderstanding. My comment in your objection #2 relates to illustrating the insureds phase 2 and/or phase 3 premium increase on the phase 1 rate action letter. As it relates to the word approximately, we respectfully request leaving the word approximately in this paragraph. The percentage that will be added to the letter, may not be exact, due to rounding. The % may be off slightly, so we feel the word approximately is necessary in this instance.

Related Objection 2

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Fourth paragraph in PH-LTR-VA and third paragraph in PH-LTR-P2-VA, please remove the word, "approximately".

In your response to our Objection 4 dated 12/5/2018, you stated, "One of the main reasons is that the insured's phase 2 and/or 3 premium may not be accurately reflected on the phase 1 rate action notification letter, particularly if the insured makes a coverage change prior to the phase 2 or phase 3 rate increase being implemented.

The VA BOI feels that in place of the word "approximately", the Company could follow the premium increase with a phrase such as, "assuming the policyholder does not change benefits" or "unless you change your coverage".

Changed Items:

No Supporting Documents changed.

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance
 Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_12-10-18.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

No Rate/Rule Schedule items changed.

Response 3

Comments:

As noted in our prior objection responses, we feel adding the phase 2 and/or phase 3 premium information on the policyholders phase 1 letter could be misleading and confusing, especially if the policyholder makes a coverage change once he/she receives the phase 1 letter. We have an alternate suggestion which is to add an additional FAQ. This FAQ would be an example and if the Department approves our phased request, the information in brackets would be completed. The same example would be provided to all impacted VA insureds receiving the rate increase. Included with this response is a revised copy of the FAQ (#2 is the new FAQ), as well as an EOv to explain the bracketed information.

Related Objection 3

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Fourth paragraph in PH-LTR-VA and third paragraph in PH-LTR-P2-VA

For clarity, the VA BOI believes that the new premium amount should be stated for the second and, if necessary, the third increase. The policyholder may not understand how to calculate the premium increase based upon the percentage stated.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VIB Insured RA ltr_FAQ_VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VIB Insured RA ltr_FAQ_VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

Satisfied - Item:	IB Insured RA ltr_FAQ
Comments:	Please see the attached IB Insured RA ltr_FAQ
Attachment(s):	IB Insured RA ltr_FAQ_VA.pdf
<i>Previous Version</i>	

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Satisfied - Item:	<i>IB Insured RA ltr_FAQ</i>
Comments:	<i>Please see the attached IB Insured RA ltr_FAQ</i>
Attachment(s):	<i>IB Insured RA ltr_FAQ.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_12-10-18.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

No Rate/Rule Schedule items changed.

Response 4

Comments:

The Statements of Variability have been revised.

Related Objection 4

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Under the Effective Date; Current Premium Amount; Increased Premium Amount box is the term "[COMPLETE DATE]". Since it appears in brackets, it should be explained on the Statement of Variability for both letters.

Changed Items:

No Supporting Documents changed.

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance
 Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_12-10-18.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

No Rate/Rule Schedule items changed.

Response 5

Comments:

This form has been moved the Supporting Documentation tab.

Related Objection 5

Applies To:

- VA IB Coverage Change Form revised 11-26-18, COVCHG-VA (Form)

Comments: Please remove COVCHG-VA from the Form Schedule and place it under the Supporting Documentation tab.

This document does not need to be an approved form since the approved policy allows for a change to the Schedule of Benefits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Form
Comments:	Please see the attached revised Coverage Change Form
Attachment(s):	VA IB Coverage Change Form_revised 11-26-18.pdf
Previous Version	
Satisfied - Item:	REMOVED
Comments:	Please see the attached revised Coverage Change form moved to the FORM SCHEDULE tab
Attachment(s):	
Previous Version	
Satisfied - Item:	Coverage Change form
Comments:	Please see the attached revised Coverage Change form
Attachment(s):	VA IB Coverage Change Form_new version.pdf
Previous Version	
Satisfied - Item:	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection
Comments:	Please see the attached VIP1, VIP2, LSA IB RA Coverage Change form for VA objection
Attachment(s):	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	REMOVED	REMOVED	OTH	Other	REMOVED	0.000		Date Submitted: 01/17/2019 By: Robert Waldron
<i>Previous Version</i>								
1	VA IB Coverage Change Form revised 11-26-18	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form_revised 11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
<i>Previous Version</i>								
1	VA IB Coverage Change Form new version	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form new version.pdf	Date Submitted: 08/21/2018 By: Robert Waldron

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager, Product Development

Sincerely,
Robert Waldron

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Response Letter

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

Dear Greg Smith,

Introduction:

Mr. Bill Dismore

Virginia Bureau of Insurance

P.O. Box 1157

Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130643303

Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Mr. Dismore:

Thank you for your response dated November 20, 2018. Here are the answers to your questions:

Response 1

Comments:

The return address has been revised to 10 point.

The full and proper name is displayed in two instances on the policyholder letters and the coverage change form. I have bolded the text in the body of the policyholder letters so that it is more prominently displayed. The corporate name was already bolded on the coverage change form, within the signature box.

Please also note that we have included with the policyholder letter, the chart noting MetLifes Inforce Rate Increase History.

Related Objection 1

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)
- VA IB Coverage Change Form new version, COVCHG-VA (Form)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: We have two concerns with the presentation of the full and corporate name.

- 1) V14VAC5-100-50 5 - The type size of the text must appear in a type size of at least 10 point.
- 2) 14VAC5-100-50 2 - The full and proper corporate name must be displayed prominently. The corporate name should appear at least as prominently as other text appearing on the form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attach ment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance
 Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
3	VA IB Coverage Change Form revised 11-26-18	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form_revised 11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
3	VA IB Coverage Change Form new version	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form new version.pdf	Date Submitted: 08/21/2018 By: Robert Waldron

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

No Rate/Rule Schedule items changed.

Response 2

Comments:

As this letter will be used for 2 different policy forms, I have revised this paragraph to include both Monthly and Daily. The appropriate language will appear, dependent upon the policy form. The EOVs have also been updated.

Related Objection 2

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: 14VAC5-2-185 E provides that the standard nonforfeiture credit will equal 100% of the premiums paid; however the minimum shall not be less than 30 times the daily nursing home benefit.

For those policies with a maximum monthly benefit, we allow the insurer to state that the minimum shall not be less than the monthly benefit.

Please review the second paragraph on page 3 of the letter which states, "... waived prior to lapse; or 30 times the Monthly Benefit Amount in effect immediately prior to your date of lapse." Please explain if the word "Monthly" should be changed to "Daily".

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance
 Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

No Rate/Rule Schedule items changed.

Response 3

Comments:

The letters have been revised with bracketed information to reflect a third phased increase. The EOVs have also been updated.

Related Objection 3

Applies To:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

- Policyholder Letter, PH-LTR-VA (Form)
- Policyholder Letter Phase 2, PH-LTR-P2-VA (Form)

Comments: Under SERFF Filing # META-130643279, a rate increase has been requested for 17.87% over three phases. The current policyholder letter only allows for increases over 2 phases. Please revise the policyholder letter language and the Statement of Variability to allow for rate increases of more than two phases.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

No Rate/Rule Schedule items changed.

Response 4

Comments:

A conference call will be scheduled to discuss all our filings. This is one of the items of discussion. It will be challenging to add the phase 2 and/or 3 premium on the policyholders phase 1 letter. One of the main reasons is that the insureds phase 2 and/or 3 premium may not be accurately reflected on the phase 1 rate action notification letter, particularly if the insured makes a coverage change prior to the phase 2 and phase 3 rate increase being implemented.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Related Objection 4

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Please add a Current/Increased Premium Information box for each phase of the proposed rate increase. Since this rate increase is over multiple phases, each additional Current/Increased Premium Information box should be variable.

This was recommended and responded to in your letter to us on 8/13/2018. Your response was noted but in reviewing a different rate increase filing, META-130643279, we find that filing has requested a rate increase over 3 phases and the current structure of the policyholder letter forms PH-LTR-VA and PH-LTR-P2-VA would not be acceptable by the BOI.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Response 5

Comments:

The coverage change form provides options for the policyholder to decrease their Daily Benefit and/or Total Lifetime Benefit, provided the insured is not at the lowest level available. There is also language on the coverage change form that I have included on the policyholder letter (under the Your Options section): You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional cost riders that were added to your policy. Please contact our Customer Service team at (888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday Friday, if you wish to discuss whether there are additional coverage decrease options available to you. If you have a partnership policy, a change in inflation may result in a loss of partnership status.

If the policyholder fails to submit a coverage change form, the rate increase, as authorized by the Department, will be implemented. Per the terms of the policyholders policy, coverage decreases can be requested at any time. We do request the policyholder send in the coverage change form within 30 days, to ensure the coverage change is made prior to the insureds rate increase effective date.

Related Objection 5

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Your Options - Page 2

- 1) The policyholder option(s) should be stated and fully explained in the letter.
- 2) Provide a clear explanation of what happens if the policyholder fails to submit a Coverage Change Form.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance
 Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
3	VA IB Coverage Change Form revised 11-26-18	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form_revised 11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
3	VA IB Coverage Change Form new version	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form new version.pdf	Date Submitted: 08/21/2018 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

No Rate/Rule Schedule items changed.

Response 6

Comments:

This document will be included with the policyholder letter as additional information to assist the policyholder as they consider their options as it relates to the rate increase and requesting coverage changes.

Frequently Asked Questions is included in Supporting Documentation.

Related Objection 6

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Enclosures

1) Please place a copy of the "Cost of Care Chart" in Supporting Documentation and provide an explanation for how the Company uses this document.

2) Please place a copy of the "Frequently Asked Questions" in Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf

Satisfied - Item:	Cost of Care 2016-LD exp 10_19
Comments:	Please see the attached Cost of Care 2016-LD exp 10_19
Attachment(s):	Cost of Care 2016-LD exp 10_19.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf
Satisfied - Item:	Cost of Care 2016-LD exp 10_19
Comments:	Please see the attached Cost of Care 2016-LD exp 10_19
Attachment(s):	Cost of Care 2016-LD exp 10_19.pdf
Satisfied - Item:	IB Insured RA ltr_FAQ
Comments:	Please see the attached IB Insured RA ltr_FAQ
Attachment(s):	IB Insured RA ltr_FAQ.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

No Rate/Rule Schedule items changed.

Response 7

Comments:

The address is not variable and this issue has been fixed.

Related Objection 7

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Company Address

There appears to be a bracket, rather than a digit at the end of the postal code. Does the Company intend to make the address variable?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Thank you for your timely response and consideration.

Sincerely,

*Gina Jisonna
Manager, Product Development
Sincerely,
Robert Waldron*

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/21/2018
Submitted Date	08/21/2018

Dear Greg Smith,

Introduction:

Mr. Greg Smith

Virginia Bureau of Insurance

P.O. Box 1157

Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130643303

Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Mr. Smith:

Thank you for your response dated April 30, 2018. Here are the answers to your questions:

Response 1

Comments:

Please see the complete response located on the Supporting Documentation tab due to character limits here

Related Objection 1

Applies To:

- Policyholder Letter, (Form)

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Comments: Initial Policyholder Notification Letter

1) Concern regarding clarity remains about some of the wording in paragraph 2, "What you need to know." We offer the following language as an example of wording that would satisfy our concerns and that also may assist you in getting future letters approved. Specifically:

- We offer as a suggestion, the inclusion of variability brackets enclosing the specific triggers. Should the triggers change in future rate revisions, it would not be necessary for you to resubmit the letter for approval as long as the changes are addressed in the Statement of Variability.

- The following language includes a summary sentence explaining the rate increase action.

"We understand how important your long-term care insurance policy is to your personal financial plan. Any decision about premium increases is difficult and not taken lightly. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, we experienced a larger number of claims lasting longer than we anticipated. To account for the increasing claim costs, a premium increase is necessary to meet our future claim obligations.] You may be able to reduce the change in premium by adjusting your coverage. Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form."

2) Please remove the word "approximately" that appears twice before [19.72%] in the 4th paragraph.

3) As shown at the top of page 2 of the letter, please label the Current/Increased Premium Amounts box as "First Rate Increase". Create a second Current/Increased Premium Amounts box and label as "Second Rate Increase". Consider making the second Current/Increased Premium Amounts box variable to account for future changes.

4) Please bold the second paragraph on page 2, "Please note that if you are on waiver of contribution...."

5) Please explain the [FORM DATE] under "Your Options" on page 2 of the Policyholder letter and add this to the Statement of Variability since it is bracketed.

6) Please update the Statement of Variability for the above changes as necessary..

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>
Satisfied - Item:	REMOVED
Comments:	Please see the attached revised Coverage Change form moved to the FORM SCHEDULE tab
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change form</i>
Comments:	<i>Please see the attached revised Coverage Change form</i>
Attachment(s):	<i>VA IB Coverage Change Form_new version.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>VIP1, VIP2, LSA IB RA Coverage Change form for VA objection</i>
Comments:	<i>Please see the attached VIP1, VIP2, LSA IB RA Coverage Change form for VA objection</i>
Attachment(s):	

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance
 Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

VIP1, VIP2, LSA IB RA Coverage Change form for VA objection.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
3	VA IB Coverage Change Form new version	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form new version.pdf	Date Submitted: 08/21/2018 By: Robert Waldron

No Rate/Rule Schedule items changed.

Response 2

Comments:

All 58 currently active policyholders submitted their application after 10/27/2009.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: Please clarify your statement under Policy Forms regarding, "...the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated after October 27, 2009." Please provide a count of the number of policyholders that are active that submitted applications before and after 10/27/2009.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the complete response located on the Supporting Documentation tab due to character limits here

Related Objection 3

Applies To:

- Policyholder Letter Phase 2, (Form)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: Second Policyholder Notification Letter

1) Concern regarding clarity remains about some of the wording in paragraph 2, "What you need to know." We offer the following language as an example of wording that would satisfy our concerns and that also may assist you in getting future letters approved. Specifically:

- We offer as a suggestion, the inclusion of variability brackets enclosing the specific triggers. Should the triggers change in future rate revisions, it would not be necessary for you to resubmit the letter for approval as long as the changes are addressed in the Statement of Variability.

- The following language includes a summary sentence explaining the rate increase action.

"We understand how important your long-term care insurance policy is to your personal financial plan. Any decision about premium increases is difficult and not taken lightly. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, we experienced a larger number of claims lasting longer than we anticipated. To account for the increasing claim costs, a premium increase is necessary to meet our future claim obligations.] You may be able to reduce the change in premium by adjusting your coverage. Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form."

2) Please remove the word "approximately" that appears twice before [19.72%] in the 3rd paragraph.

3) As shown at the top of page 2 of the letter, please label the Current/Increased Premium Amounts box as "Second Rate Increase". Consider making the second Current/Increased Premium Amounts box variable to account for future changes.

4) Please bold the first paragraph at the top of page 2, "Please note that if you are on waiver of contribution...."

5) Please explain the [FORM DATE] under "Your Options" on page 2 of the Policyholder letter and add this to the Statement of Variability since it is bracketed.

6) Please update the Statement of Variability for any changes or additions.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>
Satisfied - Item:	REMOVED
Comments:	Please see the attached revised Coverage Change form moved to the FORM SCHEDULE tab
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change form</i>
Comments:	<i>Please see the attached revised Coverage Change form</i>
Attachment(s):	<i>VA IB Coverage Change Form_new version.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>VIP1, VIP2, LSA IB RA Coverage Change form for VA objection</i>
Comments:	<i>Please see the attached VIP1, VIP2, LSA IB RA Coverage Change form for VA objection</i>
Attachment(s):	

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection.pdf
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Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
3	VA IB Coverage Change Form new version	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form new version.pdf	Date Submitted: 08/21/2018 By: Robert Waldron

No Rate/Rule Schedule items changed.

Response 4

Comments:

Form numbers have been assigned to the Policyholder letters and Statements of Variability have been updated as necessary. SERFF instructions have been addressed as requested.

Related Objection 4

Applies To:

- Policyholder Letter, (Form)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

- Policyholder Letter Phase 2, (Form)

Comments: Pursuant to 14VAC5-100-50 Form Requirements:

- Please assign form numbers for the Policyholder Letter and Policyholder Letter Phase 2 and list these under the Form Schedule for the appropriate form.
- Add the Long Term Care Increase Coverage Change Request Form to the Form Schedule and assign a form number, since this form will be attached to the policy.
- Update the Explanation of Variability for each Policyholder Letter and Coverage Change Request form as necessary to explain all bracketed items.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf
Satisfied - Item:	Explanation of Variable for the Policyholder Letter
Comments:	Attached is the revised Explanation of Variable for the Policyholder Letter
Attachment(s):	EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	<i>EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection VIP1_LSA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>
Satisfied - Item:	REMOVED
Comments:	Please see the attached revised Coverage Change form moved to the FORM SCHEDULE tab
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change form</i>
Comments:	<i>Please see the attached revised Coverage Change form</i>
Attachment(s):	<i>VA IB Coverage Change Form_new version.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>VIP1, VIP2, LSA IB RA Coverage Change form for VA objection</i>
Comments:	<i>Please see the attached VIP1, VIP2, LSA IB RA Coverage Change form for VA objection</i>
Attachment(s):	

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection.pdf
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Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
3	VA IB Coverage Change Form new version	COVCHG-VA	OTH	Initial		45.000	VA IB Coverage Change Form new version.pdf	Date Submitted: 08/21/2018 By: Robert Waldron

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager, Product Development
Sincerely,

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Robert Waldron

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/11/2018
Submitted Date	01/11/2018

Dear Greg Smith,

Introduction:

Re:Objection Letter Dated October 12, 2017

SERFF/STATE Tracking #: META-130643303

Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Ms. Houser:

Thank you for your response dated October 12, 2017. Here are the answers to your questions:

Response 1

Comments:

All prior versions of the policyholder letter (PH-LTR-VA) have been removed from the filing and replaced with the revised versions (VA Insured RA ltr Revised & VA Insured RA ltr Revised Phase 2). The revised versions can be found on the Form Schedule.

Please note that we recently changed the format of our policyholder letter and coverage change form. We are also including with this filing, a copy of our revised Coverage Change Form and corresponding explanation of variability for your approval.

The updates to the policyholder letter and rate attachments have been made accordingly.

Please refer to the Phase 2 policyholder letter and explanation of variability included in this response.

The Coverage Change form submitted with this response will be used for both Phase 1 and Phase 2.

The changes have been made accordingly. Bracketing has been removed and explanation of variability has been revised.

Please refer to the Coverage Change form. The insured is advised that if they are in waiver of premium status, the change(s) will not become effective until premium payments are resumed. The insured is also advised that it may not be in their best interest to make reductions to coverage while in claim.

Related Objection 1

Applies To:

- VA IB PH Ltr LSA (Supporting Document)

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Comments: Please move this letter from Supporting Documentation to replace the policyholder letter currently on the Form Schedule which does not reflect the recent changes made in the letter.

Before doing so, please remove the "42%" located before the first paragraph on the first page of the letter. According to the Rate/Rule Schedule to overall percentage of the rate change is 43.33%; however, the rate attachments indicates two phases of 19.42% each. The Actuarial Memorandum indicates the two phases would be 19.72% each which would result in an overall increase of 43.33%. Please amend the letter accordingly to reflect 43.33% overall increase with each implementation to be 19.72% as well as the rate attachments in the Rate/Rule Schedule.

It does not appear any variability has been added to the letter so that it may be used when the second implementation is to occur. As previously stated, a second letter may be used and should be submitted for review OR this letter may contain a variable paragraph which will only be used when sending the second notice. Please address.

The letter must be in its final version for review. As a result, under "Cancel your coverage" remove the language "Insert for insureds with no nonforfeiture feature", "Insert for insureds with no nonforfeiture feature (applies to insured with CBUL)" and "Insert for letters to insureds who have an existing NF benefit" since this language will not appear in the letter. Each paragraph should have a beginning bracket. Please amend the statement of variability to indicate paragraph 1, 2 or 3 will appear depending upon the specific benefits provided in the policy.

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

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

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Comments:	
Attachment(s):	<i>VA ILTC chklst.pdf</i>

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Satisfied - Item:	Response Letter 1.5.18
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Attachment(s):	VA LSAnew Response to Objection Dated 2017-11-09.pdf

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Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	REMOVED		OTH	Other	REMOVED			Date Submitted: 01/11/2018 By: Cherise Livingston
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial			VA IB PH Ltr VIP1_LSA.pdf	Date Submitted: 05/02/2017 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial			VA IB PH Letter.pdf	Date Submitted: 12/01/2016 By: Cherise Livingston
2	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
3	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.72%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.72%.pdf,	01/11/2018 By: Cherise Livingston
<i>Previous Version</i>						
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	09/07/2017 By: Robert Waldron
<i>Previous Version</i>						
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75,	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	05/02/2017 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60				
<i>Previous Version</i>						
1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VALTC2007-VA, LTC2007-3AIP(VA), LTC2007-GPO-2(VA), LTC2007-NF(VA), LTC2007-SC(VA), LTC2007-10YP(VA), LTC2007-CB(VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP)(VA), LTC2007-5AIP(VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston
<i>Previous Version</i>						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_43.33%IncreasePhase2_1 9.72%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA,	Revised	Previous State Filing Number: Percent Rate Change	VA_LSAnew_rates_43.33%IncreasePhase2_1 9.72%.pdf,	01/11/2018 By: Cherise Livingston

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA		Request: 43.33		
Previous Version						
2	VA_LSAnew_rates_43.33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase2_1 9.42%.pdf,	09/07/2017 By: Robert Waldron
Previous Version						
2	VA_LSAnew_rates_43.33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase2_1 9.42%.pdf,	05/02/2017 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60				
Previous Version						
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number:	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston
				Percent Rate Change Request:		
				43.33		

Response 2

Comments:

We understand that the LCUL filing and rate increase filings will be approved in conjunction with each other.

The Rate Request summary has been updated to reflect policyholders rather than certificateholders.

Related Objection 2

Comments: It appears the LCUL form submitted under META-130643672 has not been approved. Please be aware this filing may not be approved until such time all related forms to the rate increase have been reviewed and approved.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

*Gina Jisonna
Manager, Product Development*

*Sincerely,
Cherise Livingston*

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/07/2017
Submitted Date	09/07/2017

Dear Greg Smith,

Introduction:

September 7, 2017

Ms. Janet Houser
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated June 7, 2017
SERFF/STATE Tracking #: META-130643303
Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Ms. Houser:

Thank you for your response dated June 7, 2017. Here are the answers to your questions:

Response 1

Comments:

Form LTC2007-UCPI-VA has been removed from the rate schedule and The forms have been removed from the Rate Schedule as requested.

Related Objection 1

Applies To:

- VA_LSAnew_rates_43.33%IncreasePhase1_19.42%, [LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60] (Rate)

- VA_LSAnew_rates_43.33%IncreasePhase2_19.42%, [LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60] (Rate)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: Thank you for adding form numbers to the Rate/Rule Schedule as requested. The forms in this filing should match the forms listed on the Rate/Rule Schedule in the original filing META-125279795. It appears form LTC2007-UCPI-VA was not included in that filing and was withdrawn. Please clarify and remove from the rate schedule.

Please remove all other forms that were not included in the initial filing under the Rate/Rule Schedule such as the application forms, endorsement forms, reinstatement forms, or personal worksheets.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
Satisfied - Item:	EOV_LSA PH Letter_for VA Objection
Comments:	Please see the attached EOV_LSA PH Letter for VA Objection
Attachment(s):	EOV_LSA PH Letter_for VA Objection.pdf

No Form Schedule items changed.

SERFF Tracking #:

META-130643303

State Tracking #:

META-130643303

Company Tracking #:

CT15-203 LSA-NEW (CJ)

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

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

Product Name: Individual Long-Term Care Insurance

Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	09/07/2017 By: Robert Waldron

Previous Version

1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA,	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	05/02/2017 By: Robert Waldron
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60				
Previous Version						
1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston
Previous Version						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	09/07/2017 By: Robert Waldron
Previous Version						
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP,	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	05/02/2017 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60		43.33		
<i>Previous Version</i>						
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston

Response 2

Comments:

We confirm the Coverage Change form is not attached and becomes part of the policy.

The company name was bracketed as a whole block with the address for the purpose of updating the address as needed based on internal procedures. The company name would not change. The remaining bracketing on the form reflects areas to be updated to reflect the individuals specific plan design.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Related Objection 2

Applies To:

- VIP1, VIP2, LSA IB RA Coverage Change form for VA objection (Supporting Document)

Comments: Thank you for providing a copy of the Long Term Care Insurance Coverage Change Form. Please confirm this form is not attached and becomes a part of the policy.

We note the name of the company is bracketed on the form. Although such forms may not be subject for approval, please provide a copy of the Statement of Variability in Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
Satisfied - Item:	EOV_LSA PH Letter_for VA Objection
Comments:	Please see the attached EOV_LSA PH Letter for VA Objection
Attachment(s):	EOV_LSA PH Letter_for VA Objection.pdf

No Form Schedule items changed.

SERFF Tracking #:

META-130643303

State Tracking #:

META-130643303

Company Tracking #:

CT15-203 LSA-NEW (CJ)

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

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

Product Name: Individual Long-Term Care Insurance

Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	09/07/2017 By: Robert Waldron

Previous Version

1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA,	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	05/02/2017 By: Robert Waldron
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60				
Previous Version						
1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston
Previous Version						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	09/07/2017 By: Robert Waldron
Previous Version						
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP,	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	05/02/2017 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60		43.33		
<i>Previous Version</i>						
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston

Response 3

Comments:

MetLife monitors legislative and regulatory activity to keep its policies in compliance with all laws, regulations and bulletins. A copy of the nonforfeiture coverage rider in compliance with VA regulation VAC5-200-185 has been included.

Related Objection 3

Applies To:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

- Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07) (Supporting Document)

Comments: In reviewing the letter and the Nonforfeiture Coverage Rider form LTC2007-NF-VA, the contingent benefit upon lapse benefit is not consistent with current requirements as revised in VAC5-200-185 and should be updated accordingly. Please attach a form for review and approval. A readability certification will also be required for any new riders and/or endorsements for compliance with 14VAC5-110-60.

We also suggest the company review form LTC2007-CBUL(AP) -VA for compliance as well.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
Satisfied - Item:	EOV_LSA PH Letter_for VA Objection
Comments:	Please see the attached EOV_LSA PH Letter for VA Objection
Attachment(s):	EOV_LSA PH Letter_for VA Objection.pdf

No Form Schedule items changed.

SERFF Tracking #:

META-130643303

State Tracking #:

META-130643303

Company Tracking #:

CT15-203 LSA-NEW (CJ)

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

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

Product Name: Individual Long-Term Care Insurance

Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	09/07/2017 By: Robert Waldron

Previous Version

1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA,	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	05/02/2017 By: Robert Waldron
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60				
Previous Version						
1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston
Previous Version						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	09/07/2017 By: Robert Waldron
Previous Version						
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP,	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	05/02/2017 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60		43.33		
Previous Version						
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston

Response 4

Comments:

The sentence has been amended per the departments request.

Related Objection 4

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: Thank you for the revised policyholder letter. And as requested, the Company changed the following sentence: "In the event of future rate increase, options may be available; however, decreases in coverage can be made at any time, per the provisions of your policy."

After further review, there is a concern this sentence may be potentially confusing and contradictory. To meet regulatory requirement and address the company's concerns, please amend the sentence to state: "In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums per the provisions of your policy."

I apologize for any inconvenience this may have caused.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf
Satisfied - Item:	EOV_LSA PH Letter_for VA Objection
Comments:	Please see the attached EOV_LSA PH Letter for VA Objection
Attachment(s):	EOV_LSA PH Letter_for VA Objection.pdf

No Form Schedule items changed.

SERFF Tracking #:

META-130643303

State Tracking #:

META-130643303

Company Tracking #:

CT15-203 LSA-NEW (CJ)

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

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

Product Name: Individual Long-Term Care Insurance

Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	09/07/2017 By: Robert Waldron

Previous Version

1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA,	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	05/02/2017 By: Robert Waldron
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60				
<i>Previous Version</i>						
1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston
<i>Previous Version</i>						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	09/07/2017 By: Robert Waldron
<i>Previous Version</i>						
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP,	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	05/02/2017 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60		43.33		
<i>Previous Version</i>						
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston

Response 5

Comments:

The language has been amended per the departments request.

Related Objection 5

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: The letter currently states the paid up amount of the nonforfeiture benefit will not exceed the remaining Total Lifetime Benefit of your policy immediately prior to your date of lapse. For consistency with 14VAC5-200-185 F, please amend the language to state that is no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status.

This language is also consistent with the call center script.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf

Satisfied - Item:	EOV_LSA PH Letter_for VA Objection
Comments:	Please see the attached EOV_LSA PH Letter for VA Objection
Attachment(s):	EOV_LSA PH Letter_for VA Objection.pdf

No Form Schedule items changed.

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

SERFF Tracking #:

META-130643303

State Tracking #:

META-130643303

Company Tracking #:

CT15-203 LSA-NEW (CJ)

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

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

Product Name: Individual Long-Term Care Insurance

Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	09/07/2017 By: Robert Waldron

Previous Version

1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA,	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	05/02/2017 By: Robert Waldron
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60				
Previous Version						
1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston
Previous Version						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	09/07/2017 By: Robert Waldron
Previous Version						
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP,	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	05/02/2017 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60		43.33		
Previous Version						
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston

Response 6

Comments:

A Statement of Variability has been provided.

Related Objection 6

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: The policyholder letter indicates the rate increase will be implemented in two or three periods. The letter, however, should indicate the overall percentage increase and then indicate what the increase will be for each subsequent period. In addition, a policyholder notification letter must be sent at least 75 days prior to each implementation which satisfies all the requirements as set forth in 14VAC5-200-75 D. As a result, the Company will need to furnish such letters for review. The Company may wish to add variability for this purpose or create a separate letter and attach it to the Form Schedule. Please provide a corresponding Statement of Variability.

Please include in the letter the actual dollar amounts of each subsequent increase under the Current and New Premium Amounts section of the letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA IB PH Ltr LSA
Comments:	Please see the attached VA IB PH Ltr LSA
Attachment(s):	VA IB PH Ltr LSA.pdf

Satisfied - Item:	EOV_LSA PH Letter_for VA Objection
Comments:	Please see the attached EOV_LSA PH Letter for VA Objection
Attachment(s):	EOV_LSA PH Letter_for VA Objection.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Incidence and claim continuance (terminations) are both analyzed using MetLifes own historical experience. Claim terminations require much more data due to the span of data points (incidence is a singular occurrence but terminations span years with many possible outcomes over time from the single claim). The larger amount of data needed to analyze claim terminations experience requires combining similar data from other MetLife LTC business to obtain enough credible data for the analysis. Incidence rates are based solely on the experience of the individual business while claim termination experience includes data from MetLifes TIAA and Group blocks.

Please see Attachment 3.

Please see Attachment 5.

Please see Attachment 7.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Attachment 4 shows total claim count for incidence of 4,108 but has a count of 17,876 for claim terminations. Are these based on different datasets?

Please reconcile.

2.Please provide in Excel format a calculation of the expected lifetime loss ratio based on all original assumptions including the original premium scale, but using the actual mix of business based on policies issued rather than the assumed mix of business.

3.Please provide in Excel format a projection of future experience utilizing the actual policies in force at the projection date, but utilizing original assumptions for mortality, lapse, morbidity and interest from the projection date forward and utilizing the original premium scale with no increases.

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Thank you for your timely response and consideration.

Sincerely,

*Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company*

*Sincerely,
Robert Waldron*

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/02/2017
Submitted Date	05/02/2017

Dear Greg Smith,

Introduction:

April 24, 2017

Janet Houser
Virginia Bureau of Insurance
State Corporation Commission
1300 East Main Street
Richmond, VA 23219

Re:Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance –
Inforce Premium Rate Schedule Increase Filing for Policy Form LTC2007-VA, et al.
SERFF Tracking # - META-130643303

Dear Ms. Houser:

Thank you for your response dated December 8, 2016 and the Note to Filer dated 12/9/16. Here are the answers to your questions:

Response 1

Comments:

Please see the complete response on the Supporting documentation tab - "VA LSA new Objection 2016-12-08 META-130643303" due to character limitation here

Related Objection 1

Applies To:

- Policyholder Letter, PH-LTR-VA (Form)

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Comments: Thank you for the attaching the policyholder letter to the Form Schedule. With sufficient variability the letter only needs to be submitted on one filing for review in order to be used for all future long term care rate filings. We will review this letter attached to this filing and will request on the rate filing META-130643279 that the letter be removed from the Form Schedule.

In regards to the letter, please address the following:

- 1) The letter attached to the Form Schedule should be a final version and not reflect any highlighted changes.
- 2) The type size of the Company's name on page one should be at least 10 point for compliance with 14VAC5-100-50 5.
- 3) There are three paid up options. According to the Company, the CBUL has an age restriction that the LCUL does not. If the benefits are the same, would this not mean the CBUL is basically being offered to everyone regardless of the triggers? And if this the case, there would be no need to offer three paid up options. It would seem only the contingent benefit upon lapse and the contractual nonforfeiture benefit would be offered. Please clarify.
- 4) Thank you for your explanation regarding the last sentence in the paragraph "Insert for letters to insureds who have an existing NF benefit". The Company has indicated what the benefit will be under the LCUL and CBUL. Since the value of the nonforfeiture benefit is calculated in the same manner ad the CBUL, please include that information in this paragraph.
- 5) In line with the above objection, the amount of coverage should clearly state the paid up status will not exceed the maximum benefits which would be payable if the policy had remained in a premium paying status. Stating the Total Lifetime Benefit payable will not exceed the Total Lifetime Benefit of your policy immediately prior to your date of lapse may not be completely accurate. If benefits have been paid, the amount of coverage will be the lesser of total premiums paid or the remaining amount of coverage. In other words, if premiums paid are less than the lifetime benefit amount less claims paid, the benefit would the amount of premiums paid; if the premiums paid are higher than the remaining amount of coverage, then the remaining coverage would be the paid up value. Do you agree?
- 6) Please attach a copy of the Coverage Change Form that is referenced in "Next Steps" to Supporting Documentation.
- 7) In regards to the landing spots, please attach a copy of the Future Purchase Option rider to Supporting Documentation. Please advise when this form was approved and the SERFF tracking number.
- 8) It appears the following language regarding the fact that similar options will be made available if there are future increases has been removed. Please include this for compliance with 14VAC5-200-75 D 1 Subsection A 2:

"In the event of future rate increases, options, similar to those being offered at this time, if applicable, may or may not be available but decreases in coverage can be made at any time, per the provisions of your policy."
- 9) Please include the appropriate variability if this rate, or future rate increases, will be implemented in stages. Please understand, as well, policyholder notifications must be

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

sent at least 75 days prior to each implementation stage. This can also be handled with the appropriate variability. Please amend the statement of variability accordingly.

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	Policyholder Letter	PH-LTR-VA	OTH	Initial			VA IB PH Ltr VIP1_LSA.pdf	Date Submitted: 05/02/2017 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial			VA IB PH Letter.pdf	Date Submitted: 12/01/2016 By: Cherise Livingston

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the complete response on the Supporting documentation tab - "VA LSA new Objection 2016-12-08 META-130643303" due to character limitation here

Related Objection 2

Applies To:

- call center scripting (Supporting Document)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: Thank you for providing the call center scripting. In reviewing this, there are concerns as follows:

5A should clearly state for Virginia, the policyholder will receive at least a 75 day notice prior to the rate implementation.

Although the company does have the right to request rate increases, item 7 should include a comment that any rate increase would be subject to review and approval of the Virginia State Corporation Commission.

Item 13 should be expanded to include that in no event will the paid up value exceed the maximum benefit would be payable if the policy had remained in a premium paying status.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting _IB.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting _IB.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the complete response on the Supporting documentation tab - "VA LSA new Objection 2016-12-08 META-130643303" due to character limitation here

Related Objection 3

Applies To:

- Statement of Variable (Supporting Document)

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Comments: There are two variable item #2's under Options to consider. Based on the Statement of Variability, it appears which paragraph will be used is based on the policy forms. Is that correct? The statement specifically, however, refers to a LifeStage Advantage (LSA) policyholder letter. What letter is that and how is this applicable to the policyholder letter we are reviewing?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variable
Comments:	Attached is the revised Statement of Variable
Attachment(s):	EOV_PH Letter_for VA Objection VIP1_LSA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the complete response on the Supporting documentation tab - "VA LSA new Objection 2016-12-08 META-130643303" due to character limitation here

Related Objection 4

Applies To:

- VA_LSAnew_rates_42% Increase Phase 1, [LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA] (Rate)
- VA_LSAnew_rates_42% Increase Phase 2, [LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA] (Rate)

Comments: Thank you for expanding the form numbers on the Rate/Rule Schedule as requested. The affected form numbers must reflect the form numbers exactly as approved under SERFF tracking # META-125279795. Please revise accordingly.

The rate attachments should clearly indicate the form numbers and corresponding rates. Please add the form number of the riders to the rate attachments.

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:

META-130643303

State Tracking #:

META-130643303

Company Tracking #:

CT15-203 LSA-NEW (CJ)

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

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

Product Name: Individual Long-Term Care Insurance

Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	05/02/2017 By: Robert Waldron
Previous Version						
1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		(VA), LTC2007-FP-VA				
Previous Version						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)- VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4- REINST-VA, CPR07- 60, PW07, PRD07-60, PRD07-10PAY-60	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	05/02/2017 By: Robert Waldron
Previous Version						
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA,	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA				

Response 5

Comments:

Please see the complete response on the Supporting documentation tab - "VA LSA new Objection 2016-12-08 META-130643303" due to character limitation here

Related Objection 5

Applies To:

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

Comments: Thank you for your reply to our objection regarding the Long Term Care Rate Request Summary. Although the information explaining the reason for the rate increase is found in the Actuarial Memorandum, our objection has not been resolved. Please attach a brief narrative to the LTC summary. This form will be available on our website for consumers to view and obtain an explanation for the rate increase. It should be in presented in consumer friendly language and explain what assumptions have changed and why since the policy was initially priced and what effect this has on rates.

Also, the form should be updated to reflect all the form numbers affected by this rate increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA ILTC chkfst.pdf

No Form Schedule items changed.

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see the complete response on the Supporting documentation tab - "VA LSA new Objection 2016-12-08 META-130643303" due to character limitation here

Related Objection 6

Applies To:

- LTC2007 Policy (Supporting Document)

Comments: Thank you for the information regarding how the policy is updated. This is currently under review and if there are any concerns, we will notify you as soon as possible.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see the complete response on the Supporting documentation tab - "VA LSA new Objection 2016-12-08 META-130643303" due to character limitation here

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: 1.Please update all projections to include experience through 12/312015.

2.In response to Objection 6.e., the Company states that some information from original pricing is no longer available. This is concerning, especially considering the relatively recent timing of the original pricing in 2009. Please further describe what data is missing that prevented the Company from responding to the original question.

3.Please provide in Excel format a loss ratio exhibit assuming the requested premiums had been in effect from inception of the policies.

4.Please provide an A/E analysis on each assumption (morbidity, mortality, lapse) with expected on both original and current assumption basis.

5.Since the current assumptions as described in the memorandum are very similar to the original assumptions, please provide a quantitative measure of the impact of the change in each assumption individually on the lifetime loss ratio.

6.By comparing the data presented in Attachments 1a and 2, we have reached the following conclusions. Please confirm that you agree with these observations or explain if you believe we have misinterpreted the data:

a.The Company is projecting lower overall persistency under current assumptions than under the original assumptions.

b.The Company is projecting lower claims in early durations (1-20) than under original assumptions.

c.The Company is projecting significantly higher ultimate claims (beyond duration 20) than under original assumptions.

7.Please provide a detailed explanation of the source data and actuarial review performed in setting each assumption. If outside data sources were utilized, please discuss any adjustments made to reflect the company's unique business.

8.Please provide a discussion of the credibility of the data underlying the current assumptions.

9.The 58/85 test must use projections which do not include benefit downgrades or anti-selective lapses. Please revise this test and provide supporting exhibits.

10.Please further describe the margins for moderately adverse experience used in the certification. What exactly is meant by 5% of gross premiums future premiums? Lifetime premiums? How does this value compare to 10% of future claims?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting _IB.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting _IB.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting _IB.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting _IB.pdf</i>

Satisfied - Item:	Future Purchase Option rider
Comments:	please see the attached 09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07)
Attachment(s):	09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting _IB.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting _IB.pdf</i>

Satisfied - Item:	Future Purchase Option rider
Comments:	please see the attached 09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07)
Attachment(s):	09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07).pdf

Satisfied - Item:	VA LSA new Objection 2016-12-08 META-130643303
Comments:	please see the attached VA LSA new Objection 2016-12-08 META-130643303
Attachment(s):	VA LSA new Objection 2016-12-08 META-130643303.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting_IB.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting_IB.pdf</i>
Satisfied - Item:	Future Purchase Option rider
Comments:	please see the attached 09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07)
Attachment(s):	09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07).pdf
Satisfied - Item:	VA LSA new Objection 2016-12-08 META-130643303
Comments:	please see the attached VA LSA new Objection 2016-12-08 META-130643303
Attachment(s):	VA LSA new Objection 2016-12-08 META-130643303.pdf
Satisfied - Item:	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Comments:	please see the attached Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Attachment(s):	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting_IB.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting_IB.pdf</i>
Satisfied - Item:	Future Purchase Option rider
Comments:	please see the attached 09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07)
Attachment(s):	09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07).pdf
Satisfied - Item:	VA LSA new Objection 2016-12-08 META-130643303
Comments:	please see the attached VA LSA new Objection 2016-12-08 META-130643303
Attachment(s):	VA LSA new Objection 2016-12-08 META-130643303.pdf
Satisfied - Item:	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Comments:	please see the attached Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Attachment(s):	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07).pdf
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>Attached is the revised Long Term Care Insurance Rate Request Summary</i>
Attachment(s):	<i>VA LSA new - Rate Request Summary 12-31-14.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA ILTC chk1st.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting_IB.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting_IB.pdf</i>
Satisfied - Item:	Future Purchase Option rider
Comments:	please see the attached 09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07)
Attachment(s):	09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07).pdf
Satisfied - Item:	VA LSA new Objection 2016-12-08 META-130643303
Comments:	please see the attached VA LSA new Objection 2016-12-08 META-130643303
Attachment(s):	VA LSA new Objection 2016-12-08 META-130643303.pdf
Satisfied - Item:	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
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Attachment(s):	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07).pdf
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Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>Attached is the revised Long Term Care Insurance Rate Request Summary</i>
Attachment(s):	<i>VA LSA new - Rate Request Summary 12-31-14.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA ILTC chk1st.pdf</i>
Satisfied - Item:	Statement of Variable

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments:	Attached is the revised Statement of Variable
Attachment(s):	EOV_PH Letter_for VA Objection VIP1_LSA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes

Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting_IB.pdf

Previous Version

Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting_IB.pdf</i>

Satisfied - Item:	Future Purchase Option rider
Comments:	please see the attached 09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07)
Attachment(s):	09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07).pdf

Satisfied - Item:	VA LSA new Objection 2016-12-08 META-130643303
Comments:	please see the attached VA LSA new Objection 2016-12-08 META-130643303
Attachment(s):	VA LSA new Objection 2016-12-08 META-130643303.pdf

Satisfied - Item:	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Comments:	please see the attached Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Attachment(s):	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07).pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf

Previous Version

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Attachment(s):	<i>VA LSA new - Rate Request Summary 12-31-14.pdf</i>

Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA ILTC chk1st.pdf</i>

Satisfied - Item:	Statement of Variable
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments:	Attached is the revised Statement of Variable
Attachment(s):	EOV_PH Letter_for VA Objection VIP1_LSA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>
Satisfied - Item:	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection
Comments:	Please see the attached VIP1, VIP2, LSA IB RA Coverage Change form for VA objection
Attachment(s):	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes

Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting_IB.pdf

Previous Version

Satisfied - Item:	<i>call center scripting</i>
Comments:	<i>please see the attached call center scripting</i>
Attachment(s):	<i>Obj 5 - Call Center Scripting_IB.pdf</i>

Satisfied - Item:	Future Purchase Option rider
Comments:	please see the attached 09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07)
Attachment(s):	09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07).pdf

Satisfied - Item:	VA LSA new Objection 2016-12-08 META-130643303
Comments:	please see the attached VA LSA new Objection 2016-12-08 META-130643303
Attachment(s):	VA LSA new Objection 2016-12-08 META-130643303.pdf

Satisfied - Item:	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Comments:	please see the attached Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Attachment(s):	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07).pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf

Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>Attached is the revised Long Term Care Insurance Rate Request Summary</i>
Attachment(s):	<i>VA LSA new - Rate Request Summary 12-31-14.pdf</i>

Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA ILTC chk1st.pdf</i>

Satisfied - Item:	Statement of Variable
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments:	Attached is the revised Statement of Variable
Attachment(s):	EOV_PH Letter_for VA Objection VIP1_LSA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	<i>EOV_PH Letter_for VA Objection 9-2016.pdf</i>

Satisfied - Item:	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection
Comments:	Please see the attached VIP1, VIP2, LSA IB RA Coverage Change form for VA objection
Attachment(s):	VIP1, VIP2, LSA IB RA Coverage Change form for VA objection.pdf

Satisfied - Item:	VA LSA new Objection Responses - 04-24-2017
Comments:	please see the attached VA LSA new Objection Responses - 04-24-2017
Attachment(s):	VA LSA new Objection Responses.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PH-LTR-VA	OTH	Initial			VA IB PH Ltr VIP1_LSA.pdf	Date Submitted: 05/02/2017 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial			VA IB PH Letter.pdf	Date Submitted: 12/01/2016 By: Cherise Livingston

SERFF Tracking #:

META-130643303

State Tracking #:

META-130643303

Company Tracking #:

CT15-203 LSA-NEW (CJ)

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

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

Product Name: Individual Long-Term Care Insurance

Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)-VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4-REINST-VA, CPR07-60, PW07, PRD07-60, PRD07-10PAY-60	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_1 9.42%.pdf,	05/02/2017 By: Robert Waldron

Previous Version

1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		(VA), LTC2007-FP-VA				
<i>Previous Version</i>						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-UCPI-VA, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA, LTC2007-CBUL(AP)- VA, LTC2007-PD, LTC2007-EPA, LTC2007-RG-VA, LTC2007-OC2-VA, LTC4APP-IND-VA, LTC4APP-ML-VA, LTC4-TAPP-VA, LTC4- REINST-VA, CPR07- 60, PW07, PRD07-60, PRD07-10PAY-60	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43. 33%IncreasePhase2_1 9.42%.pdf,	05/02/2017 By: Robert Waldron
<i>Previous Version</i>						
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA,	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
		LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA				

Conclusion:

Thank you for your attention to this filing.

Sincerely,

Gina Jisonna

Sincerely,

Robert Waldron

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/01/2016
Submitted Date	12/01/2016

Dear Greg Smith,

Introduction:

Dear Ms. Houser:

We are in receipt of your Objection August 1, 2016 in connection with the above-captioned submission.

Response 1

Comments:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

- 1)The full name & form number has been added to policyholder letter.
- 2)A certification of Compliance has been included with our response.
- 3)We prefer to submit one letter. A statement of variability is included with our response.
- 4)The recommended change has been made.
- 5)The change has been made.
- 6)We wish to use one letter; brackets have been placed around the percentages.
- 7)The sentence has been revised as follows: Decreases in coverage can be made at any time, per the provisions of your policy.
- 8)The change has been made.
- 9)Suggested language added to the policyholder letter.
- 10)Brackets have been removed around this sentence.
- 11)The minimum benefit duration that an insured can reduce his benefit to is 2 years.
- 12)If the policyholder coverage lapses at any time between the date of the policyholder notification letter and 120 days following the first due date of the increased premium and whose policies do not include the nonforfeiture option, they will be issued LCUL. Please note the LCUL Endorsement functions the same as CBUL the age restriction has been removed from the LCUL so that regardless of age, a policyholder that lapses during the period noted above will receive the LCUL Endorsement.
- 13)Its important to let the insureds know that if they lapse their coverage and receive the Nonforfeiture Benefit, the Nonforfeiture Benefit will not provide them with the coverage they had when their policies were in-force.
- 14)Confirmed
- 15)In addition to reducing their daily/monthly benefit amount and total lifetime benefit amount, the policyholder may also be able to lengthen their elimination period or drop riders, such as shared care, survivorship, or inflation riders, if applicable. If the policyholders policy includes an inflation rider, such as 5% Automatic Compound, they will be able to reduce that inflation protection rider to a Future Purchase Option rider, which will then give them the ability to accept or decline future inflation protection increases. As it relates to landing spots, we are willing to explore other alternatives, dependent upon the potential rate increase that the VA Department of Insurance will approve.

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

16)Please refer to Next Steps, 3rd bullet there is a sentence that states, Should you need more time to decide on a coverage decrease, the provisions of your policy permit you to make decreases at any time.

Related Objection 1

Applies To:

- Policyholder Letter (Supporting Document)

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Comments: The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75. For compliance with this regulation, please address the following concerns:

- 1) For compliance with 14 VAC5-100-50 1 and 2, please attach the policyholder letter to the Form Schedule in SERFF. A form number must appear in the lower left-hand corner of the first page. The full and proper corporate name of the insurer shall prominently appear and may not be variable information in the policyholder letter.*
- 2) Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3.*
- 3) It is not necessary to file separate letters for each requested long term care rate increase provided the filed letter contains the appropriate variability to accommodate various scenarios. Please let us know if the company prefers to submit one letter or a separate letter for each filing. Please provide a statement of variability explaining any bracketed information in the letter.*
- 4) The letter references the full corporate name of the insurer and later as only MetLife. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as MetLife. Our concern would be resolved if the first sentence of the letter were stated as When you purchased your long term care insurance policy from Metropolitan Life Insurance Company (MetLife)...."*
- 5) Please add the words "Virginia's State Corporation" before the word "commission" in the third paragraph. (Please capitalize commission.)*
- 6) Should the company wishes to use this letter in the future, it should place brackets around 58% in the fourth paragraph. If it does not, please revise the percentage to 42.0% to match what has been proposed in this filing.*
- 7) Please remove the language in the fourth paragraph that states "...if applicable, may or may not be available." This language is not in compliance with 14VAC5-200-75 D 2.*
- 8) The letter contains the disclosure that all options may not be of equal value. Since this is a disclosure set forth in 14VAC5-200-75 D 2 b, that information must be emphasized to bring attention to its importance such as highlighting, bolding, or using larger print.*
- 9) 14VAC5-200-75 D 3 requires a clear identification of the driving factors of the rate increase. Please expand upon the explanation that a variation in claims and other key actuarial assumptions have not materialized as expected. Please be more specific as to what assumptions the company is referring and why rates must be increased. Below is a example:*

"Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims."

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

10) It is unclear why the following sentence is bracketed since the options (and not just one option) must be offered in the letter:

"Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider."

11) What is the minimum benefit duration that an insured can reduce his benefit?

12) Under the Cancel your Coverage, please provide more information regarding the Limited Coverage Upon Lapse Following Premium Increase (LCUL). Please explain how it differs from the Contingent Benefit Upon Lapse Nonforfeiture Feature (CBUL) which must be compliant with 14VAC5-200-185 D as revised last year.

13) Please clarify what is meant by the last sentence in the optional paragraph for those insureds who have an existing NF benefit: " (Please note that this limited coverage is not intended to replace coverage you currently have.)"

14) Please confirm the Coverage Change Form is not attached and becomes a part of the contract.

15) Option 4 relates to the potential removal of riders as an option to reduce the impact of the rate increase. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

16) Please indicate in the letter that options to reduce benefits may occur at any time, not just at the time of a rate increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	<i>Please see the attached Certification of Compliance</i>
Attachment(s):	<i>VACERTFILING.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	<i>Please see the attached Certification of Compliance</i>
Attachment(s):	<i>VACERTFILING.pdf</i>

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised L&H Actuarial Memorandum
Attachment(s):	LSAnew_2015_ActMemo_RateStability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Mome</i>
Attachment(s):	<i>LSAnew_2015_ActMemo_RateStability - VA.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	<i>Please see the attached Certification of Compliance</i>
Attachment(s):	<i>VACERTFILING.pdf</i>
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised L&H Actuarial Memorandum
Attachment(s):	LSAnew_2015_ActMemo_RateStability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Mome</i>
Attachment(s):	<i>LSAnew_2015_ActMemo_RateStability - VA.pdf</i>
Satisfied - Item:	Response Letter 12.01.2016
Comments:	Attached is the Response Letter 12.01.2016
Attachment(s):	VA LSA Response 11-30-16.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	<i>Please see the attached Certification of Compliance</i>
Attachment(s):	<i>VACERTFILING.pdf</i>
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised L&H Actuarial Memorandum
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<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Mome</i>
Attachment(s):	<i>LSAnew_2015_ActMemo_RateStability - VA.pdf</i>
Satisfied - Item:	Response Letter 12.01.2016
Comments:	Attached is the Response Letter 12.01.2016
Attachment(s):	VA LSA Response 11-30-16.pdf
Satisfied - Item:	Filing Status Rate Summary
Comments:	Attached is the Filing Status Rate Summary
Attachment(s):	Filing Status Rate Summary LSA NEW RATES-2016.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
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<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	<i>Please see the attached Certification of Compliance</i>
Attachment(s):	<i>VACERTFILING.pdf</i>
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<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Satisfied - Item:	Response Letter 12.01.2016
Comments:	Attached is the Response Letter 12.01.2016
Attachment(s):	VA LSA Response 11-30-16.pdf
Satisfied - Item:	Filing Status Rate Summary
Comments:	Attached is the Filing Status Rate Summary
Attachment(s):	Filing Status Rate Summary LSA NEW RATES-2016.pdf
Satisfied - Item:	LTC2007 Policy
Comments:	Attached is the LTC2007 Policy
Attachment(s):	LTC2007-VA Policy (PRINT 11-3-09).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
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<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
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Satisfied - Item:	Filing Status Rate Summary
Comments:	Attached is the Filing Status Rate Summary
Attachment(s):	Filing Status Rate Summary LSA NEW RATES-2016.pdf
Satisfied - Item:	LTC2007 Policy
Comments:	Attached is the LTC2007 Policy
Attachment(s):	LTC2007-VA Policy (PRINT 11-3-09).pdf
Satisfied - Item:	Exhibits and Attachments
Comments:	Attached is the Exhibits and Attachments
Attachment(s):	Objection 8-1-2016 Response - LSA New - Excel.xlsx Objection 8-1-2016 Response - LSA New - Excel.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	<i>Please see the attached Certification of Compliance</i>
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Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised L&H Actuarial Memorandum
Attachment(s):	LSAnew_2015_ActMemo_RateStability - VA.pdf
<i>Previous Version</i>	
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Comments:	<i>please see the attached ACT Mome</i>
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Satisfied - Item:	Response Letter 12.01.2016
Comments:	Attached is the Response Letter 12.01.2016
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Comments:	Attached is the Filing Status Rate Summary
Attachment(s):	Filing Status Rate Summary LSA NEW RATES-2016.pdf
Satisfied - Item:	LTC2007 Policy
Comments:	Attached is the LTC2007 Policy
Attachment(s):	LTC2007-VA Policy (PRINT 11-3-09).pdf
Satisfied - Item:	Exhibits and Attachments
Comments:	Attached is the Exhibits and Attachments
Attachment(s):	Objection 8-1-2016 Response - LSA New - Excel.xlsx Objection 8-1-2016 Response - LSA New - Excel.pdf
Satisfied - Item:	Long Term Care Insurance Rate Request Summary

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA ILTC chk1st.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	<i>Please see the attached Certification of Compliance</i>
Attachment(s):	<i>VACERTFILING.pdf</i>
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised L&H Actuarial Memorandum
Attachment(s):	LSAnew_2015_ActMemo_RateStability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Mome</i>
Attachment(s):	<i>LSAnew_2015_ActMemo_RateStability - VA.pdf</i>
Satisfied - Item:	Response Letter 12.01.2016
Comments:	Attached is the Response Letter 12.01.2016
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Satisfied - Item:	Filing Status Rate Summary
Comments:	Attached is the Filing Status Rate Summary
Attachment(s):	Filing Status Rate Summary LSA NEW RATES-2016.pdf
Satisfied - Item:	LTC2007 Policy
Comments:	Attached is the LTC2007 Policy
Attachment(s):	LTC2007-VA Policy (PRINT 11-3-09).pdf
Satisfied - Item:	Exhibits and Attachments
Comments:	Attached is the Exhibits and Attachments
Attachment(s):	Objection 8-1-2016 Response - LSA New - Excel.xlsx Objection 8-1-2016 Response - LSA New - Excel.pdf
Satisfied - Item:	Long Term Care Insurance Rate Request Summary

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA ILTC chk1st.pdf</i>
Satisfied - Item:	Removed and attached to the Form Schedule tab
Comments:	Removed
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Letter</i>
Comments:	<i>Attached is the Policyholder Letter</i>
Attachment(s):	<i>VA IB PH Letter_FINAL w LD VIP1_LSA.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	Certification of Compliance.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	<i>Please see the attached Certification of Compliance</i>
Attachment(s):	<i>VACERTFILING.pdf</i>
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised L&H Actuarial Memorandum
Attachment(s):	LSAnew_2015_ActMemo_RateStability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>please see the attached ACT Mome</i>
Attachment(s):	<i>LSAnew_2015_ActMemo_RateStability - VA.pdf</i>
Satisfied - Item:	Response Letter 12.01.2016
Comments:	Attached is the Response Letter 12.01.2016
Attachment(s):	VA LSA Response 11-30-16.pdf
Satisfied - Item:	Filing Status Rate Summary
Comments:	Attached is the Filing Status Rate Summary
Attachment(s):	Filing Status Rate Summary LSA NEW RATES-2016.pdf
Satisfied - Item:	LTC2007 Policy
Comments:	Attached is the LTC2007 Policy
Attachment(s):	LTC2007-VA Policy (PRINT 11-3-09).pdf
Satisfied - Item:	Exhibits and Attachments
Comments:	Attached is the Exhibits and Attachments
Attachment(s):	Objection 8-1-2016 Response - LSA New - Excel.xlsx Objection 8-1-2016 Response - LSA New - Excel.pdf
Satisfied - Item:	Long Term Care Insurance Rate Request Summary

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA ILTC chk1st.pdf</i>
Satisfied - Item:	Removed and attached to the Form Schedule tab
Comments:	Removed
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Letter</i>
Comments:	<i>Attached is the Policyholder Letter</i>
Attachment(s):	<i>VA IB PH Letter_FINAL w LD VIP1_LSA.pdf</i>
Satisfied - Item:	Statement of Variable
Comments:	Attached is the Statement of Variable
Attachment(s):	EOV_PH Letter_for VA Objection 9-2016.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_LSAnew_rates_42 % Increase Phase 1	LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase1.pdf,	12/01/2016 By: Cherise Livingston
<i>Previous Version</i>						
1	VA_LSAnew_rates_42 %Increase	LTC2007-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	VA_LSAnew_rates_42 %Increase.pdf,	07/07/2016 By: Robert Waldron
2	VA_LSAnew_rates_42 % Increase Phase 2	LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_42 %IncreasePhase2.pdf,	12/01/2016 By: Cherise Livingston

Response 2
Comments:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Provided there is sufficient variability, forms only need to be filed for review and approval once to be used on all future filings unless the company wishes to use specific form numbers for each filing.

If an insured requests changes to their policy, a new Schedule of Benefits page is sent with a cover letter. The Schedule of benefits is part of the policy that was approved by the department in 2009 and reflects the effective date of the change. A copy of the policy has been provided. The Schedule of Benefits is located on page 3.

Related Objection 2

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

Provided there is sufficient variability, forms only need to be filed for review and approval once to be used on all future filings unless the company wishes to use specific form numbers for each filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

SERFF and the Actuarial Memorandum have been updated.

The memorandum states this increase will only apply to policies with applications dated after October 27, 2009. Please confirm no policies were issued in Virginia prior to that date.

There were no policies in VA issued prior to October 27, 2009.

Please insert in the Percent Rate Change Request 42% under the Rate Action Information on the Rate/Rule Schedule as this information refers to the current request.

Although the 42% is the rate action requested, implementation is planned in installments specified below. The Rate/Rule Schedule has been updated to reflect the actuarial equivalence of the increase based on the requested installment phase-in approach.

Please see chart in the Response Letter 12.01.2016 for the Equivalence Chart

Related Objection 3

Applies To:

- VA_LSAnew_rates_42%Increase, [LTC2007-VA] (Rate)
- L&H Actuarial Memorandum (Supporting Document)

Comments: According to the filing, the proposed rate increase includes any rider or endorsement forms that were contemporaneously or subsequently approved for use with the policy form. Please expand the "Affected Form Numbers" in SERFF to include any riders or endorsement forms for which the rates are associated with that form and for which the increase would be applicable. The form number should match exactly the form number as approved in Virginia. The Actuarial Memorandum would need to be updated accordingly.

The memorandum states this increase will only apply to policies with applications dated after October 27, 2009. Please confirm no policies were issued in Virginia prior to that date.

Please insert in the Percent Rate Change Request 42% under the Rate Action Information on the Rate/Rule Schedule as this information refers to the current request.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

No Rate/Rule Schedule items changed.

Response 4

Comments:

For narrative on the development of original pricing and current best-estimate assumptions, please see sections 5 and 18, of the actuarial memorandum.

Related Objection 4

Applies To:

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

Comments: It appears the product checklist was attached in error. Please complete the attached form and attach a brief narrative to summarize the key information used to develop the rates including the main drivers for revised rates.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly. The company requests approval for the justifiable amount of the rate increase, 42%. Per your suggestion, we plan to implement the actuarial equivalent of that amount in two equal percentage installments of 19.72% each.

Related Objection 5

Applies To:

- VA_LSAnew_rates_42%Increase, [LTC2007-VA] (Rate)
- L&H Actuarial Memorandum (Supporting Document)
- Filing Letter (Supporting Document)

Comments: Please advise if the company wishes to request a series of scheduled rate increase that are actuarially equivalent to a single amount requested over the lifetime of the policy as set forth in 14VAC5-200-153 B 5.

If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly.

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

- a. Attachment 1 shows the Actual-to-Expected Loss Ratio analysis compared to original assumptions.
- b. Exhibits 1 and 2 are included in an Excel format, as requested. These exhibits are created with output from the Millimans Triton system which is the basis for company projections and valuation.
- c. A current State Rate Action Summary is included with this response. Generally, the filings for LSA New are in a nascent state. The Company is in the process of filing for the same rate action in every jurisdiction.
- d. Please see Attachment 2.
- e. Some information from original pricing is no longer available. Please see Attachment 1 for a summary of the loss ratios on this basis.
- f. The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience (MAE). Ordinarily, MetLife interprets moderately adverse conditions as those where aggregate experience deviates unfavorably from the aggregate experience assumptions used in the Lifetime Loss Ratio projections, such that the value of the deviation is equal to 5% of the gross premiums or more. To mitigate the effect of the rate action on policyholders, the rate action has been calculated without MAE loads. Notwithstanding that, the certification in the Actuarial Memorandum applies, (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect MAE conditions are realized, no further premium rate schedule increases are anticipated.
- g. If the majority of the policies or certificates to which the increase is applicable are eligible for the contingent benefit upon lapse, the insurer shall file:
1.A plan, subject to commission approval, for improved administration or claims processing designed to eliminate the potential for further deterioration of the policy form requiring further premium rate schedule increases or to demonstrate that appropriate administration and claims processing have been implemented or are in effect; otherwise the commission may impose the condition in subsection H of this section
- MetLife believes its current systems and procedures provide efficient and accurate administration of claims:
Business experience MetLife has been in business for more than 20 years in LTC, including years of service on industry panels with regard to long-term care claim administration.
External review MetLifes operations have been reviewed and approved by external customers and insurers, as demonstrated by MetLifes administration of the Federal LTC Plan and assumed reinsurance business.
Internal review MetLife regularly monitors its claims operations. The latest review showed claim accuracy of 99.73% as measured by claim dollars paid against claims reviewed. Dedicated fraud unit to investigate potential fraudulent claims or billings.
- h. Exhibit 1 in the original filing shows the experience (1) at the current Virginia approved rates, and (2) at the current rates including the rate action request.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Comments: Please provide the following:

- a. An exhibit illustrating an actual to expected analysis based on the original assumptions.
- b. Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide excel spreadsheets, if possible.
- c. Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.
- d. Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.
- e. Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.
- f. According to the Actuarial Certification, the projection do not reflect any margins for moderately adverse experience. Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as - projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.
- g. How does the company plan to comply with 14VAC5-200-153.G.1.
- h. Please re-state nationwide experience using Virginia approved rate.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
<hr/>					
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

The correct Certification of Compliance has been included with our response.
We apologize for this oversight.

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.

Related Objection 7

Applies To:

- Certification of Compliance (Supporting Document)

Comments: The Certification refers to South Carolina. Please provide a certification for compliance with 14VAC5-100-40 3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to this filing.

Sincerely,

Gina Jisonna

Sincerely,

Cherise Livingston

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Amendment Letter

Submitted Date: 04/08/2019

Comments:

Dear Mr. Dismore,

We are withdrawing the policyholder letter, coverage change form, and corresponding EOVs for review and approval in this filing and replacing them with updated versions that have been submitted for your review and approval under SERFF filing number META-131864670. We have included the updated versions in Supporting Documentation of this filing for your reference.

Thank you,
Gina Jisonna
Changed Items:

State: Virginia Filing Company: Metropolitan Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance
 Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	REMOVED		OTH	Other	REMOVED	0.000		Date Submitted: 04/08/2019 By:
Previous Version								
1	VA Insured RA ltr Revised_ 12-10-18	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_ 12-10-18.pdf	Date Submitted: 02/12/2019 By:
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_ 12-10-18.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_ 11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_ 1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_ 1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	REMOVED		OTH	Other	REMOVED	0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf	Date Submitted: 04/08/2019 By:
Previous Version								
2	VA Insured RA ltr Revised 12-10-18_Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf	Date Submitted: 02/12/2019 By:
Previous Version								
2	Policyholder	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr	Date Submitted:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
	Letter Phase 2						Revised 12-10-18_Phase 2.pdf	01/17/2019 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
Previous Version								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

No Rate Schedule Items Changed.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Form
Comments:	Please see the attached revised Coverage Change Form
Attachment(s):	VA_Cov Chng Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Form</i>
Comments:	<i>Please see the attached revised Coverage Change Form</i>
Attachment(s):	<i>VA IB Coverage Change Form_revised 11-26-18.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>REMOVED</i>
Comments:	<i>Please see the attached revised Coverage Change form moved to the FORM SCHEDULE tab</i>
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change form</i>
Comments:	<i>Please see the attached revised Coverage Change form</i>
Attachment(s):	<i>VA IB Coverage Change Form_new version.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>VIP1, VIP2, LSA IB RA Coverage Change form for VA objection</i>
Comments:	<i>Please see the attached VIP1, VIP2, LSA IB RA Coverage Change form for VA objection</i>
Attachment(s):	<i>VIP1, VIP2, LSA IB RA Coverage Change form for VA objection.pdf</i>

Satisfied - Item:	REMOVED VA Insured RA ltr Revised_12-10-18 - John Doe versions - phase 1 & 2
Comments:	REMOVED
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>VA Insured RA ltr Revised_12-10-18 - John Doe versions - phase 1 & 2</i>
Comments:	<i>Please see the attached John Doe PH Letters for phases 1 & 2</i>
Attachment(s):	<i>VA Insured RA ltr Revised_12-10-18 - John Doe.pdf VA Insured RA ltr Revised 12-10-18_Phase 2 - John Doe.pdf</i>

Satisfied - Item:	Explanation of Variables
Comments:	Attached is the revised Explanation of Variables

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Attachment(s):	EOV_VA_RA ltr_FAQs.pdf EOV_VA_Cov Chg Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	EOV_VIB Insured RA ltr_FAQ_VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	EOV_VA Insured RA ltr Revised 11-26-28.pdf EOV_VA Insured RA ltr Revised 11-26-18-Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	EOV_VA Insured RA ltr Revised 6-1-18.pdf EOV_VA Insured RA ltr Revised 6-1-18 - Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Explanation of Variable for the Policyholder Letter</i>
Comments:	<i>Attached is the revised Explanation of Variable for the Policyholder Letter</i>
Attachment(s):	EOV_VA Insured RA ltr Revised.pdf EOV_VA Insured RA ltr Revised - Phase 2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the revised Statement of Variable</i>
Attachment(s):	EOV_PH Letter_for VA Objection VIP1_LSA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variable</i>
Comments:	<i>Attached is the Statement of Variable</i>
Attachment(s):	EOV_PH Letter_for VA Objection 9-2016.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Satisfied - Item:	IB Insured RA ltr_FAQ
Comments:	Please see the attached revised IB Insured RA ltr_FAQ
Attachment(s):	VA_Insured RA ltr FAQs.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>IB Insured RA ltr_FAQ</i>
Comments:	<i>Please see the attached IB Insured RA ltr_FAQ</i>
Attachment(s):	<i>IB Insured RA ltr_FAQ_VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>IB Insured RA ltr_FAQ</i>
Comments:	<i>Please see the attached IB Insured RA ltr_FAQ</i>
Attachment(s):	<i>IB Insured RA ltr_FAQ.pdf</i>

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Amendment Letter

Submitted Date: 02/13/2019

Comments:

Dear Mr. Bill Dismore,

Attached please find the VA Insured RA ltr Revised_12-10-18 - John Doe versions for phase 1 & 2 as requested.

Thank you for your attention to our filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Insured RA ltr Revised_12-10-18 - John Doe versions - phase 1 & 2
Comments:	Please see the attached John Doe PH Letters for phases 1 & 2
Attachment(s):	VA Insured RA ltr Revised_12-10-18 - John Doe.pdf VA Insured RA ltr Revised 12-10-18_Phase 2 - John Doe.pdf

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Amendment Letter

Submitted Date: 02/12/2019

Comments:

Mr. Bill Dismore

Virginia Bureau of Insurance

P.O. Box 1157

Richmond, Virginia 23218-1157

Re:SERFF/STATE Tracking #: META-130643303

Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Mr. Dismore:

Thank you for your time on February 5, 2019 to review our open filings.

We are submitting a revised policyholder letter based on our discussion. The red text indicates the changes that you indicated you were comfortable with during the phone review.

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Manager, Product Development

Changed Items:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Insured RA ltr Revised_12-10-18	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_12-10-18.pdf	Date Submitted: 02/12/2019 By:
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_12-10-18.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_11-26-18.pdf	Date Submitted: 12/05/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter	PH-LTR-VA	OTH	Initial		0.000	VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
1	Policyholder Letter		OTH	Initial			VA Insured RA ltr Revised_1-2017.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston
2	VA Insured RA ltr Revised 12-10-18_Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf	Date Submitted: 02/12/2019 By:
<i>Previous Version</i>								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf	Date Submitted: 01/17/2019 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised 11-26-18_Phase 2.pdf	Date Submitted: 12/05/2018 By: Robert Waldron

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
<i>Previous Version</i>								
2	Policyholder Letter Phase 2	PH-LTR-P2-VA	OTH	Initial		0.000	VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 08/21/2018 By: Robert Waldron
<i>Previous Version</i>								
2	Policyholder Letter Phase 2		OTH	Initial			VA Insured RA ltr Revised - Phase 2.pdf	Date Submitted: 01/11/2018 By: Cherise Livingston

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Amendment Letter

Submitted Date: 09/07/2017

Comments:

PLease note we have also added the 012 LTC2007-NF (VA) form on the supporting documentation tab

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	012 LTC2007-NF (VA)
Comments:	Please see the attached 012 LTC2007-NF (VA)
Attachment(s):	012 LTC2007-NF (VA).pdf

SERFF Tracking #:	META-130643303	State Tracking #:	META-130643303	Company Tracking #:	CT15-203 LSA-NEW (CJ)
State:	Virginia	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Individual Long-Term Care Insurance				
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New				

Amendment Letter

Submitted Date: 05/23/2017

Comments:

Dear Ms. Houser:

As requested in your Note to Filer dated 5/9/17, we are providing Excel versions of the most recent exhibits with working formulas. Please let me know if you need anything further.

Thank you,
Gina Jisonna

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA LSA new Objection Responses - 04-24-2017
Comments:	please see the attached VA LSA new Objection Responses in both PDF and Excel versions.
Attachment(s):	VA LSA new Objection Responses.pdf VA LSA new Objection Responses.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>VA LSA new Objection Responses - 04-24-2017</i>
Comments:	<i>please see the attached VA LSA new Objection Responses - 04-24-2017</i>
Attachment(s):	<i>VA LSA new Objection Responses.pdf</i>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Note To Filer

Created By:

Bill Dismore on 12/05/2019 02:55 PM

Last Edited By:

Bill Dismore

Submitted On:

12/05/2019 02:55 PM

Subject:

Objection 9/6/2019

Comments:

Please send a response to the outstanding objection that states the policyholder letter has been completed under SERFF Trk# META-130643279 so this filing can be readied for approval.

Thank you,

Bill Dismore

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Note To Filer

Created By:

Bill Dismore on 04/09/2019 08:37 AM

Last Edited By:

Bill Dismore

Submitted On:

04/09/2019 08:37 AM

Subject:

Amendment Letter - 4/08/2019 - Request for John Doe Policyholder Notification Letter

Comments:

Thank you for the amended policyholder notification letter. I will review these.

Please submit the revised "John Doe" letter as well so that we can see a completed letter as if an insured under the policy receiving an actual notification letter.

Bill Dismore
Insurance Market Examiner

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Note To Filer

Created By:

Bill Dismore on 02/12/2019 10:23 AM

Last Edited By:

Bill Dismore

Submitted On:

02/12/2019 10:24 AM

Subject:

Amendment Letter

Comments:

This will acknowledge and thank you for the policyholder letters and changes that we discussed.

We do need a "John Doe" letter for the policyholder notification letters for phase 1 and phase 2. This can be attached under the Supporting Documentation tab.

Please let me know if you have any questions.

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Note To Filer

Created By:

Bill Dismore on 04/27/2018 02:47 PM

Last Edited By:

Bill Dismore

Submitted On:

04/27/2018 02:47 PM

Subject:

Filing Status - All Jurisdictions Where These Forms are Active

Comments:

Please send the latest update of the State Filings for these long-term care forms so that we have the most current update. I have attached the latest report that we had received in 2016.

Thank you,

Bill Dismore

Insurance Market Examiner - Rates

Metropolitan Life Insurance Company
Filing Status as of [DATE]
Policy Forms: LTC2007-[NM]
All Jurisdictions in which These Forms are Active

State	Date of Initial Submission	Increase Requested	Filing Status	Comments
Alabama	7/21/2016	42%	Pending	
Alaska				
Arizona				
Arkansas	11/15/2016	42%	Pending	
California	N/A	N/A	N/A	
Colorado	4/12/2016	42%	Disapproved	
Connecticut	2/24/2016	42%	4/25/16 - Approved 33.32%	To be phased in over a period of 3 years.
Delaware				
District of Columbia	N/A	N/A	N/A	
Florida	N/A	N/A	N/A	
Georgia				
Hawaii	N/A	N/A	N/A	
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	N/A	N/A	N/A	
Massachusetts	N/A	N/A	N/A	
Michigan				
Minnesota	N/A	N/A	N/A	
Mississippi				
Missouri	4/14/2016	42%	5/15/16 - Filed	To be phased in over a period of 2 years.
Montana	N/A	N/A	N/A	
Nebraska				
Nevada				
New Hampshire				
New Jersey	1/11/2016	42%	5/20/16 - Approved 22.50%	To be phased in over a period of 3 years.
New Mexico				
New York	10/3/2016	34%	Pending	
North Carolina	N/A	N/A	N/A	
North Dakota	N/A	N/A	N/A	
Ohio				
Oklahoma				
Oregon				
Pennsylvania	N/A	N/A	N/A	
Rhode Island				
South Carolina				
South Dakota				
Tennessee	N/A	N/A	N/A	
Texas	N/A	N/A	N/A	
Utah				
Vermont	N/A	N/A	N/A	
Virginia	7/7/2016	34%	Pending	
Washington				
West Virginia				
Wisconsin				
Wyoming	N/A	N/A	N/A	

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Note To Filer

Created By:

Janet Houser on 11/09/2017 12:17 PM

Last Edited By:

Janet Houser

Submitted On:

11/09/2017 12:17 PM

Subject:

Status

Comments:

As previously indicated, this filing may not be approved until completion of all regulation requirements regarding the policyholder letter and forms. Please let us know if there is anything we may be of help.

Thank you.

Janet Houser
804-371-9390

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Note To Filer

Created By:

Janet Houser on 10/18/2017 06:44 AM

Last Edited By:

Janet Houser

Submitted On:

10/18/2017 06:51 AM

Subject:

LTC Rate Request Summary

Comments:

This rate increase has tentatively been approved pending completion of all regulation requirements regarding the policyholder letter and forms.

In addition, we note the Rate Request Summary refers to certificate holders. Since this is an individual and not group policy, this language should be amended accordingly. We apologize for not bringing this to your attention previously.

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

Janet Houser

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Note To Filer

Created By:

Janet Houser on 05/09/2017 09:41 AM

Last Edited By:

Janet Houser

Submitted On:

05/09/2017 09:43 AM

Subject:

Exhibits

Comments:

Please provide Excel versions of the most recent exhibits with working formulas so that we may continue our review.

Thank you.

Janet Houser
804-371-9390

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Note To Filer

Created By:

Janet Houser on 12/09/2016 01:55 PM

Last Edited By:

Janet Houser

Submitted On:

12/09/2016 01:56 PM

Subject:

additional objection

Comments:

Through an oversight on our part, we noticed the letter does not include the language that states that the insured has a right to request a revised premium rate schedule as set forth in 14VAC5-200-75 A 4 b. Please amend the letter accordingly.

We apologize for any inconvenience of confusion this may have caused.

Janet Houser

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
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Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Reviewer Note

Created By:

Bill Dismore on 12/05/2019 02:49 PM

Last Edited By:

Bill Dismore

Submitted On:

12/06/2019 07:02 AM

Subject:

Actuarial Review - Final Summary Report

Comments:

10/02/2017 - Final Summary Report from ARC.



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

October 2, 2017

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

Subject: **SERFF Tracking #META-130643303**

Dear Janet:

At your request, we have reviewed the filing for the above captioned submission from **Metropolitan Life Insurance Company** (the "Company"). This is a rate increase filing for a block of Individual Long Term Care Insurance.

Recommendation

Our review of this filing was performed according to the provisions of 14VAC5-200 et seq. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, we believe that the Company has demonstrated that the request is in compliance with all applicable regulations and recommend that the Virginia SCC Bureau of Insurance (the "Bureau") approve the rate increase as proposed.

Historical Background

These forms were issued in Virginia from 2009 through 2011 and we have reviewed according to the requirements of 14VAC5-200-153.

As of 9/30/2015, there were 59 insureds with \$120K premium in force in Virginia, and 4,803 insureds with annual premiums of \$9.1M nationwide, making Virginia's block approximately 1.3% of the total.

The Company originally requested a single increase of 42%. They have since modified the request to an actuarially equivalent two-year phased increase of 19.72%, or 43.33% cumulative. There have been no previous increases on this form.

The Company presents the following rationale for this increase: *"As part of the in-force management of its long-term care insurance business, MetLife monitors its performance*

by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. A model of this business was developed for use in the cash flow testing that is part of the company's annual statutory reporting requirements. Using this model, a future projection of these policies under the new experience assumptions was performed and the projected lifetime loss ratio for these policies was determined. For these policies, the past experience and future projections based on current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements."

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of our review. The Bureau was involved in all correspondence between us and the Company.

Methodology

Our approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

Assumptions

Morbidity – The current morbidity assumptions are based on Company experience through June 2014. The original assumptions were also based on Company experience at the time of original pricing.

The A/E based on original pricing was 116% for incidence rates (unfavorable) and 101% on the revised assumptions. The respective A/E's for terminations were 91% (unfavorable) and 100%.

One often-referenced industry basis for measuring credibility is the June 12, 2003 letter from the American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which recommended a "Rule of Thumb" standard for full credibility of incidence rates of 1,082 claims (within 5% of the true claims with 90% confidence). The letter also reports that the standard for aggregate loss is a multiple of the standard for incidence, in the range of 3 to 5 times (3,246 to 5,410 claims). The Company's experience data for claim incidence included 4,108 claims, giving the data full credibility based on the standard above. The claim termination study also included all of the Company's group and association business in order to increase the credibility, reflecting 17,876 terminations.

Mortality – The mortality is set at 88% of the Annuity 2000 Basic Table with selection factors. The original assumption was based on the 1983 GAM Table. The current mortality produces an A/E ratio of 77%.

Voluntary Lapse –The current lapse assumptions are based on Company experience and fit reasonably well with the actual historical experience. The ultimate lapse rate is 1.25% at durations 11+. The original ultimate assumption was 0.9%. In the year of rate increase implementation, it is assumed that an additional 0.5% of policies lapse and there is 5.5% net reduction to future premiums and benefits due to benefit downgrades. There is no adverse selection assumed due to the additional lapse rates. The A/E vs. current assumptions is 105%.

Interest – the Company is discounting at the average valuation interest rate of 4.0%.

Projections

The Company has included both nationwide and Virginia-only loss ratio projections as of 12/31/2015. Because the Virginia-only business is not credible on its own, the Company has used the nationwide experience under this form as the basis for its request. Since experience is not expected to have a large variation by geographic region, we agree that it is appropriate to use the nationwide data for increased credibility.

We examined the slope of claim costs in future years and see a pattern starting at 10%, climbing to 17%, and then gradually declining over the projection to 6%. This is a reasonable pattern since the block is still relatively young based on wear-off of selection.

The projected lifetime loss ratio without an increase is 101.0%, which exceeds the original lifetime loss ratio with margin for adverse deviation of 65.0%, thus showing the original margins have been exhausted.

58/85 Test

	65/85 Minimum	Projected Incurred	
Scenario	Claims	Claims	Pass/Fail
W/o Shock	187.7 M	228.1 M	PASS

The 58/85 test prescribes the use of the valuation interest rate, which was 4.0% over the issue years of this policy form. We also replaced 58% with the 65% original loss ratio in the test.

PV of Future Loss Test

Scenario	PV Future Loss
Original	-9.9 M
No Incr	-85.1 M
42% Incr	-34.8 M

Since the expected loss with the requested increase exceeds the expected loss under original assumptions, this test would not limit the increase.

State Rate Equity

From the data submitted in Attachment 7, the Company has filed or intends to file the same 42% rate increase request in each state. A final disposition has been reached in only 7 jurisdictions thus far, with increases pending in 22 states and plans to file in 18 states before the end of the year. As such, it is really too early to assess the state equity, and the Bureau has traditionally not considered this measure on the initial rate increase.

Reliance and Qualifications

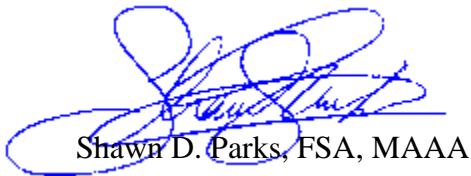
We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect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

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

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

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

Sincerely,



Shawn D. Parks, FSA, MAAA

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Reviewer Note

Created By:

Greg Smith on 09/06/2019 10:44 AM

Last Edited By:

Bill Dismore

Submitted On:

12/06/2019 07:02 AM

Subject:

Pending Forms approval contained in SERFF # META-130643279

Comments:

Continue processing once PH letter approved in subject SERFF submission.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Reviewer Note

Created By:

Bill Dismore on 07/18/2019 06:33 AM

Last Edited By:

Bill Dismore

Submitted On:

07/19/2019 01:40 PM

Subject:

VALR for LTCI Filings

Comments:

Comments and status from the VA BOI's review MetLife's resistance to recalculate the policy reserve.

From: [Bob Grissom](#)
To: [Bill Dismore](#); [Elsie Andy](#)
Cc: [Greg Smith](#)
Subject: FW: MetLife comments re: VALR for LTCI filings
Date: Wednesday, July 17, 2019 7:18:44 PM
Attachments: [MetLife comments regarding VALR.pdf](#)

I know that Greg is out until Monday, but let me know if either of you have any questions or suggestions regarding the below.

Alison, we've now completed our review of the attached, in which the company questioned the Bureau of Insurance's use of the active life reserves in the determination of the future loss ratio for long term care rate increases. Two different consulting actuaries were requested to review the company's arguments and provide their opinions. Both consultants continue to agree with the original analysis that led to this requirement and do not agree with the company's overall argument that any inclusion of policy reserves in the future loss ratio calculation is unreasonable.

Previously the company was given the opportunity to recalculate the policy reserve but, unless it's been overlooked, the company declined to do so; presumably on the grounds that they were constrained by New York Life law. While we understand this for reporting purposes, nothing prevents the company from doing this for the purposes of this calculation. Therefore, if the company so chooses, it may submit the active life reserve that would have been held for the actual cohort of policies in force on the projection date (12/31/2015) using reserve assumptions without margins for conservatism; i.e., original pricing mortality, original pricing morbidity, original pricing persistency, and average valuation interest rate. If the company decides to do so, this value should be provided separately for pre-stability and post-stability cohorts.

In the next couple of weeks we'll be reviewing all of the pending forms and rates. So, if it's decided to provide the revised active life reserves as noted above, then please do so as soon as possible.

Also, preliminary reviews continue to indicate concerns with some of the policyholder notification letters. The biggest issue continues to be compliance with 14VAC5-100-50 2, included below, although concerns with 14VAC5-200-75 D have been noted and some statements of variability appear to be incomplete.

14VAC5-100-50 2

The full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ [38.2-316](#) and [38.2-3725](#) of the Code of Virginia. The use of a trade name or the name of an affiliated company on a policy form in such a way that implies that another company is responsible for the obligations undertaken in the policy is prohibited. The inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual

insurer is responsible for the obligations undertaken in the policy. The home office address of the insurer must prominently appear on each policy. Such address may be limited to a designation of the city and state in which the home office of the company is located.

Unless additional or updated information is received, we'll provide a summary of our reviews of each filing within the next two weeks.

Bob Grissom
Chief Insurance Market Examiner
Market Regulation
Virginia Bureau of Insurance
804-371-9152

From: Kelly, Alison <alison.kelly@metlife.com>
Sent: Thursday, May 16, 2019 4:28 PM
To: Scott White <Scott.White@scc.virginia.gov>
Cc: Bob Grissom <Bob.Grissom@scc.virginia.gov>
Subject: MetLife comments re: VALR for LTCI filings

Dear Commissioner White,

Attached for your consideration, please find a summary prepared by MetLife of the Virginia Bureau's interpretation and application of the NAIC model regulation for Long-Term Care Insurance (LTCI). Specifically, we discuss the Bureau's inclusion of policy reserves in calculating the Virginia anticipated loss ratio and our concerns with this approach. We do not believe this issue is ripe for the upcoming LTCI hearing on May 21, 2019. However, we wanted to share this information as you give thought to next steps on LTCI generally. We welcome a discussion on this topic as well as our pending LTCI filings with you and any members of your team you wish to include. Please let me know if you have any questions and whether you are open to further discussion with us on this matter. Thank you for your time and attention.

Regards,
Alison

Alison Kelly | Assistant Vice President | State Advocacy & Supervision | MetLife
200 Park Avenue, New York, NY 10166 | T. 212-578-7911 | M. 347-334-2261 |
alison.kelly@metlife.com

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EXECUTIVE SUMMARY

The Virginia Bureau of Insurance has adopted the NAIC model regulations for Long Term Care Insurance. Those regulations include the following language:

“In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:

...

11. Policy reserves;”

Virginia’s interpretation and application of this language in evaluating applications for inforce rate increases is unique to our knowledge.

The standard for evaluation of rate increases is compliance with the minimum lifetime loss ratio (LLR) which is typically defined as the present value of all past and future claims divided by all past and future premiums. No other parameters are included such as expenses, capital, profits or policy reserves.

Virginia has required carriers calculate and provide a “Virginia anticipated loss ratio” (VALR) which (1) ignores history and depends only on the projected future premium and claims and (2) includes a reduction for the current policy reserves.

Both of these items materially distort the analysis that leads to a non-level playing field amongst carriers and their policyholders. Effectively, carriers with more conservative (higher) reserves will have lower approvals and carriers with more aggressive reserves (lower) will receive higher approvals. This effectively rewards carriers (and punishes consumers) who have the lowest reserves. This practice also incentivizes behavior such as attempts to game reserve allocations or even take on balance sheet risks – neither of which is in anyone’s interest. Virginia’s approach is also highly leveraged because it spreads experience deviations over the policies’ future lifetime, not their entire lifetime.

Using the standard metric of the LLR is the most equitable and transparent method for analyzing rate increases.

NUMERICAL EXAMPLES

- Three companies all used the same original pricing projections and targeted a 60% pricing loss ratio.

	Original Pricing		
	Premium	Claims	PLLR
Past	\$3,400	\$300	60%
Future	<u>\$1,100</u>	<u>\$2,400</u>	
Lifetime	\$4,500	\$2,700	

- These companies now seek a rate increase in Virginia (based on VALR) and other states (based on PLLR).
- Company A reflects actual experience and utilizes projections based on new assumptions.

COMPANY A	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,500	\$400		\$3,200	92%	54%	67%
Current							
Future	<u>\$1,300</u>	<u>\$4,400</u>					
Lifetime	\$4,800	\$4,800	100%			\$700	\$867

- Company B has experience & projections identical to Company A, but it has 10% lower reserves.

COMPANY B	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,500	\$400		\$2,880	117%	95%	67%
Current							
Future	<u>\$1,300</u>	<u>\$4,400</u>					
Lifetime	\$4,800	\$4,800	100%			\$1,233	\$867

- Company C has different experience & projections than Company A, but it has an identical PLLR.

COMPANY C	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,600	\$200		\$3,200	118%	97%	67%
Current							
Future	<u>\$1,100</u>	<u>\$4,500</u>					
Lifetime	\$4,700	\$4,700	100%			\$1,261	\$867

- The PLLR for all companies is identical, resulting in a 67% rate increase in most states. However, even though the reserve difference between company A and company B is small, Virginia's approach gives company B a 95% higher rate increase, much higher than company A. Even though the premium and claim differences between company A and company C are also small, Virginia's approach gives company C a 97% higher rate increase, also much higher than A.

DOCUMENT

When reviewing LTCI rate increase requests on pre-rate-stability business, Virginia has required carriers calculate and provide a “Virginia anticipated loss ratio” (VALR), which presumably helps determine how much rate increase, if any, can be approved. While this metric has some similarities to the projected lifetime loss ratio (PLLR) used in other states, there are significant differences – (1) the VALR depends only on the projected future premium and claims, whereas the PLLR also includes the block’s historical premium and claims, and (2) the VALR metric includes a reduction that varies based on the current policy reserves.

MetLife has concerns with using the VALR instead of the PLLR for LTCI rate increase analysis:

- A) **The PLLR metric is well established and understood.** This metric is used by other states that have adopted statutes and regulations similar to Virginia. Depending on the circumstances, the VALR may be lower or higher than the PLLR. However, using the VALR is concerning because it is different from the approach used by other states, complicating a carrier’s approach to rate increases in a way that does not seem helpful to carriers, Virginia consumers in Virginia, or consumers in other states. Encouraging carriers to request lower or higher rate increases in Virginia than in other states is inappropriate. So is encouraging carriers to request increases in Virginia when they are not requesting increases in other states – or vice versa. Most carriers manage their LTCI blocks on a nationwide basis, but Virginia’s approach forces carriers to make entirely different rate analyses and business decisions for Virginia.
- B) **Using policy reserves in the VALR leads to counterintuitive outcomes.** For instance, when a 60% VALR metric is targeted, every additional \$1 of policy reserves translates into a rate increase that is \$1.67 smaller in present value (and every reduction of \$1 to policy reserves translates into a rate increase that is \$1.67 larger in present value). This creates inequitable treatment and illogical incentives from both a rate increase perspective and a reserving perspective. Virginia’s approach encourages carriers to search for blocks with low policy reserves on which to request rate increases, in order to offset the blocks with higher policy reserves on which Virginia will cut back or reject requests.
- C) **Statutory reserve margins further distort the VALR formula.** Carriers include such margins in base policy reserve assumptions to provide for adverse deviation. As a result, the VALR is expected to go below the pricing loss ratio in the very early policy years even for carriers with no such adverse deviation. By the time rate increases are typically requested, their VALR will have dropped significantly and the margins in their reserves will have grown very large in dollar terms. Thus, the VALR formula is a misleading metric for describing a single carrier’s financial experience over time.
- D) **Virginia’s approach is highly leveraged.** When experience projections evolve and when the impact of reserves, including reserve margins, is considered, the impact on the VALR is usually significantly larger than the impact on the PLLR.

This outcome results directly from Virginia's use of a loss ratio based on future premium and not all lifetime premium

E) Carriers with similar premium and claim experience should not be treated differently by Virginia simply due to differences in current policy reserves.

Using the policy reserves in the VALR is unfair when applied across a broad array of carriers. For instance:

- **Carriers have different policy reserve assumptions based on their unique philosophies.** As an example, regulations for LTCI reserves usually do not explicitly specify the morbidity basis, so valuation actuaries often determine a margin for conservatism that they apply to pricing assumptions. Carriers who hold policy reserves based on aggressive assumptions should not be rewarded with higher rate increase approvals. Because conservative reserves are generally beneficial to consumers, carriers who choose to fund reserves conservatively should not be penalized. These unintended results are not useful.
- **Carriers have policy reserves that are regulated by their state of domicile.** States often dictate specific levels of conservatism for reserve assumptions, so the VALR does not provide a "level playing field" between carriers from different states. Carriers who are required by law to hold a larger policy reserve due to external reserve requirements should not be penalized, and that penalty should not become exponentially larger as the level of conservatism increases. These unintended results are unfair.
- **Carriers combine contracts differently for reserving purposes than for pricing purposes.** Unlike rate increase requests, statutory reserve regulations and appointed actuary opinions generally apply to an entire statutory entity or a specific line of business. While the exact dividing point for contract groupings varies from company to company, rate increase requests are generally applied at a lower level, such as a specific policy form. Virginia mandates a level even lower when requiring carriers to make rate increase requests for pre-rate-stability and post-rate-stability business in separate rate filings. Furthermore, Virginia requests VALR calculations for both the entire nation and for Virginia policyholders, but most reserve analyses and opinions cover all policyholders nationwide.
- **Reserves from asset adequacy testing introduce more concerns.** Many LTCI carriers have established such reserves in addition to base reserves. Since the specific margins required under tested scenarios are mandated by each state of domicile and are also impacted by the appointed actuary's opinion, concerns about base reserves apply to any asset adequacy reserves included in the VALR also. In addition, the level of asset adequacy reserves can depend on the aggregation of multiple lines of business. Also, carriers that establish asset adequacy reserves before requesting a rate increase from Virginia will be unfairly treated versus those that first request the rate increase. Finally, carriers that changing base policy reserve assumptions as a result of asset adequacy concerns would be even further disadvantaged –

since base reserves automatically grow over time – compared to those that establish a separately identifiable asset adequacy reserve.

F) **Experience deviations affect the VALR quite differently than the PLLR; this causes unintended inequities when using the VALR to evaluate rate increase requests.** For LTCI, many assumptions are used and experience deviating from original assumptions will emerge over a long period of time, with the timing of such deviation varying dramatically for different assumptions. Regardless of when the experience deviates or which assumption is affected, the PLLR measures the impact of deviations similarly - in the context of a lifetime loss ratio.

- **The VALR does not treat experience deviations for different assumptions (i.e., claim cost, persistency) similarly.** When lapse and mortality experience emerges worse than assumed, higher policy reserves are held since they automatically increase to reflect the number of inforce lives is greater than expected. On the other hand, unfavorable morbidity developments have a greater impact on future claims than on past claims, and often do not impact base policy reserves at all. Unlike the PLLR, the VALR does not treat these losses similarly.
- **The impact of experience deviations on the VALR also depends on when those deviations are recognized.** As policies mature, experience emerges and carriers revise their assumptions about the future. Since the VALR considers only future premium and claims, assumption revisions recognized later in time generate a larger rate increase percentage. PLLR revisions are less affected by timing, because it considers the entire lifetime of the policies.
- **The combination of many different assumptions that can deviate at many different points in time creates a variety of circumstances that the VALR does not treat reasonably and fairly.** Consider a carrier that initially has favorable lapse experience and unfavorable morbidity, so that these deviations offset from a lifetime (PLLR) perspective. While other states grant no increase, Virginia looks favorably on an increase since the policy reserves are lower than expected. Alternatively, consider a carrier that initially has unfavorable lapse experience and favorable morbidity that offset over the lifetime, but the policy reserves are higher than expected. Should the morbidity later revert to original expectations (or even worse), the high reserves unreasonably limit the Virginia rate increase.
- **Even when actual claim costs do not vary from expected, deviations in lapse and mortality can produce unintended VALR results.** Consider a carrier that initially experiences favorable lapse rates, and thus holds lower policy reserves than expected. Yet the deviation is expected to affect only early policy durations, so the assumed ultimate lapse remains unchanged. If they also have reduced their mortality assumption since pricing in a way that offsets the initial lapse experience over the entire lifetime, their PLLR would remain unchanged. In this situation, most states would reject a rate increase request, but the low current reserves will drive up the VALR and would more likely lead to a Virginia approval.

14VAC5-200-150. Premium Rate Increases for Policies Issued Before October 1, 2003.

A. This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.

B. Benefits under long-term care insurance policies shall be deemed reasonable in relation to premiums provided **the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule**

plus:

- (i) 80% applied to any premium rate increase for individual policy forms
or
- (ii) 75% applied to any premium rate increase on group policy forms.

In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:

1. Statistical credibility of incurred claims experience and earned premiums;
2. The period for which rates are computed to provide coverage;
3. Experienced and projected trends;
4. Concentration of experience within early policy duration;
5. Expected claim fluctuation;
6. Experience refunds, adjustments or dividends;
7. Renewability features;
8. All appropriate expense factors;
9. Interest;
10. Experimental nature of the coverage;
11. **Policy reserves;**

12. Mix of business by risk classification; and

13. Product features such as long elimination periods, high deductibles and high maximum limits.

Notwithstanding the provisions of [14VAC5-130-50](#) with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms ([14VAC5-130](#)). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § [38.2-1371](#) of the Code of Virginia.

14VAC5-130-40. Definitions.

- "Anticipated loss ratio" means the ratio of the present value of the future benefits to the present value of the future premiums of a policy form **over the entire period for which rates are computed to provide coverage.**

From: [Kelly, Alison](#)
To: [Bob Grissom](#)
Cc: [Bill Dismore](#); [Greg Smith](#); [Elsie Andy](#)
Subject: Re: MetLife comments re: VALR for LTCI filings
Date: Friday, July 19, 2019 2:21:10 PM

Hi Bob,

Thank you so much for following up with the write up. I will share it internally and reach out with our response next week. We are very appreciative of the Bureau's continued willingness to work with us on these filings. Enjoy your weekend!

Thanks,
Alison

On Jul 19, 2019, at 2:02 PM, Bob Grissom <Bob.Grissom@scc.virginia.gov> wrote:

Alison, as we discussed this morning, we've completed our review of the attached. Two different consulting actuaries were requested to review the company's arguments and provide their opinions. Both consultants continue to agree with the original analysis that led to this requirement and do not agree with the company's overall argument that any inclusion of policy reserves in the future loss ratio calculation is unreasonable.

To address the issue of conservatism, the company was previously given the opportunity to recalculate the policy reserve, but, unless it's been overlooked, the company declined to do so; presumably on the grounds that they were constrained by New York Life law. While we understand this for reporting purposes, nothing prevents the company from doing this for the purposes of this calculation. Therefore, if the company so chooses, it may submit the active life reserve that would have been held for the actual cohort of policies in force on the projection date (12/31/2015) using reserve assumptions without margins for conservatism; i.e., original pricing mortality, original pricing morbidity, original pricing persistency, and average valuation interest rate. If the company decides to do so, this value should be provided separately for pre-stability and post-stability cohorts. In the next couple of weeks we'll be reviewing all of the pending forms and rates and will let you know what, if any, objections remain. So, if it's decided to provide the revised active life reserves as noted above, please do so as soon as possible.

Also, preliminary reviews continue to indicate concerns with some of the policyholder notification letters. The biggest issue continues to be compliance with 14VAC5-100-50 2, included below, although concerns with 14VAC5-200-75 D have been noted and some statements of variability appear to be incomplete.

14VAC5-100-50 2

The full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ [38.2-316](#) and [38.2-3725](#) of the Code of Virginia. The use of a trade name or the name of an affiliated company on a policy form in such a way that implies that another company is responsible for the obligations undertaken in the policy is prohibited. The inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual insurer is responsible for the obligations undertaken in the policy. The home office address of the insurer must prominently appear on each policy. Such address may be limited to a designation of the city and state in which the home office of the company is located.

Unless additional or updated information is received, we'll provide a summary of our reviews of each filing within the next two weeks.

Bob Grissom
Chief Insurance Market Examiner
Market Regulation
Virginia Bureau of Insurance
804-371-9152

From: Kelly, Alison <alison.kelly@metlife.com>
Sent: Thursday, May 16, 2019 4:28 PM
To: Scott White <Scott.White@scc.virginia.gov>
Cc: Bob Grissom <Bob.Grissom@scc.virginia.gov>
Subject: MetLife comments re: VALR for LTCL filings

Dear Commissioner White,

Attached for your consideration, please find a summary prepared by MetLife of the Virginia Bureau's interpretation and application of the NAIC model regulation for Long-Term Care Insurance (LTCL). Specifically, we discuss the Bureau's inclusion of policy reserves in calculating the Virginia anticipated loss ratio and our concerns with this approach. We do not believe this issue is ripe for the upcoming LTCL hearing on May 21, 2019. However, we wanted to share this information as you give thought to next steps on LTCL generally. We welcome a discussion on this topic as well as our pending LTCL filings with you and any members of your team you wish to include. Please let me know if you have any questions and whether you are open to further discussion with us on this matter. Thank you for your time and attention.

Regards,

Alison

Alison Kelly | Assistant Vice President | State Advocacy & Supervision |
MetLife
200 Park Avenue, New York, NY 10166 | T. 212-578-7911 | M. 347-334-2261 |
alison.kelly@metlife.com

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<MetLife comments regarding VALR.pdf.attachctrl>

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Reviewer Note

Created By:

Bill Dismore on 10/01/2018 01:35 PM

Last Edited By:

Bill Dismore

Submitted On:

12/06/2019 07:02 AM

Subject:

RRS

Comments:

Rate Review Summary

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

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company NAIC#: 65978
SERFF Tracking Number:	META-130643303
Effective Date:	3/1/2018

Revised Rates

Average Annual Premium Per Member:	\$2,042
Average Requested Percentage Rate Change Per Member:	43.33%
Minimum Requested Percentage Rate Change Per Member:	43.33%
Maximum Requested Percentage Rate Change Per Member:	43.33%
Number of Policy Holders Affected :	59

Plans Affected

(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
LTC2007-VA	Lifestage Advantage

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

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

Rate Increase Narrative

Over time, evidence emerged that LTC insurance policyholders keep their policies longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.

The Metropolitan Life Insurance Company (the Company) requested a 43.33% increase on this block of individual long-term care insurance forms, to be implemented in two increases a year apart of 19.72% each. As the forms were issued in Virginia from 2010 through 2011, the experience was reviewed based on the rules in effect at the time of issue. For policies issued on or after October 1, 2003, they were reviewed according to the requirements of 14VAC5-200-153 (post rate stability block).

The Bureau of Insurance's (the Bureau) consulting actuary reviewed the filing and indicated that the rate increase will result in future and lifetime loss ratios more than the original target for the post rate stability blocks. Therefore, the company was advised that the Bureau would approve the rate increase for this block.

This increase will impact approximately 59 insureds in Virginia and the Company advised that they do not intend to increase rates further 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 equal to the sum of premiums paid. Specific options are included in the letter sent to all policyholders notifying them of the rate increase or 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:
<http://www.scc.virginia.gov/boi/SERFFInquiry/default.asp>.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Reviewer Note

Created By:

Bill Dismore on 09/25/2018 12:18 PM

Last Edited By:

Bill Dismore

Submitted On:

12/06/2019 07:02 AM

Subject:

Filing Status Request of 9/25/2018

Comments:

Phone call received 9/25/2018 from Allison of Met Life (T: (347) 334-2261). She requested a status update on META-130643279 and META-130643303. I advised her to check to see if the CBUL forms filed under META-130643672 (Disapproved/Closed on 7/17/2018 for non-response to outstanding objections issued on 6/07/2017) were to be part of the policy holder notice letter. If so, the BOI will need a response to the objections offered on those forms. That may entail reopening filing "672" or requesting the Company to submit a new form filing. This would need to be decided by Greg Smith and Elsie Andy. Allison was going to check on this with her team at Met Life and get back to us.

-Per Allison, the CBUL forms have been refilled under META-131610584 and changes requested under the old filing have been responded to in the new filing.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Reviewer Note

Created By:

Bill Dismore on 08/30/2018 06:55 AM

Last Edited By:

Bill Dismore

Submitted On:

12/06/2019 07:02 AM

Subject:

Status Report

Comments:

Company sent email on 8/29/18 requesting status report. Status report provided and email is attached on 8/29-30/18.

Bill Dismore

From: Bill Dismore
Sent: Thursday, August 30, 2018 7:51 AM
To: 'Jisonna, Gina'
Cc: Greg Smith
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good morning Gina.

SERFF filing META-130643279 is under review but is dependent upon the approval of META-130643303, which is also under review.

Since META-130643303 contains the Policyholder Letter (PH-LTR-VA), Policyholder Letter Phase 2 (PH-LTR-P2-VA) and VA IB Coverage Change Form new version (COVCHG-VA) that filing will need to be ready for approval in conjunction with META-130643279.

We will be able to resume our review on these filings shortly as mentioned below.

Kind regards,

Bill Dismore
Insurance Market Examiner
Life and Health Division
Bureau of Insurance
T: (804) 371-9370
www.scc.virginia.gov

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From: Jisonna, Gina [mailto:gjisonna@metlife.com]
Sent: Wednesday, August 29, 2018 3:43 PM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Hello Bill,

Thank you for your response. The one I'm really looking for is the one outstanding since January ... SERFF filing META-130643279. I realize the other was just sent recently. If you could let me know about the one mentioned here, I would appreciate it.

Thanks,

Gina

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]
Sent: Wednesday, August 29, 2018 3:31 PM
To: Jisonna, Gina
Subject: [EXT] RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good afternoon Gina.

We just received a response to our objection letter of 4/30/2018 from the Company on 8/21/2018.

We are required to give federally regulated ACA filings priority, but they should be completed by early next month. We continue to reduce our backlog and expect to resume our review of your filings shortly.

Thank you for your understanding and patience.

Sincerely,

Bill Dismore
Insurance Market Examiner
Life and Health Division
Bureau of Insurance
T: (804) 371-9370
www.scc.virginia.gov

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From: Jisonna, Gina [<mailto:gjisonna@metlife.com>]
Sent: Wednesday, August 29, 2018 1:28 PM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good afternoon, Bill,

Can you please provide an update on SERFF filing META-130643279? I believe this has been pending with your department since January.

Filings META-130643303 and META-130643672 are also pending with the department.

Any status update you could provide is appreciated.

Thank you,

Gina Jisonna

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]
Sent: Thursday, May 17, 2018 12:38 PM

To: Jisonna, Gina
Cc: Greg Smith
Subject: [EXT] RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Thank you, we will dial in.

Kind regards,

Bill Dismore

From: Jisonna, Gina [<mailto:gjisonna@metlife.com>]
Sent: Thursday, May 17, 2018 11:38 AM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Hello,

I have set a meeting for 3:30 pm today. I expect that this will be a short call.

The dial-in information is as follows:

Join by phone

+1-919-907-6000 US Toll

Access code: 921 916 739

Thank you,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]
Sent: Thursday, May 17, 2018 10:37 AM
To: Jisonna, Gina
Subject: [EXT] RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Dear Ms. Jisonna,

We can be available between 3:15 and 3:45 if that will work for you today?

Please advise.

Kind regards,

Bill Dismore

From: Jisonna, Gina [<mailto:gjisonna@metlife.com>]
Sent: Thursday, May 17, 2018 9:09 AM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>

Cc: Greg Smith <Greg.Smith@scc.virginia.gov>

Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Hello,

Thank you for getting back to me. I apologize for the delay. Would you both be available to have a call with us today at 2pm?

Thanks,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]

Sent: Wednesday, May 09, 2018 9:41 AM

To: Jisonna, Gina

Cc: Greg Smith

Subject: [EXT] RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good morning Ms. Jisonna.

Greg Smith, my supervisor, and I are available this afternoon or tomorrow to speak with you and your actuary. Please let me know what time works best for you.

Kind regards,

Bill Dismore

Insurance Market Examiner – Rates

T: (804) 371-9370

From: Jisonna, Gina [<mailto:gjisonna@metlife.com>]

Sent: Thursday, May 03, 2018 11:07 AM

To: Bill Dismore <Bill.Dismore@scc.virginia.gov>

Cc: Greg Smith <Greg.Smith@scc.virginia.gov>

Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good morning Bill,

Our actuary would like to set up some time with you to discuss these filings, the department's objections to the PH letter, and next steps. Please let me know your availability for next week and I will arrange a call.

Thank you,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Jisonna, Gina

Sent: Monday, April 23, 2018 3:26 PM

To: 'Bill Dismore'
Cc: Greg Smith
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Hello Bill,

Thank you for reaching out to me.

Yes, the LCUL filing (META-130643672) is a form filing that we would like to pursue. It will be provided to insureds with their policyholder letter. We will look at the outstanding objections and prepare a response.

Please feel free to contact me with any further questions.

Thanks,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]
Sent: Thursday, April 19, 2018 1:38 PM
To: Jisonna, Gina
Cc: Greg Smith
Subject: [EXT] MetLife Filings META-130643279, META-130643303 and META-131120152

Dear Ms. Jisonna,

Greg Smith referred your email to me to respond. I am currently reviewing two of the above filings (META-131120152 has been approved).

Before I can proceed, there is an existing SERFF filing, META-130643672, that is a form filing for the LBUL (Limited Benefit Upon Lapse). This filing has an objection outstanding since 6/07/2017. I am wondering if this form will be used along with the policyholder letter and rate increases filed under META-130643279 and META-130643303? If so, I will want to ensure that all forms are coordinated and reviewed along with the rate increase filings.

My contact information is below or you can send along an email and I will respond back to you. I am currently working on these filings.

Kind regards,

Bill Dismore
Insurance Market Examiner
Life and Health Division
Bureau of Insurance
T: (804) 371-9370
www.scc.virginia.gov

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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Reviewer Note

Created By:

Bill Dismore on 05/18/2018 07:06 AM

Last Edited By:

Bill Dismore

Submitted On:

12/06/2019 07:02 AM

Subject:

Policyholder Letter Objections - 4/30/2018

Comments:

A conference call was held on 5/17/2018 with Gina Jisona, Beth and Tom of Metropolitan Life and Greg Smith and Bill Dismore from the BOI. Met Life agreed to comply with Objections 1., 4., 5., and 6. The company will respond regarding Objection 2 and 3. They felt that their current wording was sufficient for those objections and will provide a response with their rationale. The company's biggest issue was with the programming cost (\$50K to \$100K) to add both the Year 1 Premium (Current and With the Increase) and the Year 2 increase. The company felt this requirement to clearly communicate would create a financial hardship for the Company and create further delays to the implementation of the increases.

Company responded to objections and conference call requests on 8/21/2018. Then sent an email on 8/29/2018 requesting a status. I responded that we expected to resume our review of their filings shortly (email attached).

Bill Dismore

From: Bill Dismore
Sent: Wednesday, August 29, 2018 3:31 PM
To: 'Jisonna, Gina'
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good afternoon Gina.

We just received a response to our objection letter of 4/30/2018 from the Company on 8/21/2018.

We are required to give federally regulated ACA filings priority, but they should be completed by early next month. We continue to reduce our backlog and expect to resume our review of your filings shortly.

Thank you for your understanding and patience.

Sincerely,

Bill Dismore
Insurance Market Examiner
Life and Health Division
Bureau of Insurance
T: (804) 371-9370
www.scc.virginia.gov

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From: Jisonna, Gina [mailto:gjisonna@metlife.com]
Sent: Wednesday, August 29, 2018 1:28 PM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good afternoon, Bill,

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Filings META-130643303 and META-130643672 are also pending with the department.

Any status update you could provide is appreciated.

Thank you,

Gina Jisonna

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]
Sent: Thursday, May 17, 2018 12:38 PM
To: Jisonna, Gina
Cc: Greg Smith
Subject: [EXT] RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Thank you, we will dial in.

Kind regards,

Bill Dismore

From: Jisonna, Gina [<mailto:gjisonna@metlife.com>]
Sent: Thursday, May 17, 2018 11:38 AM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Hello,

I have set a meeting for 3:30 pm today. I expect that this will be a short call.

The dial-in information is as follows:

Join by phone

+1-919-907-6000 US Toll

Access code: 921 916 739

Thank you,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]
Sent: Thursday, May 17, 2018 10:37 AM
To: Jisonna, Gina
Subject: [EXT] RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Dear Ms. Jisonna,

We can be available between 3:15 and 3:45 if that will work for you today?

Please advise.

Kind regards,

Bill Dismore

From: Jisonna, Gina [<mailto:gjisonna@metlife.com>]
Sent: Thursday, May 17, 2018 9:09 AM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Cc: Greg Smith <Greg.Smith@scc.virginia.gov>
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Hello,

Thank you for getting back to me. I apologize for the delay. Would you both be available to have a call with us today at 2pm?

Thanks,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]
Sent: Wednesday, May 09, 2018 9:41 AM
To: Jisonna, Gina
Cc: Greg Smith
Subject: [EXT] RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good morning Ms. Jisonna.

Greg Smith, my supervisor, and I are available this afternoon or tomorrow to speak with you and your actuary. Please let me know what time works best for you.

Kind regards,

Bill Dismore
Insurance Market Examiner – Rates
T: (804) 371-9370

From: Jisonna, Gina [<mailto:gjisonna@metlife.com>]
Sent: Thursday, May 03, 2018 11:07 AM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Cc: Greg Smith <Greg.Smith@scc.virginia.gov>
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Good morning Bill,

Our actuary would like to set up some time with you to discuss these filings, the department's objections to the PH letter, and next steps. Please let me know your availability for next week and I will arrange a call.

Thank you,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Jisonna, Gina
Sent: Monday, April 23, 2018 3:26 PM
To: 'Bill Dismore'
Cc: Greg Smith
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

Hello Bill,

Thank you for reaching out to me.

Yes, the LCUL filing (META-130643672) is a form filing that we would like to pursue. It will be provided to insureds with their policyholder letter. We will look at the outstanding objections and prepare a response.

Please feel free to contact me with any further questions.

Thanks,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

From: Bill Dismore [<mailto:Bill.Dismore@scc.virginia.gov>]
Sent: Thursday, April 19, 2018 1:38 PM
To: Jisonna, Gina
Cc: Greg Smith
Subject: [EXT] MetLife Filings META-130643279, META-130643303 and META-131120152

Dear Ms. Jisonna,

Greg Smith referred your email to me to respond. I am currently reviewing two of the above filings (META-131120152 has been approved).

Before I can proceed, there is an existing SERFF filing, META-130643672, that is a form filing for the LBUL (Limited Benefit Upon Lapse). This filing has an objection outstanding since 6/07/2017. I am wondering if this form will be used along with the policyholder letter and rate increases filed under META-130643279 and META-130643303? If so, I will want to ensure that all forms are coordinated and reviewed along with the rate increase filings.

My contact information is below or you can send along an email and I will respond back to you. I am currently working on these filings.

Kind regards,

Bill Dismore
Insurance Market Examiner
Life and Health Division
Bureau of Insurance
T: (804) 371-9370
www.scc.virginia.gov

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State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Reviewer Note

Created By:

Bill Dismore on 04/24/2018 06:36 AM

Last Edited By:

Bill Dismore

Submitted On:

12/06/2019 07:02 AM

Subject:

LBUL - SERFF # META-131610584

Comments:

Limited Benefit Upon Lapse form still pending. This form needs response to objections dated 6/07/2017 and Company is aware as indicated by the attached email.

META-130643672 filing withdrawn. Company refilled under META-131610584 for approval of LCUL forms.

LCUL endorsements approved under META-131610584 on 11/09/2018.

Bill Dismore

From: Jisonna, Gina <gjisonna@metlife.com>
Sent: Monday, April 23, 2018 3:26 PM
To: Bill Dismore
Cc: Greg Smith
Subject: RE: MetLife Filings META-130643279, META-130643303 and META-131120152

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Please feel free to contact me with any further questions.

Thanks,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉
gjisonna@metlife.com

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Sent: Thursday, April 19, 2018 1:38 PM
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My contact information is below or you can send along an email and I will respond back to you. I am currently working on these filings.

Kind regards,

Bill Dismore
Insurance Market Examiner
Life and Health Division

Bureau of Insurance
T: (804) 371-9370
www.scc.virginia.gov

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The information contained in this message may be **CONFIDENTIAL** and is for the intended addressee only. Any unauthorized use, dissemination of the information, or copying of this message is prohibited. If you are not the intended addressee, please notify the sender immediately and delete this message.

State: Virginia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Post Submission Update Request Processed On 12/02/2016

Status: Allowed
Created By: Cherise Livingston
Processed By: Janet Houser
Comments:

Company Rate Information:

Company Name:Metropolitan Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	43.330%	42.000%
Overall % Rate Impact	43.330%	42.000%
Maximum %Change (where required)	43.330%	42.000%
Minimum %Change (where required)	43.330%	42.000%

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Received & Acknowledged 12/06/2019	REMOVED		OTH	Other	REMOVED		
2	Received & Acknowledged 12/06/2019	REMOVED		OTH	Other	REMOVED	0.000	
3	Received & Acknowledged 12/06/2019	REMOVED		OTH	Other	REMOVED	0.000	VA Insured RA ltr Revised 12-10-18_Phase 2.pdf
4	Received & Acknowledged 12/06/2019	REMOVED	REMOVED	OTH	Other	REMOVED	0.000	

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




Metropolitan Life Insurance Company
Long Term Care
PO Box 64911, St. Paul, MN 55164-0911

Policy #: [#####]

[Mail Date]

[First Name] [Last Name]
[Address 1]
[Address 2]
[City, ST Zip or Country Name if Foreign address]

 New Long-Term Care Insurance
coverage rates effective [DATE].

Dear [First Name] [Last Name]

Premium Increase Notification – Please review

In [Month/Year] we sent you a letter informing you that we were implementing a [XX.XX%] premium increase on your **Metropolitan Life Insurance Company (“MetLife”)**, Term Care Insurance policy, which was issued in Virginia. At that time, we notified you that this increase would be implemented in [two][three] phases, and that you would be notified separately prior to the [second][and third] increase.

What you need to know

We understand how important your long-term care insurance policy is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by changes to actuarial assumptions since the initial pricing. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.] **You may be able to reduce the change in premium by adjusting your coverage.** Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form.

The first phase of this increase of approximately [XX.XX%] has been completed. We are now beginning to implement phase two of the increase, which is approximately [XX.XX%]. [The third increase of approximately [XX.XX%] will occur no sooner than one year from the date indicated below and will be based on your premium in effect at that time. You will be notified separately prior to the third increase.]

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

Effective Date:	[EFFECTIVE DATE]
Current Premium Amount:	[OLD AMOUNT]/[FREQUENCY]*
Increased Premium Amount:	[NEW AMOUNT]/[FREQUENCY]

* Current Premium information is as of [COMPLETE DATE] and may not reflect recent changes.

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your certificate, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy.

Please note that if you are on waiver of contribution at the time the increase becomes effective, there will be no impact to your coverage or premium unless and until your premium payments resume.

Your Options

We understand that a premium increase may not be affordable for some insureds. Your personalized options may help reduce the impact of the premium increase and, possibly, better meet your current coverage needs. Details are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional cost riders that were added to your policy. Please contact our Customer Service team at (888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. **Please note that all options available may not be of equal value. If you have a partnership policy, a change in inflation may result in a loss of partnership status.**

Please carefully evaluate your individual situation before selecting one of these options. If you choose to cancel your coverage, or make any changes complete the attached form and submit to MetLife. In order to ensure processing prior to the implementation of the rate increase, please submit any change requests by [FORM DATE]. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this confirmation at any time. Should you need more time to decide on a coverage decrease or termination of coverage, the provisions of your policy permit you to make these changes at any time. **If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. If you have automatic bill pay with your bank, or if you pay your premium through an annuity, you will need to update your payment amount.**



Coverage Change Form due [DATE].

Please note that any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary.

Cancellation Requests

If you choose to cancel your long term care insurance policy, a limited long term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

[If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") which provides PH-LTR-P2-VA

limited coverage as described below. Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or [30 times the Nursing Home Daily] [Monthly] Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Once LCUL goes into effect, your policy will be considered “paid-up” with no further premiums due, and you will no longer receive increases under any inflation option.

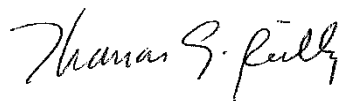
Note: For policyholders who are eligible for and meet the requirements for payment of benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature (“CBUL”) as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL, or any other nonforfeiture feature.]

[Our records indicate your policy includes a nonforfeiture feature providing for reduced or limited coverage in the event that your policy lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage, and the nonforfeiture rider has been in effect for at least 3 policy years, you are eligible for the limited coverage as described in your policy under the nonforfeiture feature. Under nonforfeiture, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** [30 times the Nursing Home Daily] [Monthly] Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Once nonforfeiture goes into effect, your policy will be considered “paid-up” with no further premiums due, and you will no longer receive increases under any inflation option. *(Please note that this limited coverage is not intended to replace coverage you currently have.)*]

We’re here to help

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our Customer Service team at 888-285-8140, between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,



Thomas G. Reilly, Assistant Vice President
Product Management & Compliance

Encl: Frequently Asked Questions, Coverage Change Form, Cost of Care Chart, Rate Increase History Chart, Business Reply Envelope

Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy/Certificate Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016 2019	0-18% 0-58% 0-102% 0-123%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-18% 0-58% 0-126%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2009	2013 2016 2018	0-58% 0-88% 0-105%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2009-2011	2016 2018	0-34% 0-42%
Individual LTC	LTC2007	2008-2009	2013 2018	0-58% 0-64%
Individual LTC	LTC2007	2009-2011	2016 2018	0-42% 0-47%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TCL-04	2000-2004	2012 2015 2019	0-41% 0-73% 0-80%
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%
AARP LTC	G.LTC1697, G.LTC1497, G.LTC1797	1997 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-04-OP	2004 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-06-FC	2006 – 2008	2017	0-23.12%

Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	See section 16 of the actuarial memorandum
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Metropolitan Life Insurance Company	43.330%	43.330%	\$50,597	59	\$120,468	43.330%	43.330%

SERFF Tracking #:

META-130643303

State Tracking #:

META-130643303

Company Tracking #:

CT15-203 LSA-NEW (CJ)

State: Virginia

Filing Company:

Metropolitan Life Insurance Company

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

Product Name: Individual Long-Term Care Insurance

Project Name/Number: 2015_2016 Rate Increase Filings/CT15-203 LSA-New

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA_LSAnew_rates_43.33%IncreasePhase1_19.72%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase1_19.72%.pdf,
2		VA_LSAnew_rates_43.33%IncreasePhase2_19.72%	LTC2007-VA, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CIP, LTC2007-APIP-VA, LTC2007-FP-VA, LTC2007-GPO-2-VA, LTC2007-GPO-3-VA, LTC2007-NF-VA, LTC2007-SC-VA, LTC2007-CB-VA, LTC2007-10YP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 43.33	VA_LSAnew_rates_43.33%IncreasePhase2_19.72%.pdf,

Plan: LTC2007-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: No Inflation - Base - Reimbursement

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
30 and under	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
31	\$2.88088	\$2.93987	\$3.03416	\$3.12566	\$3.24576	\$3.34641
32	\$2.93049	\$2.99110	\$3.08797	\$3.18197	\$3.30536	\$3.40879
33	\$2.98096	\$3.04322	\$3.14276	\$3.23928	\$3.36606	\$3.47232
34	\$3.03229	\$3.09626	\$3.19851	\$3.29763	\$3.42787	\$3.53704
35	\$3.08450	\$3.15022	\$3.25525	\$3.35703	\$3.49082	\$3.60296
36	\$3.13762	\$3.20512	\$3.31299	\$3.41750	\$3.55493	\$3.67012
37	\$3.24128	\$3.31301	\$3.42775	\$3.53888	\$3.68493	\$3.80738
38	\$3.34835	\$3.42454	\$3.54648	\$3.66456	\$3.81970	\$3.94979
39	\$3.45896	\$3.53983	\$3.66932	\$3.79472	\$3.95940	\$4.09751
40	\$3.57323	\$3.65900	\$3.79642	\$3.92949	\$4.10422	\$4.25077
41	\$3.69127	\$3.78217	\$3.92792	\$4.06904	\$4.25431	\$4.40975
42	\$3.81321	\$3.90950	\$4.06397	\$4.21356	\$4.40991	\$4.57468
43	\$3.93918	\$4.04111	\$4.20473	\$4.36321	\$4.57118	\$4.74577
44	\$4.06932	\$4.17715	\$4.35039	\$4.51817	\$4.73836	\$4.92328
45	\$4.20374	\$4.31777	\$4.50106	\$4.67863	\$4.91166	\$5.10741
46	\$4.34262	\$4.46313	\$4.65698	\$4.84481	\$5.09130	\$5.29844
47	\$4.53353	\$4.66245	\$4.86983	\$5.07081	\$5.33438	\$5.55586
48	\$4.73284	\$4.87066	\$5.09240	\$5.30737	\$5.58907	\$5.82578
49	\$4.94092	\$5.08817	\$5.32513	\$5.55496	\$5.85592	\$6.10882
50	\$5.15815	\$5.31541	\$5.56852	\$5.81411	\$6.13551	\$6.40561
51	\$5.38492	\$5.55278	\$5.82303	\$6.08533	\$6.42845	\$6.71682
52	\$5.62166	\$5.80076	\$6.08916	\$6.36921	\$6.73538	\$7.04315
53	\$5.86881	\$6.05982	\$6.36748	\$6.66633	\$7.05696	\$7.38534
54	\$6.12683	\$6.33043	\$6.65849	\$6.97732	\$7.39390	\$7.74415
55	\$6.39618	\$6.61314	\$6.96282	\$7.30281	\$7.74691	\$8.12039
56	\$6.67738	\$6.90848	\$7.28105	\$7.64349	\$8.11679	\$8.51491
57	\$7.03784	\$7.28405	\$7.68088	\$8.06716	\$8.57126	\$8.99528
58	\$7.41774	\$7.68005	\$8.10267	\$8.51432	\$9.05118	\$9.50276
59	\$7.81815	\$8.09759	\$8.54761	\$8.98626	\$9.55798	\$10.03887
60	\$8.24017	\$8.53781	\$9.01700	\$9.48435	\$10.09314	\$10.60522
61	\$8.68498	\$9.00196	\$9.51216	\$10.01006	\$10.65828	\$11.20352
62	\$9.15380	\$9.49135	\$10.03451	\$10.56491	\$11.25504	\$11.83558
63	\$9.64792	\$10.00736	\$10.58555	\$11.15052	\$11.88524	\$12.50329
64	\$10.17225	\$10.55642	\$11.17419	\$11.77827	\$12.56324	\$13.22361
65	\$10.72507	\$11.13561	\$11.79557	\$12.44137	\$13.27989	\$13.98543
66	\$11.30793	\$11.74658	\$12.45151	\$13.14180	\$14.03745	\$14.79113
67	\$11.92246	\$12.39107	\$13.14393	\$13.88167	\$14.83822	\$15.64324
68	\$12.57040	\$13.07091	\$13.87484	\$14.66317	\$15.68465	\$16.54445
69	\$13.70494	\$14.24646	\$15.11616	\$15.96967	\$17.07484	\$18.00552
70	\$14.94187	\$15.52774	\$16.46853	\$17.39256	\$18.58824	\$19.59561
71	\$16.29044	\$16.92425	\$17.94190	\$18.94224	\$20.23579	\$21.32613
72	\$17.78556	\$18.47215	\$19.57440	\$20.65885	\$22.06016	\$23.24193
73	\$19.41790	\$20.16163	\$21.35545	\$22.53100	\$24.04901	\$25.32982
74	\$21.04758	\$21.86609	\$23.18084	\$24.47624	\$26.14791	\$27.55997
75	\$22.81402	\$23.71466	\$25.16227	\$26.58942	\$28.43000	\$29.98648
76	\$24.72872	\$25.71951	\$27.31306	\$28.88504	\$30.91127	\$32.62663
77	\$26.80411	\$27.89384	\$29.64770	\$31.37885	\$33.60909	\$35.49923
78	\$29.05369	\$30.25199	\$32.18189	\$34.08797	\$36.54236	\$38.62475
79	\$31.32315	\$32.61797	\$34.70077	\$36.75806	\$39.40704	\$41.65674
80	\$33.76988	\$35.16898	\$37.41680	\$39.63730	\$42.49627	\$44.92673
81	\$36.40773	\$37.91951	\$40.34542	\$42.74208	\$45.82768	\$48.45341
82	\$39.25163	\$40.88516	\$43.50327	\$46.09005	\$49.42024	\$52.25694
83	\$42.31767	\$44.08275	\$46.90827	\$49.70026	\$53.29444	\$56.35903
84	\$45.39876	\$47.28912	\$50.30682	\$53.28559	\$57.12204	\$60.39467
85	\$48.70417	\$50.72872	\$53.95160	\$57.12956	\$61.22453	\$64.71929
86	\$52.25025	\$54.41849	\$57.86045	\$61.25082	\$65.62167	\$69.35357
87	\$56.05451	\$58.37663	\$62.05249	\$65.66940	\$70.33460	\$74.31970
88	\$60.13575	\$62.62268	\$66.54825	\$70.40672	\$75.38602	\$79.64143
89	\$63.27425	\$65.86493	\$69.92716	\$73.90955	\$79.05375	\$83.43885
90	\$66.57653	\$69.27503	\$73.47764	\$77.58665	\$82.89992	\$87.41734
91	\$70.05118	\$72.86170	\$77.20836	\$81.44669	\$86.93323	\$91.58552
92	\$73.70715	\$76.63406	\$81.12852	\$85.49877	\$91.16277	\$95.95246
93	\$77.55393	\$80.60174	\$85.24773	\$89.75244	\$95.59808	\$100.52761
94	\$80.52197	\$83.64037	\$88.35021	\$92.90164	\$98.81205	\$103.77385
95	\$83.60361	\$86.79354	\$91.56560	\$96.16133	\$102.13407	\$107.12491
96	\$86.80318	\$90.06558	\$94.89802	\$99.53540	\$105.56777	\$110.58418
97	\$90.12519	\$93.46099	\$98.35172	\$103.02786	\$109.11691	\$114.15516
98	\$93.57435	\$96.98439	\$101.93109	\$106.64285	\$112.78537	\$117.84145
99	\$96.43927	\$99.90938	\$104.89882	\$109.63632	\$115.81882	\$120.88571
100	\$98.80138	\$102.31994	\$107.34213	\$112.09833	\$118.31084	\$123.38404
100	\$100.73736	\$104.29493	\$109.34229	\$114.11215	\$120.34734	\$125.42401

Plan: **LTC2007-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **No Inflation - Base - Reimbursement**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$3.41067	\$3.47815	\$3.54790	\$3.66899	\$3.79200	\$3.92641
31	\$3.47477	\$3.54411	\$3.61576	\$3.74015	\$3.86654	\$4.00466
32	\$3.54006	\$3.61131	\$3.68493	\$3.81270	\$3.94255	\$4.08446
33	\$3.60659	\$3.67977	\$3.75542	\$3.88665	\$4.02005	\$4.16585
34	\$3.67436	\$3.74955	\$3.82726	\$3.96203	\$4.09908	\$4.24886
35	\$3.74340	\$3.82065	\$3.90047	\$4.03887	\$4.17966	\$4.33354
36	\$3.88527	\$3.96735	\$4.05216	\$4.19925	\$4.34882	\$4.51223
37	\$4.03252	\$4.11968	\$4.20976	\$4.36598	\$4.52482	\$4.69830
38	\$4.18534	\$4.27787	\$4.37349	\$4.53935	\$4.70794	\$4.89203
39	\$4.34396	\$4.44213	\$4.54358	\$4.71959	\$4.89848	\$5.09376
40	\$4.50857	\$4.61270	\$4.72030	\$4.90699	\$5.09671	\$5.30381
41	\$4.67944	\$4.78982	\$4.90387	\$5.10183	\$5.30297	\$5.52252
42	\$4.85678	\$4.97373	\$5.09460	\$5.30441	\$5.51758	\$5.75025
43	\$5.04083	\$5.16472	\$5.29274	\$5.51503	\$5.74089	\$5.98736
44	\$5.23187	\$5.36303	\$5.49858	\$5.73403	\$5.97323	\$6.23425
45	\$5.43015	\$5.56896	\$5.71243	\$5.96171	\$6.21496	\$6.49133
46	\$5.69674	\$5.84513	\$5.99849	\$6.26501	\$6.53566	\$6.83098
47	\$5.97642	\$6.13499	\$6.29888	\$6.58373	\$6.87291	\$7.18842
48	\$6.26984	\$6.43922	\$6.61430	\$6.91868	\$7.22757	\$7.56456
49	\$6.57767	\$6.75854	\$6.94552	\$7.27066	\$7.60052	\$7.96036
50	\$6.90060	\$7.09371	\$7.29333	\$7.64055	\$7.99272	\$8.37689
51	\$7.23938	\$7.44548	\$7.65855	\$8.02926	\$8.40516	\$8.81521
52	\$7.59481	\$7.81471	\$8.04206	\$8.43775	\$8.83888	\$9.27647
53	\$7.96768	\$8.20224	\$8.44479	\$8.86701	\$9.29498	\$9.76186
54	\$8.35885	\$8.60899	\$8.86767	\$9.31812	\$9.77461	\$10.27266
55	\$8.76924	\$9.03591	\$9.31173	\$9.79217	\$10.27900	\$10.81017
56	\$9.26640	\$9.55044	\$9.84423	\$10.35626	\$10.87487	\$11.44092
57	\$9.79174	\$10.09425	\$10.40719	\$10.95284	\$11.50530	\$12.10848
58	\$10.34687	\$10.66904	\$11.00233	\$11.58377	\$12.17227	\$12.81498
59	\$10.93348	\$11.27655	\$11.63152	\$12.25106	\$12.87790	\$13.56271
60	\$11.55334	\$11.91865	\$12.29667	\$12.95678	\$13.62442	\$14.35407
61	\$12.20834	\$12.59732	\$12.99987	\$13.70316	\$14.41424	\$15.19159
62	\$12.90048	\$13.31462	\$13.74328	\$14.49254	\$15.24984	\$16.07799
63	\$13.64845	\$14.09101	\$14.54908	\$15.35049	\$16.16019	\$17.04591
64	\$14.43978	\$14.91266	\$15.40213	\$16.25922	\$17.12489	\$18.07211
65	\$15.27699	\$15.78222	\$16.30519	\$17.22175	\$18.14719	\$19.16008
66	\$16.16274	\$16.70250	\$17.26121	\$18.24126	\$19.23050	\$20.31355
67	\$17.09986	\$17.67642	\$18.27327	\$19.32113	\$20.37850	\$21.53647
68	\$18.0745	\$19.23171	\$19.87809	\$21.01422	\$22.16042	\$23.41638
69	\$20.24794	\$20.92384	\$21.62384	\$22.85569	\$24.09818	\$25.46040
70	\$22.03308	\$22.76485	\$23.52291	\$24.85852	\$26.20537	\$27.68283
71	\$24.00912	\$24.80249	\$25.62453	\$27.07464	\$28.53664	\$30.14134
72	\$26.16238	\$27.02250	\$27.91393	\$29.48834	\$31.07533	\$32.81820
73	\$28.47913	\$29.42785	\$30.41138	\$32.15167	\$33.90575	\$35.83390
74	\$31.00104	\$32.04728	\$33.13227	\$35.05552	\$36.99396	\$39.12672
75	\$33.74628	\$34.89990	\$36.09661	\$38.22166	\$40.36347	\$42.72212
76	\$36.73461	\$38.00642	\$39.32615	\$41.67375	\$44.03988	\$46.64790
77	\$39.98757	\$41.38947	\$42.84465	\$45.43763	\$48.05114	\$50.93443
78	\$43.13024	\$44.64553	\$46.21929	\$49.02886	\$51.86181	\$54.99202
79	\$46.51991	\$48.15774	\$49.85973	\$52.90393	\$55.97467	\$59.37284
80	\$50.17598	\$51.94624	\$53.78690	\$57.08527	\$60.41371	\$64.10264
81	\$54.11938	\$56.03279	\$58.02341	\$61.59709	\$65.20478	\$69.20925
82	\$58.37269	\$60.44081	\$62.59359	\$66.46550	\$70.37580	\$74.72265
83	\$62.54496	\$64.75353	\$67.05425	\$71.19879	\$75.38688	\$80.05244
84	\$67.01544	\$69.37399	\$71.83280	\$76.26916	\$80.75478	\$85.76239
85	\$71.80545	\$74.32413	\$76.95190	\$81.70060	\$86.50490	\$91.87963
86	\$76.93783	\$79.62748	\$82.43578	\$87.51885	\$92.66444	\$98.43319
87	\$82.43706	\$85.30926	\$88.31049	\$93.75144	\$99.26258	\$105.45419
88	\$86.31468	\$89.27136	\$92.36341	\$97.97058	\$103.65392	\$110.05794
89	\$90.37470	\$93.41747	\$96.60234	\$102.37958	\$108.23953	\$114.86266
90	\$94.62569	\$97.75614	\$101.03581	\$106.98700	\$113.02801	\$119.87714
91	\$99.07664	\$102.29632	\$105.67276	\$111.80177	\$118.02833	\$125.11055
92	\$103.73696	\$107.04736	\$110.52251	\$116.83322	\$123.24986	\$130.57241
93	\$106.99624	\$110.32342	\$113.82062	\$120.17502	\$126.64120	\$134.05416
94	\$110.35793	\$113.69974	\$117.21715	\$123.61240	\$130.12586	\$137.62875
95	\$113.82525	\$117.17939	\$120.71504	\$127.14809	\$133.70640	\$141.29864
96	\$117.40149	\$120.76553	\$124.31731	\$130.78492	\$137.38546	\$145.06641
97	\$121.09010	\$124.46143	\$128.02707	\$134.52577	\$141.16577	\$148.93464
98	\$124.13371	\$127.50862	\$131.08344	\$137.60406	\$144.27321	\$152.11174
99	\$126.62978	\$130.00607	\$133.58690	\$140.12304	\$146.81389	\$154.70764
100	\$128.66681	\$132.04315	\$135.62794	\$142.17511	\$148.88224	\$156.81980

Plan: **LTC2007-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **No Inflation - Base - Reimbursement**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$4.12633	\$4.33164	\$4.40289	\$4.44049	\$4.48142	\$4.51965	\$4.55775
31	\$4.21005	\$4.42097	\$4.49382	\$4.53243	\$4.57447	\$4.61372	\$4.65286
32	\$4.29547	\$4.51215	\$4.58664	\$4.62629	\$4.66945	\$4.70976	\$4.74994
33	\$4.38263	\$4.60521	\$4.68138	\$4.72209	\$4.76640	\$4.80779	\$4.84906
34	\$4.47155	\$4.70018	\$4.77806	\$4.81988	\$4.86536	\$4.90786	\$4.95024
35	\$4.56228	\$4.79712	\$4.87673	\$4.91968	\$4.96638	\$5.01002	\$5.05354
36	\$4.75517	\$5.00440	\$5.08850	\$5.13381	\$5.18297	\$5.22903	\$5.27496
37	\$4.95623	\$5.22064	\$5.30945	\$5.35725	\$5.40901	\$5.45763	\$5.50609
38	\$5.16577	\$5.44622	\$5.54000	\$5.59042	\$5.64491	\$5.69619	\$5.74734
39	\$5.38419	\$5.68155	\$5.78055	\$5.83374	\$5.89109	\$5.94521	\$5.99917
40	\$5.61184	\$5.92705	\$6.03155	\$6.08764	\$6.14802	\$6.20511	\$6.26203
41	\$5.84910	\$6.18317	\$6.29345	\$6.35261	\$6.41614	\$6.47636	\$6.53640
42	\$6.09641	\$6.45033	\$6.56673	\$6.62910	\$6.69596	\$6.75948	\$6.82279
43	\$6.35416	\$6.72905	\$6.85187	\$6.91763	\$6.98798	\$7.05497	\$7.12175
44	\$6.62283	\$7.01982	\$7.14939	\$7.21871	\$7.29274	\$7.36338	\$7.43380
45	\$6.90284	\$7.32314	\$7.45984	\$7.53289	\$7.61079	\$7.68526	\$7.75951
46	\$7.27079	\$7.71984	\$7.86589	\$7.94354	\$8.02626	\$8.10551	\$8.18454
47	\$7.65836	\$8.13805	\$8.29405	\$8.37657	\$8.46440	\$8.54874	\$8.63283
48	\$8.06659	\$8.57890	\$8.74551	\$8.83322	\$8.92647	\$9.01621	\$9.10569
49	\$8.49658	\$9.04364	\$9.22155	\$9.31474	\$9.41375	\$9.50924	\$9.60444
50	\$8.94949	\$9.53354	\$9.72350	\$9.82252	\$9.92764	\$10.02923	\$10.13051
51	\$9.42654	\$10.04999	\$10.25277	\$10.35799	\$10.46957	\$10.57766	\$10.68541
52	\$9.92901	\$10.59442	\$10.81086	\$10.92264	\$11.04109	\$11.15606	\$11.27069
53	\$10.45828	\$11.16833	\$11.39932	\$11.51808	\$11.64381	\$11.76611	\$11.88803
54	\$11.01576	\$11.77334	\$12.01982	\$12.14598	\$12.27943	\$12.40950	\$12.53919
55	\$11.60295	\$12.41112	\$12.67409	\$12.80810	\$12.94975	\$13.08809	\$13.22601
56	\$12.28601	\$13.14793	\$13.42965	\$13.57235	\$13.72325	\$13.87074	\$14.01778
57	\$13.00929	\$13.92846	\$14.23027	\$14.38218	\$14.54296	\$14.70019	\$14.85694
58	\$13.77515	\$14.75533	\$15.07860	\$15.24034	\$15.41163	\$15.57924	\$15.74634
59	\$14.58609	\$15.63130	\$15.97752	\$16.14970	\$16.33218	\$16.51085	\$16.68899
60	\$15.44477	\$16.55928	\$16.93002	\$17.11333	\$17.30772	\$17.49818	\$17.68807
61	\$16.35400	\$17.54233	\$17.93931	\$18.13446	\$18.34152	\$18.54454	\$18.74695
62	\$17.31676	\$18.58374	\$19.00877	\$19.21651	\$19.43708	\$19.65347	\$19.86922
63	\$18.37167	\$19.72841	\$20.18622	\$20.40837	\$20.64453	\$20.87637	\$21.10752
64	\$19.49085	\$20.94359	\$21.43658	\$21.67416	\$21.92698	\$22.17536	\$22.42299
65	\$20.67819	\$22.23361	\$22.76442	\$23.01846	\$23.28911	\$23.55517	\$23.82045
66	\$21.93789	\$23.60309	\$24.17450	\$24.44614	\$24.73585	\$25.02086	\$25.30500
67	\$23.27431	\$25.05692	\$25.67192	\$25.96236	\$26.27247	\$26.57772	\$26.88206
68	\$25.30298	\$27.23984	\$27.91207	\$28.22702	\$28.56368	\$28.89546	\$29.22626
69	\$27.50848	\$29.61295	\$30.34772	\$30.68923	\$31.05471	\$31.41534	\$31.77490
70	\$29.90624	\$32.19278	\$32.99589	\$33.36622	\$33.76299	\$34.15497	\$34.54577
71	\$32.55843	\$35.04631	\$35.92530	\$36.32742	\$36.75877	\$37.18542	\$37.61078
72	\$35.44582	\$38.15275	\$39.11479	\$39.55143	\$40.02037	\$40.48475	\$40.94774
73	\$38.74430	\$41.74586	\$42.81737	\$43.29908	\$43.81673	\$44.33096	\$44.84366
74	\$42.34972	\$45.67735	\$46.87045	\$47.40184	\$47.97322	\$48.54259	\$49.11027
75	\$46.29065	\$49.97908	\$51.30719	\$51.89335	\$52.52400	\$53.15435	\$53.78281
76	\$50.59829	\$54.68594	\$56.16391	\$56.81044	\$57.50646	\$58.20424	\$58.89992
77	\$55.30681	\$59.83609	\$61.48035	\$62.19346	\$62.96157	\$63.73389	\$64.50388
78	\$59.74648	\$64.68493	\$66.48388	\$67.25981	\$68.09974	\$68.94548	\$69.78869
79	\$64.54255	\$69.92670	\$71.89460	\$72.73888	\$73.65723	\$74.58324	\$75.50647
80	\$69.72361	\$75.59324	\$77.74568	\$78.66426	\$79.66825	\$80.68200	\$81.69273
81	\$75.32057	\$81.71897	\$84.07293	\$85.07235	\$86.16981	\$87.27947	\$88.38582
82	\$81.36682	\$88.34110	\$90.91513	\$92.00244	\$93.20196	\$94.41642	\$95.62726
83	\$87.19688	\$94.72533	\$97.50466	\$98.67451	\$99.97630	\$101.29644	\$102.61262
84	\$93.44468	\$101.57093	\$104.57180	\$105.83043	\$107.24304	\$108.67779	\$110.10824
85	\$100.14014	\$108.91125	\$112.15118	\$113.50532	\$115.03797	\$116.59701	\$118.15139
86	\$107.31534	\$116.78204	\$120.27991	\$121.73679	\$123.39946	\$125.09331	\$126.78209
87	\$115.00466	\$125.22162	\$128.99780	\$130.56521	\$132.36871	\$134.20873	\$136.04324
88	\$119.95432	\$130.59434	\$134.51319	\$136.13540	\$138.02610	\$139.95881	\$141.88573
89	\$125.11700	\$136.19757	\$140.26439	\$141.94322	\$143.92529	\$145.95525	\$147.97913
90	\$130.50188	\$142.04121	\$146.26149	\$147.99881	\$150.07661	\$152.20861	\$154.33422
91	\$136.11850	\$148.13557	\$152.51500	\$154.31275	\$156.49084	\$158.72989	\$160.96224
92	\$141.97688	\$154.49142	\$159.03588	\$160.89605	\$163.17920	\$165.53057	\$167.87489
93	\$145.62331	\$158.38992	\$163.00377	\$164.88783	\$167.22945	\$169.64665	\$172.05662
94	\$149.36340	\$162.38680	\$167.07066	\$168.97865	\$171.38021	\$173.86507	\$176.34250
95	\$153.19955	\$166.48454	\$171.23901	\$173.17096	\$175.63400	\$178.18840	\$180.73514
96	\$157.13424	\$170.68568	\$175.51138	\$177.46727	\$179.99339	\$182.61924	\$185.23721
97	\$161.16996	\$174.99283	\$179.89031	\$181.87017	\$184.46097	\$187.16024	\$189.85141
98	\$164.48146	\$178.52551	\$183.48088	\$185.47989	\$188.12376	\$190.88338	\$193.63473
99	\$167.18510	\$181.40870	\$186.41066	\$188.42497	\$191.11216	\$193.92114	\$196.72170
100	\$169.38357	\$183.75249	\$188.79192	\$190.81845	\$193.54086	\$196.39002	\$199.23065

Plan: LTC2007-CIP

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Convertible Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
30 and under	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
31	\$3.14140	\$3.26423	\$3.50474	\$3.73732	\$4.02757	\$4.26736
32	\$3.14739	\$3.27028	\$3.51130	\$3.74437	\$4.03513	\$4.27527
33	\$3.15304	\$3.27596	\$3.51745	\$3.75101	\$4.04219	\$4.28268
34	\$3.15835	\$3.28126	\$3.52318	\$3.75720	\$4.04877	\$4.28957
35	\$3.16328	\$3.28618	\$3.52851	\$3.76292	\$4.05486	\$4.29590
36	\$3.16785	\$3.29071	\$3.53339	\$3.76819	\$4.06041	\$4.30166
37	\$3.17361	\$3.29524	\$3.53827	\$3.77346	\$4.06596	\$4.30742
38	\$3.17937	\$3.30077	\$3.54315	\$3.77873	\$4.07151	\$4.31318
39	\$3.18513	\$3.30630	\$3.54803	\$3.78400	\$4.07706	\$4.31894
40	\$3.19089	\$3.31183	\$3.55291	\$3.78927	\$4.08261	\$4.32470
41	\$3.19665	\$3.31736	\$3.55779	\$3.79454	\$4.08816	\$4.33046
42	\$3.20241	\$3.32289	\$3.56267	\$3.79981	\$4.09371	\$4.33622
43	\$3.20817	\$3.32842	\$3.56755	\$3.80508	\$4.09926	\$4.34198
44	\$3.21393	\$3.33395	\$3.57243	\$3.81035	\$4.10481	\$4.34774
45	\$3.21969	\$3.33948	\$3.57731	\$3.81562	\$4.11036	\$4.35350
46	\$3.22545	\$3.34501	\$3.58219	\$3.82089	\$4.11591	\$4.35926
47	\$3.23121	\$3.35054	\$3.58707	\$3.82616	\$4.12146	\$4.36502
48	\$3.23697	\$3.35607	\$3.59195	\$3.83143	\$4.12701	\$4.37078
49	\$3.24273	\$3.36160	\$3.59683	\$3.83670	\$4.13256	\$4.37654
50	\$3.24849	\$3.36713	\$3.60171	\$3.84197	\$4.13811	\$4.38230
51	\$3.25425	\$3.37266	\$3.60659	\$3.84724	\$4.14366	\$4.38806
52	\$3.25999	\$3.37819	\$3.61147	\$3.85251	\$4.14921	\$4.39382
53	\$3.26575	\$3.38372	\$3.61635	\$3.85778	\$4.15476	\$4.39958
54	\$3.27151	\$3.38925	\$3.62123	\$3.86305	\$4.16031	\$4.40534
55	\$3.27727	\$3.39478	\$3.62611	\$3.86832	\$4.16586	\$4.41110
56	\$3.28303	\$3.40031	\$3.63099	\$3.87359	\$4.17141	\$4.41686
57	\$3.28879	\$3.40584	\$3.63587	\$3.87886	\$4.17696	\$4.42262
58	\$3.29455	\$3.41137	\$3.64075	\$3.88413	\$4.18251	\$4.42838
59	\$3.30031	\$3.41690	\$3.64563	\$3.88940	\$4.18806	\$4.43414
60	\$3.30607	\$3.42243	\$3.65051	\$3.89467	\$4.19361	\$4.43990
61	\$3.31183	\$3.42796	\$3.65539	\$3.89994	\$4.19916	\$4.44566
62	\$3.31759	\$3.43349	\$3.66027	\$3.90521	\$4.20471	\$4.45142
63	\$3.32335	\$3.43902	\$3.66515	\$3.91048	\$4.21026	\$4.45718
64	\$3.32911	\$3.44455	\$3.67003	\$3.91575	\$4.21581	\$4.46294
65	\$3.33487	\$3.45008	\$3.67491	\$3.92102	\$4.22136	\$4.46870
66	\$3.34063	\$3.45561	\$3.67979	\$3.92629	\$4.22691	\$4.47446
67	\$3.34639	\$3.46114	\$3.68467	\$3.93156	\$4.23246	\$4.48022
68	\$3.35215	\$3.46667	\$3.68955	\$3.93683	\$4.23801	\$4.48598
69	\$3.35791	\$3.47220	\$3.69443	\$3.94210	\$4.24356	\$4.49174
70	\$3.36367	\$3.47773	\$3.69931	\$3.94737	\$4.24911	\$4.49750
71	\$3.36943	\$3.48326	\$3.70419	\$3.95264	\$4.25466	\$4.50326
72	\$3.37519	\$3.48879	\$3.70907	\$3.95791	\$4.26021	\$4.50902
73	\$3.38095	\$3.49432	\$3.71395	\$3.96318	\$4.26576	\$4.51478
74	\$3.38671	\$3.49985	\$3.71883	\$3.96845	\$4.27131	\$4.52054
75	\$3.39247	\$3.50538	\$3.72371	\$3.97372	\$4.27686	\$4.52630
76	\$3.39823	\$3.51091	\$3.72859	\$3.97899	\$4.28241	\$4.53206
77	\$3.40399	\$3.51644	\$3.73347	\$3.98426	\$4.28796	\$4.53782
78	\$3.40975	\$3.52197	\$3.73835	\$3.98953	\$4.29351	\$4.54358
79	\$3.41551	\$3.52750	\$3.74323	\$3.99480	\$4.29906	\$4.54934
80	\$3.42127	\$3.53303	\$3.74811	\$3.99999	\$4.30461	\$4.55510
81	\$3.42703	\$3.53856	\$3.75299	\$4.00526	\$4.31016	\$4.56086
82	\$3.43279	\$3.54409	\$3.75787	\$4.01053	\$4.31571	\$4.56662
83	\$3.43855	\$3.54962	\$3.76275	\$4.01580	\$4.32126	\$4.57238
84	\$3.44431	\$3.55515	\$3.76763	\$4.02107	\$4.32681	\$4.57814

Plan: **LTC2007-CIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Convertible Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$4.42915	\$4.60007	\$4.74855	\$5.05308	\$5.35047	\$5.67650
31	\$4.43743	\$4.60869	\$4.75729	\$5.06244	\$5.36033	\$5.68690
32	\$4.44518	\$4.61677	\$4.76542	\$5.07116	\$5.36950	\$5.69658
33	\$4.45237	\$4.62427	\$4.77294	\$5.07923	\$5.37797	\$5.70550
34	\$4.45901	\$4.63116	\$4.77984	\$5.08664	\$5.38571	\$5.71361
35	\$4.46505	\$4.63743	\$4.78609	\$5.09332	\$5.39269	\$5.72092
36	\$4.37526	\$4.54454	\$4.68950	\$4.99120	\$5.28468	\$5.60651
37	\$4.28728	\$4.45351	\$4.59485	\$4.89111	\$5.17884	\$5.49438
38	\$4.20107	\$4.36431	\$4.50212	\$4.79304	\$5.07512	\$5.38450
39	\$4.11658	\$4.27690	\$4.41125	\$4.69694	\$4.97347	\$5.27681
40	\$4.03381	\$4.19123	\$4.32222	\$4.60276	\$4.87386	\$5.17129
41	\$3.95269	\$4.10728	\$4.23499	\$4.51046	\$4.77624	\$5.06787
42	\$3.87321	\$4.02501	\$4.14951	\$4.42003	\$4.68059	\$4.96652
43	\$3.79532	\$3.94439	\$4.06576	\$4.33140	\$4.58683	\$4.86719
44	\$3.71899	\$3.86539	\$3.98371	\$4.24455	\$4.49497	\$4.76986
45	\$3.64420	\$3.78796	\$3.90330	\$4.15944	\$4.40494	\$4.67447
46	\$3.38908	\$3.52322	\$3.62634	\$3.86510	\$4.09185	\$4.34104
47	\$3.15183	\$3.27696	\$3.36903	\$3.59159	\$3.80103	\$4.03139
48	\$2.93118	\$3.04792	\$3.12997	\$3.33743	\$3.53087	\$3.74384
49	\$2.72598	\$2.83489	\$2.90788	\$3.10126	\$3.27990	\$3.47679
50	\$2.53514	\$2.63675	\$2.70154	\$2.88180	\$3.04678	\$3.22879
51	\$2.35767	\$2.45245	\$2.50986	\$2.67787	\$2.83023	\$2.99848
52	\$2.19261	\$2.28105	\$2.33176	\$2.48837	\$2.62906	\$2.78460
53	\$2.03912	\$2.12162	\$2.16631	\$2.31228	\$2.44220	\$2.58598
54	\$1.89636	\$1.97333	\$2.01259	\$2.14865	\$2.26862	\$2.40151
55	\$1.76361	\$1.83540	\$1.86979	\$1.99661	\$2.10737	\$2.23022
56	\$1.60278	\$1.66605	\$1.70044	\$1.81254	\$1.91225	\$2.02263
57	\$1.45662	\$1.51233	\$1.54645	\$1.64543	\$1.73519	\$1.83436
58	\$1.32378	\$1.37278	\$1.40639	\$1.49373	\$1.57452	\$1.66362
59	\$1.20307	\$1.24611	\$1.27902	\$1.35602	\$1.42874	\$1.50877
60	\$1.09335	\$1.13113	\$1.16319	\$1.23100	\$1.29645	\$1.36834
61	\$0.99365	\$1.02677	\$1.05783	\$1.11751	\$1.17640	\$1.24097
62	\$0.90304	\$0.93202	\$0.96203	\$1.01448	\$1.06748	\$1.12546
63	\$0.95539	\$0.98637	\$1.01843	\$1.07453	\$1.13121	\$1.19321
64	\$1.01078	\$1.04389	\$1.07815	\$1.13815	\$1.19874	\$1.26505
65	\$1.06939	\$1.10475	\$1.14136	\$1.20552	\$1.27030	\$1.34121
66	\$1.13139	\$1.16917	\$1.20829	\$1.27689	\$1.34614	\$1.42195
67	\$1.19698	\$1.23735	\$1.27912	\$1.35248	\$1.42650	\$1.50755
68	\$1.30325	\$1.34698	\$1.39224	\$1.47181	\$1.55210	\$1.64006
69	\$1.41893	\$1.46631	\$1.51536	\$1.60169	\$1.68876	\$1.78422
70	\$1.54490	\$1.59621	\$1.64936	\$1.74302	\$1.83746	\$1.94104
71	\$1.68205	\$1.73763	\$1.79523	\$1.89682	\$1.99924	\$2.11166
72	\$1.83137	\$1.89158	\$1.95397	\$2.06419	\$2.17528	\$2.29727
73	\$1.99354	\$2.05995	\$2.12880	\$2.25062	\$2.37340	\$2.50837
74	\$2.17007	\$2.24331	\$2.31926	\$2.45389	\$2.58958	\$2.73887
75	\$2.36224	\$2.44299	\$2.52676	\$2.67553	\$2.82545	\$2.99055
76	\$2.57142	\$2.66045	\$2.75283	\$2.91717	\$3.08279	\$3.26535
77	\$2.79913	\$2.89726	\$2.99913	\$3.18064	\$3.36358	\$3.56541
78	\$3.01911	\$3.12518	\$3.23535	\$3.43203	\$3.63033	\$3.84944
79	\$3.25640	\$3.37104	\$3.49019	\$3.70327	\$3.91823	\$4.15609
80	\$3.51232	\$3.63623	\$3.76509	\$3.99597	\$4.22897	\$4.48719
81	\$3.78836	\$3.92229	\$4.06163	\$4.31180	\$4.56434	\$4.84465
82	\$4.08609	\$4.23086	\$4.38155	\$4.65258	\$4.92631	\$5.23059
83	\$4.37815	\$4.53274	\$4.69379	\$4.98391	\$5.27709	\$5.60367
84	\$4.69108	\$4.85618	\$5.02829	\$5.33884	\$5.65284	\$6.00337

Plan: **LTC2007-CIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Convertible Inflation Protection - Reimbursement - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$6.15324	\$6.65783	\$6.80851	\$6.88894	\$6.98655	\$7.07860	\$7.17037
31	\$6.16442	\$6.66995	\$6.82109	\$6.90159	\$6.99938	\$7.09160	\$7.18354
32	\$6.17477	\$6.68117	\$6.83274	\$6.91330	\$7.01125	\$7.10363	\$7.19573
33	\$6.18428	\$6.69145	\$6.84343	\$6.92403	\$7.02214	\$7.11466	\$7.20690
34	\$6.19291	\$6.70078	\$6.85314	\$6.93376	\$7.03202	\$7.12466	\$7.21702
35	\$6.20065	\$6.70910	\$6.86186	\$6.94248	\$7.04084	\$7.13359	\$7.22606
36	\$6.07638	\$6.57483	\$6.72319	\$6.80127	\$6.89708	\$6.98759	\$7.07783
37	\$5.95460	\$6.44326	\$6.58732	\$6.66294	\$6.75624	\$6.84457	\$6.93265
38	\$5.83526	\$6.31432	\$6.45420	\$6.52742	\$6.61829	\$6.70449	\$6.79043
39	\$5.71832	\$6.18796	\$6.32377	\$6.39466	\$6.48315	\$6.56728	\$6.65115
40	\$5.60371	\$6.06413	\$6.19596	\$6.26460	\$6.35077	\$6.43287	\$6.51471
41	\$5.49140	\$5.94277	\$6.07075	\$6.13718	\$6.22109	\$6.30121	\$6.38108
42	\$5.38135	\$5.82384	\$5.94807	\$6.01235	\$6.09407	\$6.17225	\$6.25019
43	\$5.27350	\$5.70729	\$5.82786	\$5.89007	\$5.96963	\$6.04592	\$6.12198
44	\$5.16781	\$5.59308	\$5.71009	\$5.77026	\$5.84775	\$5.92218	\$5.99639
45	\$5.06424	\$5.48115	\$5.59470	\$5.65290	\$5.72834	\$5.80097	\$5.87339
46	\$4.69961	\$5.08602	\$5.18808	\$5.23961	\$5.30902	\$5.37603	\$5.44283
47	\$4.36123	\$4.71936	\$4.81102	\$4.85653	\$4.92038	\$4.98221	\$5.04384
48	\$4.04722	\$4.37914	\$4.46135	\$4.50145	\$4.56021	\$4.61723	\$4.67410
49	\$3.75581	\$4.06344	\$4.13710	\$4.17234	\$4.22639	\$4.27900	\$4.33146
50	\$3.48540	\$3.77051	\$3.83643	\$3.86729	\$3.91701	\$3.96555	\$4.01392
51	\$3.23444	\$3.49869	\$3.55760	\$3.58454	\$3.63028	\$3.67504	\$3.71969
52	\$3.00156	\$3.24647	\$3.29904	\$3.32247	\$3.36454	\$3.40583	\$3.44700
53	\$2.78544	\$3.01243	\$3.05927	\$3.07955	\$3.11825	\$3.15635	\$3.19432
54	\$2.58489	\$2.79526	\$2.83692	\$2.85440	\$2.88999	\$2.92512	\$2.96016
55	\$2.39877	\$2.59375	\$2.63074	\$2.64570	\$2.67844	\$2.71084	\$2.74316
56	\$2.17592	\$2.35025	\$2.38665	\$2.40200	\$2.43142	\$2.46050	\$2.48949
57	\$1.97378	\$2.12962	\$2.16521	\$2.18076	\$2.20718	\$2.23328	\$2.25930
58	\$1.79040	\$1.92968	\$1.96431	\$1.97988	\$2.00362	\$2.02704	\$2.05038
59	\$1.62407	\$1.74853	\$1.78206	\$1.79751	\$1.81883	\$1.83984	\$1.86078
60	\$1.47319	\$1.58439	\$1.61671	\$1.63194	\$1.65109	\$1.66994	\$1.68872
61	\$1.33633	\$1.43565	\$1.46670	\$1.48162	\$1.49882	\$1.51572	\$1.53256
62	\$1.21218	\$1.30087	\$1.33062	\$1.34515	\$1.36059	\$1.37574	\$1.39085
63	\$1.28602	\$1.38099	\$1.41303	\$1.42858	\$1.44512	\$1.46135	\$1.47752
64	\$1.36437	\$1.46606	\$1.50056	\$1.51719	\$1.53489	\$1.55228	\$1.56961
65	\$1.44747	\$1.55635	\$1.59351	\$1.61129	\$1.63024	\$1.64887	\$1.66744
66	\$1.53565	\$1.65222	\$1.69222	\$1.71123	\$1.73151	\$1.75147	\$1.77135
67	\$1.62920	\$1.75398	\$1.79703	\$1.81736	\$1.83908	\$1.86045	\$1.88175
68	\$1.77219	\$1.90786	\$1.95493	\$1.97700	\$2.00058	\$2.02382	\$2.04698
69	\$1.92774	\$2.07523	\$2.12672	\$2.15065	\$2.17627	\$2.20153	\$2.22673
70	\$2.09694	\$2.25727	\$2.31359	\$2.33956	\$2.36738	\$2.39485	\$2.42226
71	\$2.28100	\$2.45530	\$2.51687	\$2.54504	\$2.57527	\$2.60516	\$2.63497
72	\$2.48121	\$2.67069	\$2.73803	\$2.76860	\$2.80142	\$2.83393	\$2.86634
73	\$2.71210	\$2.92221	\$2.99721	\$3.03094	\$3.06717	\$3.10317	\$3.13906
74	\$2.96448	\$3.19741	\$3.28093	\$3.31812	\$3.35812	\$3.39798	\$3.43771
75	\$3.24035	\$3.49853	\$3.59150	\$3.63253	\$3.67669	\$3.72080	\$3.76480
76	\$3.54188	\$3.82801	\$3.93147	\$3.97674	\$4.02545	\$4.07430	\$4.12300
77	\$3.87148	\$4.18852	\$4.30362	\$4.35355	\$4.40731	\$4.46138	\$4.51528
78	\$4.18226	\$4.52794	\$4.65388	\$4.70819	\$4.76699	\$4.82619	\$4.88521
79	\$4.51798	\$4.89487	\$5.03262	\$5.09173	\$5.15601	\$5.22083	\$5.28546
80	\$4.88066	\$5.29153	\$5.44220	\$5.50650	\$5.57679	\$5.64774	\$5.71849
81	\$5.27244	\$5.72033	\$5.88511	\$5.95506	\$6.03189	\$6.10956	\$6.18701
82	\$5.69568	\$6.18387	\$6.36406	\$6.44017	\$6.52414	\$6.60915	\$6.69390
83	\$6.10378	\$6.63078	\$6.82533	\$6.90722	\$6.99835	\$7.09075	\$7.18288
84	\$6.54113	\$7.10997	\$7.32003	\$7.40813	\$7.50702	\$7.60745	\$7.70757

Plan: LTC2007-5AIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 5% Automatic Compound Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$13.11491	\$13.64335	\$14.64396	\$15.38692	\$16.37272	\$17.22590
31	\$13.21297	\$13.74522	\$14.75336	\$15.50153	\$16.49426	\$17.35345
32	\$13.31155	\$13.84762	\$14.86330	\$15.61671	\$16.61635	\$17.48160
33	\$13.41064	\$13.95052	\$14.97378	\$15.73244	\$16.73902	\$17.61033
34	\$13.51023	\$14.05394	\$15.08482	\$15.84873	\$16.86226	\$17.73965
35	\$13.61032	\$14.15787	\$15.19639	\$15.96557	\$16.98605	\$17.86954
36	\$13.68504	\$14.23653	\$15.28429	\$16.06014	\$17.08906	\$17.97996
37	\$13.76017	\$14.31561	\$15.37271	\$16.15526	\$17.19268	\$18.09107
38	\$13.83571	\$14.39514	\$15.46162	\$16.25095	\$17.29694	\$18.20286
39	\$13.91167	\$14.47512	\$15.55107	\$16.34719	\$17.40183	\$18.31534
40	\$13.98804	\$14.55553	\$15.64101	\$16.44402	\$17.50735	\$18.42852
41	\$14.06484	\$14.63639	\$15.73148	\$16.54141	\$17.61352	\$18.54240
42	\$14.14204	\$14.71771	\$15.82248	\$16.63939	\$17.72032	\$18.65697
43	\$14.21968	\$14.79946	\$15.91401	\$16.73795	\$17.82777	\$18.77226
44	\$14.29775	\$14.88167	\$16.00606	\$16.83707	\$17.93588	\$18.88827
45	\$14.37624	\$14.96435	\$16.09864	\$16.93680	\$18.04464	\$19.00499
46	\$14.50993	\$15.10358	\$16.25072	\$17.09679	\$18.21469	\$19.18441
47	\$14.64486	\$15.24410	\$16.40424	\$17.25831	\$18.38633	\$19.36554
48	\$14.78104	\$15.38594	\$16.55920	\$17.42134	\$18.55960	\$19.54836
49	\$14.91849	\$15.52908	\$16.71563	\$17.58592	\$18.73450	\$19.73292
50	\$15.05721	\$15.67356	\$16.87354	\$17.75206	\$18.91104	\$19.91922
51	\$15.19723	\$15.81938	\$17.03294	\$17.91975	\$19.08926	\$20.10727
52	\$15.33855	\$15.96657	\$17.19384	\$18.08903	\$19.26915	\$20.29711
53	\$15.48118	\$16.11511	\$17.35626	\$18.25992	\$19.45073	\$20.48874
54	\$15.62515	\$16.26505	\$17.52022	\$18.43241	\$19.63402	\$20.68217
55	\$15.77044	\$16.41638	\$17.68573	\$18.60655	\$19.81905	\$20.87743
56	\$15.78675	\$16.43133	\$17.70306	\$18.62150	\$19.82863	\$20.88330
57	\$15.80306	\$16.44630	\$17.72040	\$18.63645	\$19.83820	\$20.88918
58	\$15.81941	\$16.46127	\$17.73776	\$18.65143	\$19.84779	\$20.89505
59	\$15.83576	\$16.47626	\$17.75515	\$18.66642	\$19.85738	\$20.90093
60	\$15.85214	\$16.49127	\$17.77254	\$18.68142	\$19.86697	\$20.90681
61	\$15.86853	\$16.50629	\$17.78995	\$18.69642	\$19.87657	\$20.91269
62	\$15.88493	\$16.52132	\$17.80738	\$18.71145	\$19.88617	\$20.91857
63	\$15.86916	\$16.50153	\$17.78777	\$18.68507	\$19.84903	\$20.87384
64	\$15.85342	\$16.48176	\$17.76820	\$18.65875	\$19.81196	\$20.82922
65	\$15.83769	\$16.46201	\$17.74863	\$18.63245	\$19.77495	\$20.78468
66	\$15.82197	\$16.44228	\$17.72908	\$18.60619	\$19.73802	\$20.74024
67	\$15.80626	\$16.42259	\$17.70957	\$18.57997	\$19.70115	\$20.69590
68	\$15.84722	\$16.46012	\$17.75387	\$18.61751	\$19.72729	\$20.71506
69	\$15.88828	\$16.49774	\$17.79827	\$18.65514	\$19.75346	\$20.73423
70	\$15.92945	\$16.53544	\$17.84278	\$18.69283	\$19.77968	\$20.75343
71	\$15.97073	\$16.57322	\$17.88741	\$18.73061	\$19.80593	\$20.77264
72	\$16.01212	\$16.61110	\$17.93215	\$18.76846	\$19.83220	\$20.79187
73	\$16.24919	\$16.85109	\$18.20083	\$19.03960	\$20.10215	\$21.06564
74	\$16.48978	\$17.09456	\$18.47354	\$19.31466	\$20.37578	\$21.34304
75	\$16.73392	\$17.34153	\$18.75032	\$19.59369	\$20.65312	\$21.62407
76	\$16.98168	\$17.59208	\$19.03125	\$19.87675	\$20.93425	\$21.90881
77	\$17.23311	\$17.84624	\$19.31640	\$20.16390	\$21.21920	\$22.19730
78	\$17.19892	\$17.79424	\$19.26527	\$20.08295	\$21.09442	\$22.04060
79	\$17.16480	\$17.74237	\$19.21428	\$20.00230	\$20.97038	\$21.88498
80	\$17.13075	\$17.69067	\$19.16342	\$19.92199	\$20.84707	\$21.73048
81	\$17.09676	\$17.63911	\$19.11270	\$19.84201	\$20.72449	\$21.57708
82	\$17.06284	\$17.58771	\$19.06211	\$19.76234	\$20.60263	\$21.42474
83	\$17.05478	\$17.55197	\$19.02451	\$19.68018	\$20.45639	\$21.22912
84	\$17.04673	\$17.51631	\$18.98701	\$19.59838	\$20.31119	\$21.03527

Plan: **LTC2007-5AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$17.76705	\$18.33066	\$18.82165	\$19.90493	\$20.83138	\$21.93345
31	\$17.89846	\$18.46607	\$18.96032	\$20.05141	\$20.98416	\$22.09395
32	\$18.03049	\$18.60207	\$19.09958	\$20.19851	\$21.13758	\$22.25510
33	\$18.16312	\$18.73868	\$19.23943	\$20.34625	\$21.29163	\$22.41689
34	\$18.29633	\$18.87588	\$19.37990	\$20.49459	\$21.44628	\$22.57929
35	\$18.43013	\$19.01367	\$19.52094	\$20.64354	\$21.60155	\$22.74230
36	\$18.54536	\$19.13371	\$19.64444	\$20.77682	\$21.74094	\$22.88903
37	\$18.66132	\$19.25451	\$19.76871	\$20.91095	\$21.88122	\$23.03670
38	\$18.77800	\$19.37607	\$19.89376	\$21.04596	\$22.02241	\$23.18533
39	\$18.89541	\$19.49840	\$20.01961	\$21.18184	\$22.16452	\$23.33491
40	\$19.01356	\$19.62151	\$20.14625	\$21.31860	\$22.30754	\$23.48547
41	\$19.13244	\$19.74538	\$20.27371	\$21.45624	\$22.45147	\$23.63699
42	\$19.25207	\$19.87005	\$20.40196	\$21.59477	\$22.59635	\$23.78949
43	\$19.37244	\$19.99549	\$20.53102	\$21.73420	\$22.74215	\$23.94298
44	\$19.49356	\$20.12174	\$20.66091	\$21.87451	\$22.88890	\$24.09746
45	\$19.61545	\$20.24877	\$20.79160	\$22.01574	\$23.03659	\$24.25293
46	\$19.80164	\$20.44106	\$20.98765	\$22.22542	\$23.25369	\$24.47993
47	\$19.98959	\$20.63518	\$21.18554	\$22.43710	\$23.47284	\$24.70906
48	\$20.17932	\$20.83114	\$21.38531	\$22.65080	\$23.69405	\$24.94033
49	\$20.37086	\$21.02896	\$21.58695	\$22.86652	\$23.91734	\$25.17376
50	\$20.56421	\$21.22865	\$21.79049	\$23.08430	\$24.14274	\$25.40938
51	\$20.75940	\$21.43025	\$21.99595	\$23.30417	\$24.37026	\$25.64722
52	\$20.95644	\$21.63376	\$22.20336	\$23.52612	\$24.59993	\$25.88727
53	\$21.15535	\$21.83920	\$22.41271	\$23.75019	\$24.83176	\$26.12957
54	\$21.35614	\$22.04659	\$22.62405	\$23.97638	\$25.06578	\$26.37414
55	\$21.55885	\$22.25596	\$22.83737	\$24.20474	\$25.30200	\$26.62100
56	\$21.56358	\$22.25809	\$22.83418	\$24.20018	\$25.28990	\$26.60339
57	\$21.56830	\$22.26021	\$22.83099	\$24.19563	\$25.27781	\$26.58580
58	\$21.57303	\$22.26234	\$22.82780	\$24.19107	\$25.26573	\$26.56821
59	\$21.57775	\$22.26446	\$22.82461	\$24.18650	\$25.25365	\$26.55064
60	\$21.58248	\$22.26659	\$22.82142	\$24.18196	\$25.24159	\$26.53309
61	\$21.58720	\$22.26871	\$22.81822	\$24.17739	\$25.22952	\$26.51554
62	\$21.59193	\$22.27084	\$22.81504	\$24.17284	\$25.21746	\$26.49800
63	\$21.54413	\$22.21779	\$22.75271	\$24.10597	\$25.13693	\$26.40695
64	\$21.49644	\$22.16487	\$22.69057	\$24.03929	\$25.05665	\$26.31622
65	\$21.44886	\$22.11208	\$22.62859	\$23.97278	\$24.97663	\$26.22578
66	\$21.40136	\$22.05940	\$22.56678	\$23.90646	\$24.89686	\$26.13567
67	\$21.35399	\$22.00686	\$22.50513	\$23.84032	\$24.81736	\$26.04586
68	\$21.37116	\$22.01897	\$22.50485	\$23.83910	\$24.79853	\$26.01437
69	\$21.38833	\$22.03110	\$22.50455	\$23.83787	\$24.77971	\$25.98292
70	\$21.40552	\$22.04323	\$22.50426	\$23.83665	\$24.76091	\$25.95150
71	\$21.42272	\$22.05537	\$22.50396	\$23.83541	\$24.74211	\$25.92012
72	\$21.43994	\$22.06751	\$22.50367	\$23.83419	\$24.72334	\$25.88878
73	\$21.72049	\$22.34966	\$22.77280	\$24.12058	\$24.99220	\$26.15145
74	\$22.00470	\$22.63544	\$23.04515	\$24.41041	\$25.26397	\$26.41677
75	\$22.29264	\$22.92486	\$23.32076	\$24.70372	\$25.53871	\$26.68479
76	\$22.58435	\$23.21798	\$23.59967	\$25.00055	\$25.81643	\$26.95552
77	\$22.87987	\$23.51485	\$23.88191	\$25.30095	\$26.09718	\$27.22900
78	\$22.70721	\$23.31932	\$23.64632	\$25.03834	\$25.77358	\$26.85764
79	\$22.53585	\$23.12543	\$23.41303	\$24.77845	\$25.45400	\$26.49134
80	\$22.36579	\$22.93313	\$23.18205	\$24.52125	\$25.13839	\$26.13005
81	\$22.19701	\$22.74245	\$22.95335	\$24.26673	\$24.82668	\$25.77368
82	\$22.02950	\$22.55334	\$22.72691	\$24.01485	\$24.51885	\$25.42217
83	\$21.80678	\$22.29495	\$22.41196	\$23.64955	\$24.08868	\$25.02675
84	\$21.58632	\$22.03952	\$22.10135	\$23.28980	\$23.66607	\$24.63748

Plan: **LTC2007-5AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Compound Inflation Protection - Reimbursement - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$23.42930	\$25.02759	\$25.42064	\$25.66545	\$25.98604	\$26.29980	\$26.61263
31	\$23.59998	\$25.20931	\$25.60504	\$25.85146	\$26.17428	\$26.49026	\$26.80530
32	\$23.77132	\$25.39168	\$25.79011	\$26.03812	\$26.36317	\$26.68139	\$26.99864
33	\$23.94328	\$25.57471	\$25.97583	\$26.22542	\$26.55272	\$26.87317	\$27.19265
34	\$24.11587	\$25.75837	\$26.16217	\$26.41336	\$26.74291	\$27.06558	\$27.38728
35	\$24.28907	\$25.94263	\$26.34915	\$26.60190	\$26.93371	\$27.25860	\$27.58253
36	\$24.44225	\$26.10250	\$26.50548	\$26.75846	\$27.09156	\$27.41802	\$27.74352
37	\$24.59640	\$26.26336	\$26.66273	\$26.91595	\$27.25034	\$27.57839	\$27.90544
38	\$24.75151	\$26.42521	\$26.82091	\$27.07435	\$27.41005	\$27.73967	\$28.06832
39	\$24.90761	\$26.58805	\$26.98004	\$27.23370	\$27.57070	\$27.90191	\$28.23214
40	\$25.06470	\$26.75190	\$27.14010	\$27.39398	\$27.73229	\$28.06510	\$28.39691
41	\$25.22277	\$26.91676	\$27.30112	\$27.55520	\$27.89482	\$28.22923	\$28.56265
42	\$25.38184	\$27.08263	\$27.46310	\$27.71737	\$28.05831	\$28.39434	\$28.72936
43	\$25.54190	\$27.24953	\$27.62602	\$27.88050	\$28.22274	\$28.56040	\$28.89704
44	\$25.70299	\$27.41745	\$27.78993	\$28.04459	\$28.38816	\$28.72744	\$29.06571
45	\$25.86509	\$27.58641	\$27.95480	\$28.20964	\$28.55454	\$28.89545	\$29.23535
46	\$26.10145	\$27.83356	\$28.20509	\$28.46071	\$28.80836	\$29.15226	\$29.49513
47	\$26.33997	\$28.08292	\$28.45761	\$28.71404	\$29.06444	\$29.41135	\$29.75722
48	\$26.58067	\$28.33452	\$28.71240	\$28.96961	\$29.32279	\$29.67273	\$30.02163
49	\$26.82355	\$28.58837	\$28.96946	\$29.22746	\$29.58345	\$29.93645	\$30.28839
50	\$27.06867	\$28.84450	\$29.22884	\$29.48760	\$29.84642	\$30.20251	\$30.55754
51	\$27.31603	\$29.10291	\$29.49053	\$29.75005	\$30.11172	\$30.47093	\$30.82906
52	\$27.56565	\$29.36365	\$29.75456	\$30.01485	\$30.37939	\$30.74174	\$31.10300
53	\$27.81754	\$29.62673	\$30.02096	\$30.28199	\$30.64943	\$31.01495	\$31.37938
54	\$28.07174	\$29.89216	\$30.28975	\$30.55153	\$30.92188	\$31.29059	\$31.65821
55	\$28.32827	\$30.15996	\$30.56094	\$30.82345	\$31.19675	\$31.56869	\$31.93951
56	\$28.29901	\$30.12216	\$30.52339	\$30.78374	\$31.15682	\$31.52876	\$31.89959
57	\$28.26978	\$30.08440	\$30.48588	\$30.74407	\$31.11695	\$31.48889	\$31.85972
58	\$28.24058	\$30.04670	\$30.44844	\$30.70446	\$31.07713	\$31.44907	\$31.81989
59	\$28.21141	\$30.00904	\$30.41102	\$30.66490	\$31.03736	\$31.40930	\$31.78012
60	\$28.18227	\$29.97142	\$30.37366	\$30.62539	\$30.99764	\$31.36957	\$31.74039
61	\$28.15316	\$29.93387	\$30.33634	\$30.58593	\$30.95796	\$31.32990	\$31.70072
62	\$28.12408	\$29.89635	\$30.29907	\$30.54652	\$30.91835	\$31.29028	\$31.66109
63	\$28.01319	\$29.76756	\$30.16785	\$30.41133	\$30.78186	\$31.15274	\$31.52250
64	\$27.90272	\$29.63932	\$30.03719	\$30.27673	\$30.64596	\$31.01579	\$31.38451
65	\$27.79269	\$29.51164	\$29.90709	\$30.14274	\$30.51067	\$30.87945	\$31.24714
66	\$27.68310	\$29.38451	\$29.77756	\$30.00934	\$30.37597	\$30.74371	\$31.11036
67	\$27.57393	\$29.25793	\$29.64859	\$29.87652	\$30.24187	\$30.60857	\$30.97417
68	\$27.51173	\$29.17082	\$29.55429	\$29.77639	\$30.14103	\$30.50737	\$30.87263
69	\$27.44965	\$29.08399	\$29.46030	\$29.67659	\$30.04054	\$30.40652	\$30.77140
70	\$27.38773	\$28.99739	\$29.36661	\$29.57711	\$29.94037	\$30.30599	\$30.67053
71	\$27.32595	\$28.91106	\$29.27322	\$29.47799	\$29.84053	\$30.20580	\$30.56998
72	\$27.26429	\$28.82500	\$29.18012	\$29.37918	\$29.74103	\$30.10594	\$30.46975
73	\$27.49086	\$29.02681	\$29.37063	\$29.56256	\$29.92911	\$30.29906	\$30.66789
74	\$27.71931	\$29.23002	\$29.56240	\$29.74708	\$30.11838	\$30.49343	\$30.86734
75	\$27.94966	\$29.43466	\$29.75541	\$29.93274	\$30.30884	\$30.68902	\$31.06808
76	\$28.18192	\$29.64074	\$29.94968	\$30.11958	\$30.50051	\$30.88589	\$31.27012
77	\$28.41612	\$29.84826	\$30.14522	\$30.30757	\$30.69339	\$31.08402	\$31.47348
78	\$27.95557	\$29.31446	\$29.58620	\$29.73375	\$30.11523	\$30.50194	\$30.88748
79	\$27.50249	\$28.79022	\$29.03755	\$29.17080	\$29.54796	\$29.93075	\$30.31240
80	\$27.05674	\$28.27534	\$28.49907	\$28.61850	\$28.99138	\$29.37026	\$29.74801
81	\$26.61822	\$27.76968	\$27.97058	\$28.07666	\$28.44528	\$28.82027	\$29.19415
82	\$26.18681	\$27.27305	\$27.45189	\$27.54508	\$27.90946	\$28.28058	\$28.65059
83	\$25.90058	\$27.04842	\$27.22329	\$27.31098	\$27.67725	\$28.05058	\$28.42277
84	\$25.61749	\$26.82564	\$26.99657	\$27.07888	\$27.44697	\$27.82244	\$28.19677

Plan: LTC2007-3AIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 3% Automatic Compound Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
30 and under	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
31	\$4.09466	\$4.24682	\$4.58137	\$4.86987	\$5.14899	\$5.47937
32	\$4.13363	\$4.28685	\$4.62427	\$4.91510	\$5.19600	\$5.52908
33	\$4.17288	\$4.32714	\$4.66742	\$4.96061	\$5.24326	\$5.57904
34	\$4.21238	\$4.36770	\$4.71085	\$5.00639	\$5.29077	\$5.62926
35	\$4.25218	\$4.40852	\$4.75455	\$5.05244	\$5.33854	\$5.67974
36	\$4.29223	\$4.44961	\$4.79852	\$5.09876	\$5.38655	\$5.73046
37	\$4.37715	\$4.53762	\$4.89462	\$5.20158	\$5.49481	\$5.84669
38	\$4.46377	\$4.62735	\$4.99266	\$5.30649	\$5.60525	\$5.96530
39	\$4.55210	\$4.71887	\$5.09265	\$5.41351	\$5.71792	\$6.08630
40	\$4.64218	\$4.81219	\$5.19464	\$5.52268	\$5.83285	\$6.20976
41	\$4.73404	\$4.90736	\$5.29868	\$5.63407	\$5.95008	\$6.33571
42	\$4.82772	\$5.00442	\$5.40480	\$5.74770	\$6.06968	\$6.46423
43	\$4.92325	\$5.10339	\$5.51305	\$5.86361	\$6.19168	\$6.59535
44	\$5.02067	\$5.20432	\$5.62346	\$5.98187	\$6.31613	\$6.72914
45	\$5.12002	\$5.30725	\$5.73608	\$6.10251	\$6.44308	\$6.86563
46	\$5.22134	\$5.41221	\$5.85097	\$6.22558	\$6.57258	\$7.00490
47	\$5.33942	\$5.53397	\$5.98412	\$6.36806	\$6.72112	\$7.16437
48	\$5.46015	\$5.65848	\$6.12029	\$6.51380	\$6.87301	\$7.32746
49	\$5.58363	\$5.78579	\$6.25957	\$6.66286	\$7.02832	\$7.49427
50	\$5.70989	\$5.91596	\$6.40202	\$6.81534	\$7.18715	\$7.66487
51	\$5.83902	\$6.04907	\$6.54770	\$6.97131	\$7.34957	\$7.83936
52	\$5.97106	\$6.18517	\$6.69671	\$7.13085	\$7.51566	\$8.01782
53	\$6.10609	\$6.32433	\$6.84910	\$7.29405	\$7.68551	\$8.20034
54	\$6.24416	\$6.46662	\$7.00496	\$7.46097	\$7.85919	\$8.38702
55	\$6.38537	\$6.61211	\$7.16437	\$7.63172	\$8.03680	\$8.57795
56	\$6.52977	\$6.76088	\$7.32740	\$7.80637	\$8.21842	\$8.77323
57	\$6.61575	\$6.84771	\$7.42327	\$7.90878	\$8.32038	\$8.88303
58	\$6.70286	\$6.93565	\$7.52040	\$8.01252	\$8.42362	\$8.99422
59	\$6.79111	\$7.02474	\$7.61881	\$8.11764	\$8.52813	\$9.10679
60	\$6.88052	\$7.11496	\$7.71849	\$8.22413	\$8.63395	\$9.22077
61	\$6.97112	\$7.20634	\$7.81949	\$8.33202	\$8.74108	\$9.33618
62	\$7.06291	\$7.29890	\$7.92180	\$8.44131	\$8.84953	\$9.45303
63	\$7.15590	\$7.39264	\$8.02545	\$8.55205	\$8.95933	\$9.57135
64	\$7.22871	\$7.46410	\$8.10594	\$8.63811	\$9.03964	\$9.65872
65	\$7.30225	\$7.53625	\$8.18723	\$8.72501	\$9.12066	\$9.74690
66	\$7.37654	\$7.60909	\$8.26934	\$8.81280	\$9.20242	\$9.83588
67	\$7.45159	\$7.68265	\$8.35227	\$8.90148	\$9.28490	\$9.92567
68	\$7.52740	\$7.75691	\$8.43602	\$8.99104	\$9.36813	\$10.01628
69	\$7.62308	\$7.84942	\$8.54205	\$9.10473	\$9.47052	\$10.12898
70	\$7.71996	\$7.94303	\$8.64940	\$9.21986	\$9.57404	\$10.24297
71	\$7.81808	\$8.03775	\$8.75810	\$9.33645	\$9.67869	\$10.35822
72	\$7.91744	\$8.13360	\$8.86818	\$9.45450	\$9.78449	\$10.47478
73	\$8.01808	\$8.23059	\$8.97962	\$9.57406	\$9.89143	\$10.59265
74	\$8.20806	\$8.41691	\$9.19326	\$9.80458	\$10.10655	\$10.83012
75	\$8.40255	\$8.60745	\$9.41199	\$10.04064	\$10.32633	\$11.07294
76	\$8.60163	\$8.80229	\$9.63593	\$10.28239	\$10.55089	\$11.32118
77	\$8.80544	\$9.00156	\$9.86518	\$10.52997	\$10.78034	\$11.57500
78	\$9.01408	\$9.20532	\$10.09989	\$10.78350	\$11.01478	\$11.83450
79	\$9.23540	\$9.42354	\$10.34485	\$10.83072	\$11.01878	\$11.84449
80	\$9.46191	\$9.65559	\$10.59000	\$10.87814	\$11.02279	\$11.85447
81	\$9.69334	\$9.88702	\$10.84535	\$10.92577	\$11.02679	\$11.86448
82	\$9.92579	\$10.11947	\$11.09268	\$11.07361	\$11.03080	\$11.87448
83	\$10.15834	\$10.35202	\$11.33959	\$11.12045	\$11.03481	\$11.88450
84	\$10.39079	\$10.58447	\$11.58650	\$11.16729	\$11.06808	\$11.89455
85	\$10.62324	\$10.81812	\$11.83341	\$11.21413	\$11.10146	\$11.90462

Plan: **LTC2007-3AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **3% Automatic Compound Inflation Protection - Reimbursement - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$5.65209	\$5.81929	\$5.99569	\$6.35530	\$6.68607	\$7.05958
31	\$5.70308	\$5.87140	\$6.04902	\$6.41144	\$6.74459	\$7.12083
32	\$5.75433	\$5.92377	\$6.10257	\$6.46780	\$6.80334	\$7.18230
33	\$5.80583	\$5.97639	\$6.15637	\$6.52439	\$6.86229	\$7.24399
34	\$5.85759	\$6.02923	\$6.21042	\$6.58122	\$6.92146	\$7.30588
35	\$5.90959	\$6.08231	\$6.26467	\$6.63827	\$6.98083	\$7.36793
36	\$6.02965	\$6.20583	\$6.39186	\$6.77383	\$7.12359	\$7.51868
37	\$6.15214	\$6.33186	\$6.52165	\$6.91215	\$7.26927	\$7.67252
38	\$6.27711	\$6.46044	\$6.65406	\$7.05330	\$7.41794	\$7.82951
39	\$6.40462	\$6.59163	\$6.78917	\$7.19733	\$7.56963	\$7.98971
40	\$6.53474	\$6.72549	\$6.92701	\$7.34431	\$7.72443	\$8.15318
41	\$6.66748	\$6.86206	\$7.06765	\$7.49428	\$7.88240	\$8.32000
42	\$6.80293	\$7.00142	\$7.21114	\$7.64732	\$8.04360	\$8.49023
43	\$6.94113	\$7.14360	\$7.35756	\$7.80348	\$8.20810	\$8.66396
44	\$7.08213	\$7.28866	\$7.50695	\$7.96283	\$8.37596	\$8.84123
45	\$7.22600	\$7.43667	\$7.65936	\$8.12543	\$8.54725	\$9.02212
46	\$7.39050	\$7.60526	\$7.83239	\$8.30974	\$8.74063	\$9.22573
47	\$7.55873	\$7.77768	\$8.00933	\$8.49823	\$8.93837	\$9.43394
48	\$7.73079	\$7.95399	\$8.19026	\$8.69099	\$9.14057	\$9.64683
49	\$7.90676	\$8.13432	\$8.37528	\$8.88813	\$9.34737	\$9.86453
50	\$8.08675	\$8.31872	\$8.56448	\$9.08974	\$9.55883	\$10.08715
51	\$8.27084	\$8.50732	\$8.75795	\$9.29591	\$9.77509	\$10.31479
52	\$8.45912	\$8.70017	\$8.95580	\$9.50677	\$9.99622	\$10.54757
53	\$8.65167	\$8.89741	\$9.15810	\$9.72241	\$10.22238	\$10.78560
54	\$8.84861	\$9.09912	\$9.36499	\$9.94295	\$10.45364	\$11.02900
55	\$9.05004	\$9.30539	\$9.57655	\$10.16848	\$10.69013	\$11.27790
56	\$9.16238	\$9.41850	\$9.69075	\$10.28977	\$10.81518	\$11.40795
57	\$9.27609	\$9.53299	\$9.80630	\$10.41252	\$10.94170	\$11.53949
58	\$9.39122	\$9.64886	\$9.92323	\$10.53671	\$11.06969	\$11.67256
59	\$9.50778	\$9.76615	\$10.04156	\$10.66241	\$11.19918	\$11.80715
60	\$9.62579	\$9.88486	\$10.16131	\$10.78959	\$11.33019	\$11.94330
61	\$9.74527	\$10.00501	\$10.28246	\$10.91830	\$11.46274	\$12.08102
62	\$9.86622	\$10.12662	\$10.40508	\$11.04853	\$11.59682	\$12.22032
63	\$9.95457	\$10.21331	\$10.49048	\$11.13918	\$11.68786	\$12.31313
64	\$10.04373	\$10.30076	\$10.57657	\$11.23057	\$11.77960	\$12.40663
65	\$10.13368	\$10.38894	\$10.66336	\$11.32271	\$11.87207	\$12.50085
66	\$10.22444	\$10.47788	\$10.75088	\$11.41561	\$11.96526	\$12.59579
67	\$10.31600	\$10.56758	\$10.83911	\$11.50927	\$12.05918	\$12.69145
68	\$10.42923	\$10.67701	\$10.94532	\$11.62229	\$12.17087	\$12.80378
69	\$10.54369	\$10.78759	\$11.05256	\$11.73641	\$12.28358	\$12.91711
70	\$10.65943	\$10.89930	\$11.16085	\$11.85166	\$12.39734	\$13.03144
71	\$10.77642	\$11.01217	\$11.27020	\$11.96804	\$12.51216	\$13.14678
72	\$10.89470	\$11.12621	\$11.38063	\$12.08555	\$12.62804	\$13.26314
73	\$11.13552	\$11.36269	\$11.61376	\$12.33505	\$12.87866	\$13.51798
74	\$11.38167	\$11.60418	\$11.85167	\$12.58970	\$13.13424	\$13.77770
75	\$11.63325	\$11.85082	\$12.09446	\$12.84958	\$13.39491	\$14.04243
76	\$11.89040	\$12.10269	\$12.34221	\$13.11486	\$13.66075	\$14.31223
77	\$12.15323	\$12.35992	\$12.59505	\$13.38559	\$13.93185	\$14.58721
78	\$12.15390	\$12.34135	\$12.55795	\$13.34170	\$13.86238	\$14.49695
79	\$12.15457	\$12.32280	\$12.52096	\$13.29796	\$13.79325	\$14.40726
80	\$12.15524	\$12.30428	\$12.48409	\$13.25436	\$13.72447	\$14.31813
81	\$12.15591	\$12.28580	\$12.44731	\$13.21090	\$13.65603	\$14.22954
82	\$12.15658	\$12.26734	\$12.41065	\$13.16758	\$13.58793	\$14.14149
83	\$12.10998	\$12.19154	\$12.30602	\$13.04252	\$13.41941	\$13.93947
84	\$12.06355	\$12.11620	\$12.20227	\$12.91865	\$13.25298	\$13.74032

Plan: **LTC2007-3AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **3% Automatic Compound Inflation Protection - Reimbursement - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$7.58436	\$8.12291	\$8.25052	\$8.32888	\$8.43577	\$8.53932	\$8.64255
31	\$7.64935	\$8.19172	\$8.32028	\$8.39909	\$8.50676	\$8.61108	\$8.71508
32	\$7.71453	\$8.26072	\$8.39018	\$8.46945	\$8.57789	\$8.68298	\$8.78775
33	\$7.77988	\$8.32985	\$8.46024	\$8.53995	\$8.64917	\$8.75502	\$8.86055
34	\$7.84541	\$8.39914	\$8.53043	\$8.61057	\$8.72057	\$8.82717	\$8.93346
35	\$7.91110	\$8.46855	\$8.60077	\$8.68133	\$8.79207	\$8.89942	\$9.00646
36	\$8.07213	\$8.63968	\$8.77254	\$8.85396	\$8.96660	\$9.07594	\$9.18495
37	\$8.23645	\$8.81425	\$8.94774	\$9.03004	\$9.14458	\$9.25595	\$9.36699
38	\$8.40410	\$8.99236	\$9.12645	\$9.20962	\$9.32610	\$9.43954	\$9.55263
39	\$8.57517	\$9.17407	\$9.30872	\$9.39275	\$9.51123	\$9.62676	\$9.74195
40	\$8.74972	\$9.35945	\$9.49463	\$9.57954	\$9.70003	\$9.81770	\$9.93502
41	\$8.92783	\$9.54858	\$9.68426	\$9.77004	\$9.89257	\$10.01242	\$10.13192
42	\$9.10957	\$9.74152	\$9.87767	\$9.96433	\$10.08894	\$10.21101	\$10.33272
43	\$9.29499	\$9.93836	\$10.07494	\$10.16248	\$10.28920	\$10.41354	\$10.53750
44	\$9.48419	\$10.13919	\$10.27615	\$10.36458	\$10.49345	\$10.62009	\$10.74633
45	\$9.67725	\$10.34407	\$10.48139	\$10.57069	\$10.70175	\$10.83072	\$10.95931
46	\$9.89377	\$10.57301	\$10.71167	\$10.80189	\$10.93558	\$11.06731	\$11.19863
47	\$10.11512	\$10.80703	\$10.94702	\$11.03815	\$11.17455	\$11.30906	\$11.44318
48	\$10.34143	\$11.04622	\$11.18753	\$11.27958	\$11.41871	\$11.55609	\$11.69306
49	\$10.57280	\$11.29071	\$11.43333	\$11.52628	\$11.66822	\$11.80852	\$11.94840
50	\$10.80934	\$11.54060	\$11.68454	\$11.77839	\$11.92318	\$12.06647	\$12.20932
51	\$11.05117	\$11.79604	\$11.94126	\$12.03600	\$12.18371	\$12.33005	\$12.47595
52	\$11.29842	\$12.05711	\$12.20361	\$12.29925	\$12.44993	\$12.59938	\$12.74838
53	\$11.55121	\$12.32396	\$12.47174	\$12.56825	\$12.72197	\$12.87460	\$13.02677
54	\$11.80964	\$12.59673	\$12.74575	\$12.84315	\$12.99996	\$13.15584	\$13.31124
55	\$12.07386	\$12.87554	\$13.02579	\$13.12405	\$13.28402	\$13.44320	\$13.60192
56	\$12.20882	\$13.01492	\$13.16459	\$13.26231	\$13.42392	\$13.58481	\$13.74521
57	\$12.34530	\$13.15579	\$13.30487	\$13.40201	\$13.56529	\$13.72790	\$13.89002
58	\$12.48330	\$13.29820	\$13.44665	\$13.54318	\$13.70814	\$13.87250	\$14.03636
59	\$12.62283	\$13.44215	\$13.58993	\$13.68584	\$13.85251	\$14.01861	\$14.18423
60	\$12.76394	\$13.58766	\$13.73475	\$13.83001	\$13.99839	\$14.16628	\$14.33366
61	\$12.90662	\$13.73475	\$13.88110	\$13.97568	\$14.14582	\$14.31550	\$14.48467
62	\$13.05089	\$13.88341	\$14.02902	\$14.12290	\$14.29478	\$14.46628	\$14.63727
63	\$13.14290	\$13.97459	\$14.11795	\$14.20990	\$14.38293	\$14.55571	\$14.72798
64	\$13.23555	\$14.06637	\$14.20744	\$14.29743	\$14.47163	\$14.64569	\$14.81925
65	\$13.32885	\$14.15875	\$14.29750	\$14.38550	\$14.56087	\$14.73624	\$14.91109
66	\$13.42280	\$14.25173	\$14.38813	\$14.47411	\$14.65066	\$14.82735	\$15.00350
67	\$13.51743	\$14.34533	\$14.47933	\$14.56327	\$14.74100	\$14.91900	\$15.09648
68	\$13.62446	\$14.44650	\$14.57386	\$14.65372	\$14.83278	\$15.01234	\$15.19135
69	\$13.73234	\$14.54840	\$14.66900	\$14.74473	\$14.92513	\$15.10626	\$15.28684
70	\$13.84108	\$14.65101	\$14.76478	\$14.83630	\$15.01805	\$15.20075	\$15.38292
71	\$13.95067	\$14.75435	\$14.86117	\$14.92845	\$15.11155	\$15.29585	\$15.47960
72	\$14.06114	\$14.85841	\$14.95819	\$15.02116	\$15.20564	\$15.39154	\$15.57689
73	\$14.30867	\$15.09603	\$15.18042	\$15.23588	\$15.42407	\$15.61395	\$15.80327
74	\$14.56056	\$15.33746	\$15.40598	\$15.45367	\$15.64564	\$15.83958	\$16.03294
75	\$14.81689	\$15.58274	\$15.63487	\$15.67457	\$15.87039	\$16.06847	\$16.26595
76	\$15.07773	\$15.83195	\$15.86716	\$15.89862	\$16.09838	\$16.30066	\$16.50234
77	\$15.34316	\$16.08515	\$16.10290	\$16.12589	\$16.32963	\$16.53621	\$16.74217
78	\$15.21041	\$15.91255	\$15.91505	\$15.91750	\$16.12002	\$16.32567	\$16.53069
79	\$15.07881	\$15.74180	\$15.79349	\$15.84444	\$15.91311	\$16.11780	\$16.32187
80	\$14.94835	\$15.57288	\$15.61391	\$15.65435	\$15.70886	\$15.91258	\$16.11570
81	\$14.81901	\$15.40577	\$15.43639	\$15.46655	\$15.50721	\$15.70998	\$15.91213
82	\$14.69079	\$15.24046	\$15.26089	\$15.28102	\$15.30817	\$15.50995	\$15.71113
83	\$14.43421	\$14.94302	\$14.95457	\$14.96595	\$14.98128	\$15.18069	\$15.37949
84	\$14.18212	\$14.65138	\$14.65440	\$14.65738	\$14.66138	\$14.85841	\$15.05486

Plan: LTC2007-5SIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 5% Automatic Simple Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$2.93374	\$3.03793	\$3.27522	\$3.47928	\$3.66724	\$3.89934
31	\$2.95656	\$3.06142	\$3.30072	\$3.50624	\$3.69521	\$3.92917
32	\$2.97944	\$3.08493	\$3.32624	\$3.53326	\$3.72318	\$3.95903
33	\$3.00235	\$3.10848	\$3.35181	\$3.56029	\$3.75117	\$3.98888
34	\$3.02532	\$3.13207	\$3.37743	\$3.58736	\$3.77917	\$4.01875
35	\$3.04831	\$3.15568	\$3.40306	\$3.61444	\$3.80714	\$4.04858
36	\$3.16166	\$3.27306	\$3.53039	\$3.75015	\$3.95001	\$4.20117
37	\$3.27921	\$3.39482	\$3.66246	\$3.89095	\$4.09823	\$4.35950
38	\$3.40115	\$3.52110	\$3.79949	\$4.03703	\$4.25202	\$4.52380
39	\$3.52762	\$3.65207	\$3.94164	\$4.18860	\$4.41159	\$4.69429
40	\$3.65879	\$3.78793	\$4.08911	\$4.34586	\$4.57712	\$4.87120
41	\$3.79484	\$3.92883	\$4.24210	\$4.50903	\$4.74889	\$5.05479
42	\$3.93594	\$4.07497	\$4.40080	\$4.67831	\$4.92709	\$5.24529
43	\$4.08228	\$4.22656	\$4.56545	\$4.85396	\$5.11198	\$5.44297
44	\$4.23409	\$4.38378	\$4.73625	\$5.03620	\$5.30381	\$5.64811
45	\$4.39152	\$4.54685	\$4.91345	\$5.22529	\$5.50283	\$5.86098
46	\$4.56497	\$4.72619	\$5.10831	\$5.43322	\$5.72094	\$6.09414
47	\$4.74528	\$4.91259	\$5.31087	\$5.64942	\$5.94769	\$6.33659
48	\$4.93270	\$5.10636	\$5.52149	\$5.87423	\$6.18343	\$6.58868
49	\$5.12754	\$5.30776	\$5.74045	\$6.10798	\$6.42851	\$6.85080
50	\$5.33005	\$5.51712	\$5.96810	\$6.35104	\$6.68331	\$7.12335
51	\$5.54058	\$5.73472	\$6.20478	\$6.60377	\$6.94820	\$7.40674
52	\$5.75942	\$5.96091	\$6.45084	\$6.86655	\$7.22359	\$7.70141
53	\$5.98690	\$6.19602	\$6.70664	\$7.13979	\$7.50990	\$8.00780
54	\$6.22336	\$6.44041	\$6.97261	\$7.42391	\$7.80756	\$8.32637
55	\$6.46917	\$6.69443	\$7.24912	\$7.71933	\$8.11702	\$8.65762
56	\$6.65885	\$6.88936	\$7.46151	\$7.94608	\$8.35182	\$8.90892
57	\$6.85409	\$7.08996	\$7.68013	\$8.17949	\$8.59342	\$9.16749
58	\$7.05506	\$7.29641	\$7.90517	\$8.41975	\$8.84202	\$9.43358
59	\$7.26193	\$7.50886	\$8.13678	\$8.66707	\$9.09779	\$9.70738
60	\$7.47485	\$7.72751	\$8.37519	\$8.92165	\$9.36097	\$9.98914
61	\$7.69402	\$7.95251	\$8.62058	\$9.18372	\$9.63176	\$10.27908
62	\$7.91962	\$8.18407	\$8.87317	\$9.45349	\$9.91039	\$10.57742
63	\$8.12413	\$8.39287	\$9.10193	\$9.69817	\$10.16035	\$10.84578
64	\$8.33391	\$8.60702	\$9.33658	\$9.94920	\$10.41662	\$11.12095
65	\$8.54912	\$8.82662	\$9.57729	\$10.20672	\$10.67936	\$11.40309
66	\$8.76989	\$9.05181	\$9.82420	\$10.47090	\$10.94872	\$11.69241
67	\$8.99635	\$9.28277	\$10.07748	\$10.74192	\$11.22488	\$11.98905
68	\$9.24776	\$9.53795	\$10.35938	\$11.04451	\$11.52999	\$12.31843
69	\$9.50619	\$9.80015	\$10.64917	\$11.35561	\$11.84342	\$12.65686
70	\$9.77185	\$10.06955	\$10.94707	\$11.67548	\$12.16536	\$13.00460
71	\$10.04493	\$10.34637	\$11.25328	\$12.00435	\$12.49604	\$13.36188
72	\$10.32563	\$10.63079	\$11.56808	\$12.34249	\$12.83572	\$13.72897
73	\$10.72191	\$11.03307	\$12.01594	\$12.82584	\$13.32339	\$14.25878
74	\$11.13337	\$11.45057	\$12.48113	\$13.32814	\$13.82958	\$14.80903
75	\$11.56064	\$11.88386	\$12.96435	\$13.85010	\$14.35500	\$15.38051
76	\$12.00430	\$12.33355	\$13.46626	\$14.39250	\$14.90039	\$15.97406
77	\$12.46499	\$12.80027	\$13.98761	\$14.95614	\$15.46650	\$16.59050
78	\$12.70332	\$13.03016	\$14.24885	\$15.23785	\$15.72449	\$16.87311
79	\$12.94622	\$13.26417	\$14.51496	\$15.52488	\$15.98679	\$17.16053
80	\$13.19375	\$13.50239	\$14.78605	\$15.81731	\$16.25346	\$17.45287
81	\$13.44602	\$13.74490	\$15.06220	\$16.11525	\$16.52458	\$17.75017
82	\$13.70310	\$13.99175	\$15.34351	\$16.41880	\$16.80022	\$18.05253
83	\$13.95578	\$14.22500	\$15.60697	\$16.69820	\$17.03580	\$18.30464
84	\$14.21312	\$14.46213	\$15.87496	\$16.98234	\$17.27467	\$18.56026

Plan: **LTC2007-5SIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Simple Inflation Protection - Reimbursement - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$4.01971	\$4.13305	\$4.25293	\$4.50425	\$4.73118	\$4.98938
31	\$4.05022	\$4.16423	\$4.28486	\$4.53794	\$4.76636	\$5.02634
32	\$4.08075	\$4.19542	\$4.31676	\$4.57158	\$4.80150	\$5.06322
33	\$4.11127	\$4.22658	\$4.34863	\$4.60517	\$4.83657	\$5.10004
34	\$4.14177	\$4.25772	\$4.38046	\$4.63873	\$4.87156	\$5.13675
35	\$4.17225	\$4.28881	\$4.41226	\$4.67222	\$4.90646	\$5.17335
36	\$4.32965	\$4.45065	\$4.57880	\$4.84908	\$5.09239	\$5.36945
37	\$4.49300	\$4.61859	\$4.75161	\$5.03265	\$5.28535	\$5.57300
38	\$4.66250	\$4.79287	\$4.93097	\$5.22314	\$5.48562	\$5.78425
39	\$4.83839	\$4.97372	\$5.11708	\$5.42086	\$5.69349	\$6.00352
40	\$5.02093	\$5.16140	\$5.31022	\$5.62607	\$5.90922	\$6.23109
41	\$5.21033	\$5.35617	\$5.51065	\$5.83904	\$6.13315	\$6.46729
42	\$5.40690	\$5.55828	\$5.71864	\$6.06007	\$6.36555	\$6.71245
43	\$5.61088	\$5.76801	\$5.93448	\$6.28948	\$6.60675	\$6.96689
44	\$5.82255	\$5.98566	\$6.15848	\$6.52755	\$6.85711	\$7.23099
45	\$6.04221	\$6.21153	\$6.39093	\$6.77466	\$7.11693	\$7.50509
46	\$6.28277	\$6.45856	\$6.64486	\$7.04454	\$7.40034	\$7.80384
47	\$6.53293	\$6.71542	\$6.90889	\$7.32518	\$7.69503	\$8.11449
48	\$6.79303	\$6.98249	\$7.18339	\$7.61699	\$8.00145	\$8.43749
49	\$7.06349	\$7.26019	\$7.46880	\$7.92044	\$8.32007	\$8.77337
50	\$7.34471	\$7.54892	\$7.76557	\$8.23597	\$8.65139	\$9.12260
51	\$7.63714	\$7.84914	\$8.07412	\$8.56406	\$8.99589	\$9.48574
52	\$7.94122	\$8.16131	\$8.39492	\$8.90524	\$9.35412	\$9.86334
53	\$8.25739	\$8.48589	\$8.72847	\$9.25999	\$9.72660	\$10.25596
54	\$8.58616	\$8.82336	\$9.07529	\$9.62889	\$10.11392	\$10.66421
55	\$8.92801	\$9.17428	\$9.43588	\$10.01248	\$10.51667	\$11.08872
56	\$9.18691	\$9.43893	\$9.70678	\$10.30047	\$10.81784	\$11.40553
57	\$9.45331	\$9.71121	\$9.98545	\$10.59674	\$11.12764	\$11.73141
58	\$9.72743	\$9.99134	\$10.27212	\$10.90154	\$11.44630	\$12.06659
59	\$10.00950	\$10.27955	\$10.56703	\$11.21509	\$11.77409	\$12.41135
60	\$10.29975	\$10.57609	\$10.87040	\$11.53768	\$12.11127	\$12.76596
61	\$10.59842	\$10.88117	\$11.18248	\$11.86953	\$12.45811	\$13.13070
62	\$10.90575	\$11.19505	\$11.50352	\$12.21094	\$12.81488	\$13.50585
63	\$11.18197	\$11.47613	\$11.79007	\$12.51614	\$13.13291	\$13.83988
64	\$11.46518	\$11.76427	\$12.08377	\$12.82897	\$13.45884	\$14.18217
65	\$11.75556	\$12.05965	\$12.38477	\$13.14961	\$13.79286	\$14.53294
66	\$12.05330	\$12.36243	\$12.69328	\$13.47827	\$14.13516	\$14.89238
67	\$12.35858	\$12.67282	\$13.00947	\$13.81515	\$14.48596	\$15.26070
68	\$12.69742	\$13.01616	\$13.35814	\$14.18779	\$14.87310	\$15.66686
69	\$13.04557	\$13.36881	\$13.71616	\$14.57047	\$15.27059	\$16.08383
70	\$13.40324	\$13.73100	\$14.08379	\$14.96348	\$15.67870	\$16.51189
71	\$13.77073	\$14.10302	\$14.46125	\$15.36709	\$16.09771	\$16.95136
72	\$14.14829	\$14.48510	\$14.84885	\$15.78159	\$16.52792	\$17.40251
73	\$14.69470	\$15.03919	\$15.41197	\$16.38633	\$17.15693	\$18.06311
74	\$15.26219	\$15.61446	\$15.99647	\$17.01425	\$17.80987	\$18.74879
75	\$15.85161	\$16.21174	\$16.60312	\$17.66623	\$18.48767	\$19.46049
76	\$16.46380	\$16.83187	\$17.23278	\$18.34320	\$19.19125	\$20.19921
77	\$17.09962	\$17.47572	\$17.88632	\$19.04610	\$19.92161	\$20.96597
78	\$17.38674	\$17.75583	\$18.16045	\$19.33938	\$20.21317	\$21.26586
79	\$17.67869	\$18.04042	\$18.43877	\$19.63718	\$20.50899	\$21.57006
80	\$17.97554	\$18.32957	\$18.72137	\$19.93957	\$20.80916	\$21.87860
81	\$18.27738	\$18.62336	\$19.00829	\$20.24660	\$21.11370	\$22.19156
82	\$18.58428	\$18.92185	\$19.29961	\$20.55838	\$21.42271	\$22.50900
83	\$18.83355	\$19.15378	\$19.51476	\$20.77853	\$21.62283	\$22.70489
84	\$19.08615	\$19.38852	\$19.73229	\$21.00105	\$21.82482	\$22.90247

Plan: **LTC2007-5SIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Simple Inflation Protection - Reimbursement - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$5.35148	\$5.72435	\$5.82159	\$5.87464	\$5.94915	\$6.02145	\$6.09353
31	\$5.39068	\$5.76579	\$5.86237	\$5.91559	\$5.99054	\$6.06330	\$6.13584
32	\$5.42977	\$5.80709	\$5.90295	\$5.95637	\$6.03173	\$6.10495	\$6.17795
33	\$5.46873	\$5.84823	\$5.94334	\$5.99692	\$6.07271	\$6.14636	\$6.21980
34	\$5.50755	\$5.88918	\$5.98351	\$6.03725	\$6.11347	\$6.18755	\$6.26142
35	\$5.54624	\$5.92996	\$6.02346	\$6.07736	\$6.15396	\$6.22847	\$6.30277
36	\$5.58501	\$6.01326	\$6.10682	\$6.15045	\$6.23447	\$6.31067	\$6.38762
37	\$5.62370	\$6.10149	\$6.20012	\$6.24375	\$6.32877	\$6.40607	\$6.48362
38	\$5.66244	\$6.18978	\$6.29041	\$6.33408	\$6.41810	\$6.49660	\$6.57435
39	\$5.70118	\$6.27807	\$6.38064	\$6.42461	\$6.50863	\$6.58733	\$6.66628
40	\$5.73992	\$6.36636	\$6.47093	\$6.46146	\$6.59165	\$6.67035	\$6.74944
41	\$5.77866	\$6.45465	\$6.56018	\$6.55071	\$6.67389	\$6.75259	\$6.83148
42	\$5.81740	\$6.54294	\$6.64977	\$6.64030	\$6.76218	\$6.84088	\$6.91997
43	\$5.85614	\$6.63123	\$6.73910	\$6.72963	\$6.85047	\$6.92906	\$7.00835
44	\$5.89488	\$6.71952	\$6.82757	\$6.81810	\$6.93876	\$7.01735	\$7.09684
45	\$5.93362	\$6.80781	\$6.91618	\$6.90671	\$7.02705	\$7.10554	\$7.18483
46	\$5.97236	\$6.89610	\$7.00447	\$6.99499	\$7.11534	\$7.19383	\$7.27292
47	\$6.01110	\$6.98439	\$7.09276	\$7.08329	\$7.20363	\$7.28212	\$7.36081
48	\$6.04984	\$7.07268	\$7.18113	\$7.17166	\$7.29192	\$7.37041	\$7.44910
49	\$6.08858	\$7.16097	\$7.26942	\$7.25995	\$7.38019	\$7.45868	\$7.53737
50	\$6.12732	\$7.24926	\$7.35771	\$7.34824	\$7.46848	\$7.54697	\$7.62566
51	\$6.16606	\$7.33755	\$7.44590	\$7.43643	\$7.55667	\$7.63516	\$7.71385
52	\$6.20480	\$7.42584	\$7.53429	\$7.52482	\$7.64506	\$7.72355	\$7.80224
53	\$6.24354	\$7.51413	\$7.62258	\$7.61311	\$7.73335	\$7.81184	\$7.89053
54	\$6.28228	\$7.60242	\$7.71093	\$7.70146	\$7.82170	\$7.90019	\$7.97888
55	\$6.32102	\$7.69071	\$7.80938	\$7.79991	\$7.91915	\$8.00000	\$8.07869
56	\$6.35976	\$7.77900	\$7.89767	\$7.88820	\$8.00744	\$8.08693	\$8.16562
57	\$6.39850	\$7.86729	\$7.98636	\$7.97689	\$8.09568	\$8.17517	\$8.25386
58	\$6.43724	\$7.95558	\$8.07463	\$8.06516	\$8.18392	\$8.26341	\$8.34210
59	\$6.47598	\$8.04387	\$8.16292	\$8.15345	\$8.27216	\$8.35165	\$8.43034
60	\$6.51472	\$8.13216	\$8.25121	\$8.24174	\$8.36040	\$8.43989	\$8.51858
61	\$6.55346	\$8.22045	\$8.33950	\$8.33003	\$8.44824	\$8.52773	\$8.60642
62	\$6.59220	\$8.30874	\$8.42779	\$8.41832	\$8.53648	\$8.61597	\$8.69466
63	\$6.63094	\$8.39703	\$8.51604	\$8.50657	\$8.62472	\$8.70421	\$8.78290
64	\$6.66968	\$8.48532	\$8.60413	\$8.59466	\$8.71296	\$8.79245	\$8.87114
65	\$6.70842	\$8.57361	\$8.69268	\$8.68321	\$8.80120	\$8.88069	\$8.95938
66	\$6.74716	\$8.66190	\$8.78095	\$8.77148	\$8.88944	\$8.96893	\$9.04762
67	\$6.78590	\$8.75019	\$8.86924	\$8.85977	\$8.97772	\$9.05721	\$9.13590
68	\$6.82464	\$8.83848	\$8.95753	\$8.94806	\$9.06596	\$9.14545	\$9.22414
69	\$6.86338	\$8.92677	\$9.04582	\$9.03635	\$9.15430	\$9.23379	\$9.31248
70	\$6.90212	\$9.01506	\$9.13411	\$9.12464	\$9.24258	\$9.32207	\$9.40076
71	\$6.94086	\$9.10335	\$9.22240	\$9.21293	\$9.33088	\$9.41037	\$9.48906
72	\$6.97960	\$9.19164	\$9.31055	\$9.30108	\$9.41892	\$9.49841	\$9.57710
73	\$7.01834	\$9.27993	\$9.39940	\$9.38993	\$9.50716	\$9.58665	\$9.66534
74	\$7.05708	\$9.36822	\$9.48787	\$9.47840	\$9.59540	\$9.67489	\$9.75358
75	\$7.09582	\$9.45651	\$9.57636	\$9.56689	\$9.68364	\$9.76313	\$9.84182
76	\$7.13456	\$9.54480	\$9.66471	\$9.65524	\$9.77188	\$9.85137	\$9.93006
77	\$7.17330	\$9.63309	\$9.75292	\$9.74345	\$9.86012	\$9.93961	\$10.01830
78	\$7.21204	\$9.72138	\$9.84183	\$9.83236	\$9.96836	\$10.04790	\$10.12659
79	\$7.25078	\$9.80967	\$9.93128	\$9.92181	\$10.05660	\$10.13619	\$10.21488
80	\$7.28952	\$9.89796	\$10.01957	\$10.01010	\$10.16484	\$10.24433	\$10.32262
81	\$7.32826	\$9.98625	\$10.10786	\$10.09839	\$10.25308	\$10.33257	\$10.41086
82	\$7.36700	\$10.07454	\$10.19615	\$10.18668	\$10.34132	\$10.42086	\$10.49915
83	\$7.40574	\$10.16283	\$10.28444	\$10.27497	\$10.42956	\$10.50935	\$10.58764
84	\$7.44448	\$10.25112	\$10.37273	\$10.36326	\$10.51780	\$10.59759	\$10.67588

Plan: LTC2007-GAIP

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Graded Automatic Compound Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
Issue Age	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$7.52722	\$7.81339	\$8.42028	\$8.94994	\$9.48235	\$10.08630
31	\$7.57369	\$7.86144	\$8.47221	\$9.00512	\$9.54027	\$10.14793
32	\$7.62020	\$7.90952	\$8.52416	\$9.06033	\$9.59817	\$10.20957
33	\$7.66674	\$7.95760	\$8.57612	\$9.11553	\$9.65604	\$10.27116
34	\$7.71331	\$8.00569	\$8.62809	\$9.17072	\$9.71389	\$10.33272
35	\$7.75988	\$8.05378	\$8.68006	\$9.22591	\$9.77169	\$10.39422
36	\$7.76132	\$8.05522	\$8.68366	\$9.23099	\$9.77653	\$10.40119
37	\$7.76275	\$8.05664	\$8.68728	\$9.23607	\$9.78138	\$10.40816
38	\$7.76419	\$8.05808	\$8.69088	\$9.24116	\$9.78622	\$10.41513
39	\$7.76563	\$8.05951	\$8.69450	\$9.24625	\$9.79106	\$10.42210
40	\$7.76706	\$8.06095	\$8.69811	\$9.25134	\$9.79592	\$10.42910
41	\$7.76850	\$8.06239	\$8.70173	\$9.25644	\$9.80077	\$10.43608
42	\$7.76994	\$8.06381	\$8.70534	\$9.26153	\$9.80562	\$10.44307
43	\$7.77137	\$8.06525	\$8.70896	\$9.26663	\$9.81048	\$10.45007
44	\$7.77281	\$8.06669	\$8.71259	\$9.27174	\$9.81534	\$10.45708
45	\$7.77425	\$8.06812	\$8.71620	\$9.27684	\$9.82020	\$10.46408
46	\$7.76338	\$8.05561	\$8.70502	\$9.26598	\$9.80509	\$10.44968
47	\$7.75252	\$8.04312	\$8.69386	\$9.25513	\$9.79001	\$10.43530
48	\$7.74168	\$8.03065	\$8.68272	\$9.24431	\$9.77493	\$10.42094
49	\$7.73085	\$8.01820	\$8.67158	\$9.23349	\$9.75990	\$10.40660
50	\$7.72004	\$8.00577	\$8.66046	\$9.22268	\$9.74487	\$10.39228
51	\$7.70925	\$7.99336	\$8.64935	\$9.21189	\$9.72988	\$10.37799
52	\$7.69846	\$7.98097	\$8.63825	\$9.20110	\$9.71491	\$10.36371
53	\$7.68770	\$7.96859	\$8.62718	\$9.19034	\$9.69997	\$10.34945
54	\$7.67695	\$7.95623	\$8.61612	\$9.17958	\$9.68504	\$10.33521
55	\$7.66621	\$7.94390	\$8.60507	\$9.16884	\$9.67013	\$10.32099
56	\$7.59115	\$7.86271	\$8.51977	\$9.07808	\$9.56523	\$10.21040
57	\$7.51680	\$7.78233	\$8.43532	\$8.98821	\$9.46148	\$10.10100
58	\$7.44320	\$7.70278	\$8.35170	\$8.89923	\$9.35885	\$9.99278
59	\$7.37031	\$7.62404	\$8.26892	\$8.81114	\$9.25733	\$9.88571
60	\$7.29814	\$7.54612	\$8.18696	\$8.72392	\$9.15692	\$9.77980
61	\$7.22667	\$7.46898	\$8.10580	\$8.63756	\$9.05758	\$9.67502
62	\$7.15590	\$7.39264	\$8.02545	\$8.55205	\$8.95933	\$9.57135
63	\$7.22871	\$7.46410	\$8.10594	\$8.63811	\$9.03964	\$9.65872
64	\$7.30225	\$7.53625	\$8.18723	\$8.72501	\$9.12066	\$9.74690
65	\$7.37654	\$7.60909	\$8.26934	\$8.81280	\$9.20242	\$9.83588
66	\$7.45159	\$7.68265	\$8.35227	\$8.90148	\$9.28490	\$9.92567
67	\$7.52740	\$7.75691	\$8.43602	\$8.99104	\$9.36813	\$10.01628
68	\$7.62308	\$7.84942	\$8.54205	\$9.10473	\$9.47052	\$10.12898
69	\$7.71996	\$7.94303	\$8.64940	\$9.21986	\$9.57404	\$10.24297
70	\$7.81808	\$8.03775	\$8.75810	\$9.33645	\$9.67869	\$10.35822
71	\$7.91744	\$8.13360	\$8.86818	\$9.45450	\$9.78449	\$10.47478
72	\$8.01808	\$8.23059	\$8.97962	\$9.57406	\$9.89143	\$10.59265
73	\$8.20806	\$8.41691	\$9.19326	\$9.80458	\$10.10655	\$10.83012
74	\$8.40255	\$8.60745	\$9.41199	\$10.04064	\$10.32633	\$11.07294
75	\$8.60163	\$8.80229	\$9.63593	\$10.28239	\$10.55089	\$11.32118
76	\$8.80544	\$9.00156	\$9.86518	\$10.52997	\$10.78034	\$11.57500
77	\$9.01408	\$9.20532	\$10.09989	\$10.78350	\$11.01478	\$11.83450
78	\$9.06191	\$9.23540	\$10.14485	\$10.83072	\$11.01878	\$11.84449
79	\$9.11000	\$9.26559	\$10.19000	\$10.87814	\$11.02279	\$11.85447
80	\$9.15834	\$9.29586	\$10.23535	\$10.92577	\$11.02679	\$11.86448
81	\$9.20693	\$9.32624	\$10.28092	\$10.97361	\$11.03080	\$11.87448
82	\$9.25579	\$9.35672	\$10.32668	\$11.02165	\$11.03481	\$11.88450
83	\$9.30512	\$9.37734	\$10.36211	\$11.05488	\$11.06808	\$11.85455
84	\$9.35472	\$9.39802	\$10.39767	\$11.08821	\$11.10146	\$11.82468

Plan: **LTC2007-GAIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs <= X <	3.93 yrs <= X <	4.16 yrs <= X <	4.62 yrs <= X <	5.08 yrs <= X <	5.55 yrs <= X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$10.40925	\$10.72533	\$11.05790	\$11.72250	\$12.34117	\$13.03671
31	\$10.47273	\$10.79052	\$11.12490	\$11.79344	\$12.41557	\$13.11506
32	\$10.53621	\$10.85566	\$11.19181	\$11.86430	\$12.48988	\$13.19331
33	\$10.59964	\$10.92075	\$11.25867	\$11.93508	\$12.56409	\$13.27144
34	\$10.66303	\$10.98578	\$11.32545	\$12.00577	\$12.63817	\$13.34941
35	\$10.72635	\$11.05072	\$11.39214	\$12.07635	\$12.71212	\$13.42721
36	\$10.73388	\$11.05844	\$11.40010	\$12.08643	\$12.72352	\$13.43982
37	\$10.74141	\$11.06616	\$11.40807	\$12.09651	\$12.73493	\$13.45243
38	\$10.74895	\$11.07390	\$11.41604	\$12.10660	\$12.74634	\$13.46506
39	\$10.75649	\$11.08164	\$11.42403	\$12.11671	\$12.75777	\$13.47771
40	\$10.76405	\$11.08938	\$11.43201	\$12.12682	\$12.76920	\$13.49036
41	\$10.77160	\$11.09713	\$11.44001	\$12.13694	\$12.78065	\$13.50303
42	\$10.77916	\$11.10488	\$11.44801	\$12.14707	\$12.79211	\$13.51571
43	\$10.78672	\$11.11264	\$11.45602	\$12.15721	\$12.80358	\$13.52840
44	\$10.79429	\$11.12041	\$11.46403	\$12.16735	\$12.81504	\$13.54110
45	\$10.80187	\$11.12818	\$11.47204	\$12.17750	\$12.82654	\$13.55381
46	\$10.78672	\$11.11118	\$11.45325	\$12.15816	\$12.80459	\$13.52915
47	\$10.77159	\$11.09419	\$11.43449	\$12.13885	\$12.78267	\$13.50452
48	\$10.75648	\$11.07724	\$11.41577	\$12.11958	\$12.76080	\$13.47995
49	\$10.74140	\$11.06031	\$11.39707	\$12.10033	\$12.73896	\$13.45541
50	\$10.72634	\$11.04342	\$11.37840	\$12.08111	\$12.71716	\$13.43092
51	\$10.71129	\$11.02654	\$11.35978	\$12.06193	\$12.69540	\$13.40647
52	\$10.69628	\$11.00969	\$11.34117	\$12.04278	\$12.67368	\$13.38207
53	\$10.68127	\$10.99286	\$11.32259	\$12.02365	\$12.65199	\$13.35772
54	\$10.66630	\$10.97606	\$11.30405	\$12.00455	\$12.63033	\$13.33341
55	\$10.65133	\$10.95929	\$11.28554	\$11.98549	\$12.60872	\$13.30914
56	\$10.53546	\$10.83628	\$11.15534	\$11.84693	\$12.45893	\$13.14785
57	\$10.42085	\$10.71463	\$11.02664	\$11.70996	\$12.31092	\$12.98851
58	\$10.30748	\$10.59436	\$10.89943	\$11.57458	\$12.16467	\$12.83110
59	\$10.19536	\$10.47544	\$10.77369	\$11.44077	\$12.02015	\$12.67561
60	\$10.08443	\$10.35785	\$10.64938	\$11.30850	\$11.87735	\$12.52199
61	\$9.97474	\$10.24159	\$10.52652	\$11.17775	\$11.73625	\$12.37024
62	\$9.86622	\$10.12662	\$10.40508	\$11.04853	\$11.59682	\$12.22032
63	\$9.95457	\$10.21331	\$10.49048	\$11.13918	\$11.68786	\$12.31313
64	\$10.04373	\$10.30076	\$10.57657	\$11.23057	\$11.77960	\$12.40663
65	\$10.13368	\$10.38894	\$10.66336	\$11.32271	\$11.87207	\$12.50085
66	\$10.22444	\$10.47788	\$10.75088	\$11.41561	\$11.96526	\$12.59579
67	\$10.31600	\$10.56758	\$10.83911	\$11.50927	\$12.05918	\$12.69145
68	\$10.42923	\$10.67701	\$10.94532	\$11.62229	\$12.17087	\$12.80378
69	\$10.54369	\$10.78759	\$11.05256	\$11.73641	\$12.28358	\$12.91711
70	\$10.65943	\$10.89930	\$11.16085	\$11.85166	\$12.39734	\$13.03144
71	\$10.77642	\$11.01217	\$11.27020	\$11.96804	\$12.51216	\$13.14678
72	\$10.89470	\$11.12621	\$11.38063	\$12.08555	\$12.62804	\$13.26314
73	\$11.13552	\$11.36269	\$11.61376	\$12.33505	\$12.87866	\$13.51798
74	\$11.38167	\$11.60418	\$11.85167	\$12.58970	\$13.13424	\$13.77770
75	\$11.63325	\$11.85082	\$12.09446	\$12.84958	\$13.39491	\$14.04243
76	\$11.89040	\$12.10269	\$12.34221	\$13.11486	\$13.66075	\$14.31223
77	\$12.15323	\$12.35992	\$12.59505	\$13.38559	\$13.93185	\$14.58721
78	\$12.15390	\$12.34135	\$12.55795	\$13.34170	\$13.86238	\$14.49695
79	\$12.15457	\$12.32280	\$12.52096	\$13.29796	\$13.79325	\$14.40726
80	\$12.15524	\$12.30428	\$12.48409	\$13.25436	\$13.72447	\$14.31813
81	\$12.15591	\$12.28580	\$12.44731	\$13.21090	\$13.65603	\$14.22954
82	\$12.15658	\$12.26734	\$12.41065	\$13.16758	\$13.58793	\$14.14149
83	\$12.10998	\$12.19154	\$12.30602	\$13.04252	\$13.41941	\$13.93947
84	\$12.06355	\$12.11620	\$12.20227	\$12.91865	\$13.25298	\$13.74032

Plan: **LTC2007-GAIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$14.02296	\$15.03619	\$15.29077	\$15.44269	\$15.64345	\$15.83727	\$16.03051
31	\$14.10680	\$15.12565	\$15.38166	\$15.53432	\$15.73621	\$15.93114	\$16.12548
32	\$14.19048	\$15.21494	\$15.47234	\$15.62571	\$15.82874	\$16.02479	\$16.22023
33	\$14.27400	\$15.30401	\$15.56279	\$15.71689	\$15.92104	\$16.11818	\$16.31472
34	\$14.35731	\$15.39284	\$15.65301	\$15.80780	\$16.01306	\$16.21130	\$16.40893
35	\$14.44042	\$15.48141	\$15.74296	\$15.89844	\$16.10481	\$16.30412	\$16.50283
36	\$14.45305	\$15.49267	\$15.75083	\$15.90507	\$16.11082	\$16.30981	\$16.50823
37	\$14.46570	\$15.50392	\$15.75870	\$15.91169	\$16.11683	\$16.31553	\$16.51364
38	\$14.47836	\$15.51519	\$15.76656	\$15.91832	\$16.12284	\$16.32124	\$16.51904
39	\$14.49103	\$15.52646	\$15.77444	\$15.92495	\$16.12885	\$16.32695	\$16.52445
40	\$14.50369	\$15.53774	\$15.78232	\$15.93158	\$16.13486	\$16.33266	\$16.52986
41	\$14.51639	\$15.54904	\$15.79021	\$15.93822	\$16.14088	\$16.33837	\$16.53527
42	\$14.52909	\$15.56033	\$15.79810	\$15.94485	\$16.14690	\$16.34408	\$16.54068
43	\$14.54180	\$15.57165	\$15.80599	\$15.95149	\$16.15292	\$16.34980	\$16.54609
44	\$14.55452	\$15.58296	\$15.81387	\$15.95814	\$16.15894	\$16.35552	\$16.55151
45	\$14.56725	\$15.59428	\$15.82178	\$15.96478	\$16.16497	\$16.36125	\$16.55693
46	\$14.53719	\$15.55793	\$15.78177	\$15.92259	\$16.12177	\$16.31732	\$16.51229
47	\$14.50720	\$15.52164	\$15.74186	\$15.88051	\$16.07870	\$16.27352	\$16.46776
48	\$14.47726	\$15.48545	\$15.70206	\$15.83855	\$16.03573	\$16.22983	\$16.42336
49	\$14.44739	\$15.44934	\$15.66236	\$15.79668	\$15.99288	\$16.18626	\$16.37906
50	\$14.41758	\$15.41332	\$15.62274	\$15.75494	\$15.95014	\$16.14281	\$16.33490
51	\$14.38783	\$15.37738	\$15.58325	\$15.71331	\$15.90752	\$16.09948	\$16.29085
52	\$14.35814	\$15.34152	\$15.54383	\$15.67178	\$15.86502	\$16.05626	\$16.24693
53	\$14.32851	\$15.30574	\$15.50453	\$15.63037	\$15.82263	\$16.01315	\$16.20311
54	\$14.29895	\$15.27005	\$15.46533	\$15.58905	\$15.78034	\$15.97017	\$16.15942
55	\$14.26944	\$15.23444	\$15.42622	\$15.54786	\$15.73818	\$15.92730	\$16.11584
56	\$14.08864	\$15.03367	\$15.21841	\$15.33581	\$15.52339	\$15.70987	\$15.89581
57	\$13.91011	\$14.83555	\$15.01339	\$15.12666	\$15.31152	\$15.49542	\$15.67878
58	\$13.73386	\$14.64003	\$14.81115	\$14.92036	\$15.10255	\$15.28390	\$15.46471
59	\$13.55983	\$14.44710	\$14.61161	\$14.71687	\$14.89642	\$15.07526	\$15.25356
60	\$13.38802	\$14.25671	\$14.41478	\$14.51616	\$14.69312	\$14.86948	\$15.04530
61	\$13.21838	\$14.06882	\$14.22059	\$14.31818	\$14.49258	\$14.66649	\$14.83988
62	\$13.05089	\$13.88341	\$14.02902	\$14.12290	\$14.29478	\$14.46628	\$14.63727
63	\$13.14290	\$13.97459	\$14.11795	\$14.20990	\$14.38293	\$14.55571	\$14.72798
64	\$13.23555	\$14.06637	\$14.20744	\$14.29743	\$14.47163	\$14.64569	\$14.81925
65	\$13.32885	\$14.15875	\$14.29750	\$14.38550	\$14.56087	\$14.73624	\$14.91109
66	\$13.42280	\$14.25173	\$14.38813	\$14.47411	\$14.65066	\$14.82735	\$15.00350
67	\$13.51743	\$14.34533	\$14.47933	\$14.56327	\$14.74100	\$14.91900	\$15.09648
68	\$13.62446	\$14.44650	\$14.57386	\$14.65372	\$14.83278	\$15.01234	\$15.19135
69	\$13.73234	\$14.54840	\$14.66900	\$14.74473	\$14.92513	\$15.10626	\$15.28684
70	\$13.84108	\$14.65101	\$14.76478	\$14.83630	\$15.01805	\$15.20075	\$15.38292
71	\$13.95067	\$14.75435	\$14.86117	\$14.92845	\$15.11155	\$15.29585	\$15.47960
72	\$14.06114	\$14.85841	\$14.95819	\$15.02116	\$15.20564	\$15.39154	\$15.57689
73	\$14.30867	\$15.09603	\$15.18042	\$15.23588	\$15.42407	\$15.61395	\$15.80327
74	\$14.56056	\$15.33746	\$15.40598	\$15.45367	\$15.64564	\$15.83958	\$16.03294
75	\$14.81689	\$15.58274	\$15.63487	\$15.67457	\$15.87039	\$16.06847	\$16.26595
76	\$15.07773	\$15.83195	\$15.86716	\$15.89862	\$16.09838	\$16.30066	\$16.50234
77	\$15.34316	\$16.08515	\$16.10290	\$16.12589	\$16.32963	\$16.53621	\$16.74217
78	\$15.21041	\$15.91255	\$15.91505	\$15.91750	\$16.12002	\$16.32567	\$16.53069
79	\$15.07881	\$15.74180	\$15.79349	\$15.84444	\$15.91311	\$16.11780	\$16.32187
80	\$14.94835	\$15.57288	\$15.61391	\$15.65435	\$15.70886	\$15.91258	\$16.11570
81	\$14.81901	\$15.40577	\$15.43639	\$15.46655	\$15.50721	\$15.70998	\$15.91213
82	\$14.69079	\$15.24046	\$15.26089	\$15.28102	\$15.30817	\$15.50995	\$15.71113
83	\$14.43421	\$14.94302	\$14.95457	\$14.96595	\$14.98128	\$15.18069	\$15.37949
84	\$14.18212	\$14.65138	\$14.65440	\$14.65738	\$14.66138	\$14.85841	\$15.05486

Plan: LTC2007-GAIP75

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Graded Automatic Compound Inflation Protection Through Age 75 - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
Issue Age	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$5.10113	\$5.28462	\$5.68294	\$6.06761	\$6.44267	\$6.83795
31	\$5.12520	\$5.30932	\$5.70961	\$6.09619	\$6.47252	\$6.86961
32	\$5.14912	\$5.33383	\$5.73605	\$6.12454	\$6.50210	\$6.90096
33	\$5.17284	\$5.35813	\$5.76227	\$6.15264	\$6.53138	\$6.93200
34	\$5.19639	\$5.38223	\$5.78826	\$6.18047	\$6.56039	\$6.96275
35	\$5.21971	\$5.40610	\$5.81401	\$6.20806	\$6.58908	\$6.99312
36	\$5.18881	\$5.37343	\$5.78003	\$6.17286	\$6.55042	\$6.95283
37	\$5.15810	\$5.34095	\$5.74625	\$6.13785	\$6.51198	\$6.91279
38	\$5.12756	\$5.30866	\$5.71267	\$6.10305	\$6.47378	\$6.87297
39	\$5.09721	\$5.27658	\$5.67929	\$6.06844	\$6.43579	\$6.83338
40	\$5.06704	\$5.24468	\$5.64610	\$6.03403	\$6.39803	\$6.79401
41	\$5.03704	\$5.21298	\$5.61310	\$5.99982	\$6.36048	\$6.75488
42	\$5.00723	\$5.18147	\$5.58029	\$5.96579	\$6.32317	\$6.71597
43	\$4.97759	\$5.15015	\$5.54768	\$5.93196	\$6.28607	\$6.67729
44	\$4.94812	\$5.11902	\$5.51526	\$5.89833	\$6.24918	\$6.63882
45	\$4.91883	\$5.08808	\$5.48303	\$5.86488	\$6.21251	\$6.60058
46	\$4.83847	\$5.00243	\$5.39206	\$5.76895	\$6.10586	\$6.48750
47	\$4.75942	\$4.91822	\$5.30259	\$5.67458	\$6.00105	\$6.37635
48	\$4.68166	\$4.83543	\$5.21461	\$5.58177	\$5.89803	\$6.26710
49	\$4.60517	\$4.75403	\$5.12807	\$5.49047	\$5.79677	\$6.15973
50	\$4.52993	\$4.67400	\$5.04299	\$5.40065	\$5.69726	\$6.05419
51	\$4.45593	\$4.59532	\$4.95932	\$5.31232	\$5.59946	\$5.95047
52	\$4.38313	\$4.51797	\$4.87702	\$5.22543	\$5.50334	\$5.84851
53	\$4.31151	\$4.44191	\$4.79610	\$5.13995	\$5.40887	\$5.74832
54	\$4.24108	\$4.36715	\$4.71653	\$5.05588	\$5.31601	\$5.64983
55	\$4.17179	\$4.29363	\$4.63826	\$4.97318	\$5.22475	\$5.55303
56	\$3.97985	\$4.08910	\$4.41933	\$4.74048	\$4.96637	\$5.27769
57	\$3.79674	\$3.89431	\$4.21073	\$4.51866	\$4.72076	\$5.01600
58	\$3.62206	\$3.70879	\$4.01197	\$4.30723	\$4.48730	\$4.76729
59	\$3.45541	\$3.53212	\$3.82260	\$4.10569	\$4.26538	\$4.53090
60	\$3.29643	\$3.36387	\$3.64217	\$3.91357	\$4.05445	\$4.30624
61	\$3.14477	\$3.20362	\$3.47025	\$3.73045	\$3.85394	\$4.09272
62	\$3.00008	\$3.05102	\$3.30645	\$3.55590	\$3.66335	\$3.88979
63	\$2.84833	\$2.88603	\$3.13062	\$3.36966	\$3.45017	\$3.66215
64	\$2.70427	\$2.72998	\$2.96415	\$3.19317	\$3.24942	\$3.44784
65	\$2.56749	\$2.58235	\$2.80651	\$3.02592	\$3.06033	\$3.24606
66	\$2.43763	\$2.44271	\$2.65727	\$2.86745	\$2.88225	\$3.05610
67	\$2.31433	\$2.31916	\$2.52287	\$2.72241	\$2.73646	\$2.90152
68	\$1.93410	\$1.93814	\$2.10838	\$2.27513	\$2.28689	\$2.42483
69	\$1.61635	\$1.61972	\$1.76199	\$1.90136	\$1.91117	\$2.02645
70	\$1.35080	\$1.35361	\$1.47251	\$1.58897	\$1.59718	\$1.69352
71	\$1.12888	\$1.13122	\$1.23059	\$1.32792	\$1.33478	\$1.41529
72	\$0.94341	\$0.94537	\$1.02842	\$1.10976	\$1.11548	\$1.18276
73	\$0.81417	\$0.81587	\$0.88753	\$0.95772	\$0.96267	\$1.02074
74	\$0.65872	\$0.66010	\$0.71808	\$0.77488	\$0.77887	\$0.82585

Plan: **LTC2007-GAIP75** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection Through Age 75 - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs <= X <	3.93 yrs <= X <	4.16 yrs <= X <	4.62 yrs <= X <	5.08 yrs <= X <	5.55 yrs <= X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$7.10251	\$7.31767	\$7.53192	\$8.02257	\$8.42731	\$8.94116
31	\$7.13547	\$7.35138	\$7.56635	\$8.05935	\$8.46558	\$8.98171
32	\$7.16813	\$7.38478	\$7.60042	\$8.09574	\$8.50342	\$9.02180
33	\$7.20046	\$7.41783	\$7.63411	\$8.13173	\$8.54082	\$9.06142
34	\$7.23246	\$7.45051	\$7.66744	\$8.16731	\$8.57776	\$9.10052
35	\$7.26412	\$7.48281	\$7.70035	\$8.20245	\$8.61421	\$9.13909
36	\$7.22304	\$7.43990	\$7.65542	\$8.15594	\$8.56453	\$9.08707
37	\$7.18219	\$7.39725	\$7.61076	\$8.10969	\$8.51513	\$9.03534
38	\$7.14157	\$7.35484	\$7.56635	\$8.06370	\$8.46602	\$8.98391
39	\$7.10119	\$7.31268	\$7.52221	\$8.01798	\$8.41719	\$8.93276
40	\$7.06103	\$7.27075	\$7.47832	\$7.97251	\$8.36864	\$8.88192
41	\$7.02110	\$7.22906	\$7.43468	\$7.92731	\$8.32038	\$8.83136
42	\$6.98140	\$7.18762	\$7.39131	\$7.88235	\$8.27239	\$8.78109
43	\$6.94192	\$7.14640	\$7.34819	\$7.83766	\$8.22468	\$8.73110
44	\$6.90266	\$7.10543	\$7.30530	\$7.79321	\$8.17725	\$8.68140
45	\$6.86362	\$7.06469	\$7.26268	\$7.74902	\$8.13008	\$8.63198
46	\$6.74707	\$6.94228	\$7.13392	\$7.61329	\$7.98397	\$8.47694
47	\$6.63251	\$6.82198	\$7.00744	\$7.47995	\$7.84049	\$8.32468
48	\$6.51989	\$6.70377	\$6.88321	\$7.34894	\$7.69959	\$8.17516
49	\$6.40919	\$6.58760	\$6.76118	\$7.22023	\$7.56122	\$8.02833
50	\$6.30036	\$6.47346	\$6.64130	\$7.09376	\$7.42533	\$7.88414
51	\$6.19338	\$6.36129	\$6.52355	\$6.96951	\$7.29188	\$7.74252
52	\$6.08822	\$6.25106	\$6.40789	\$6.84745	\$7.16085	\$7.60347
53	\$5.98484	\$6.14275	\$6.29429	\$6.72751	\$7.03215	\$7.46689
54	\$5.88322	\$6.03631	\$6.18270	\$6.60968	\$6.90577	\$7.33278
55	\$5.78333	\$5.93171	\$6.07308	\$6.49391	\$6.78167	\$7.20107
56	\$5.49822	\$5.63240	\$5.75853	\$6.16022	\$6.42265	\$6.81887
57	\$5.22718	\$5.34818	\$5.46027	\$5.84368	\$6.08264	\$6.45695
58	\$4.96949	\$5.07832	\$5.17746	\$5.54340	\$5.76063	\$6.11424
59	\$4.72451	\$4.82207	\$4.90929	\$5.25855	\$5.45566	\$5.78973
60	\$4.49161	\$4.57874	\$4.65501	\$4.98834	\$5.16684	\$5.48243
61	\$4.27018	\$4.34770	\$4.41391	\$4.73200	\$4.89332	\$5.19144
62	\$4.05968	\$4.12832	\$4.18529	\$4.48885	\$4.63427	\$4.91591
63	\$3.82446	\$3.87832	\$3.91899	\$4.20709	\$4.32633	\$4.58736
64	\$3.60285	\$3.64345	\$3.66962	\$3.94301	\$4.03885	\$4.28078
65	\$3.39410	\$3.42281	\$3.43613	\$3.69552	\$3.77049	\$3.99469
66	\$3.19743	\$3.21552	\$3.21749	\$3.46355	\$3.51995	\$3.72771
67	\$3.03570	\$3.05288	\$3.05475	\$3.28837	\$3.34191	\$3.53916
68	\$2.53696	\$2.55132	\$2.55289	\$2.74811	\$2.79285	\$2.95771
69	\$2.12016	\$2.13217	\$2.13346	\$2.29662	\$2.33401	\$2.47178
70	\$1.77184	\$1.78186	\$1.78295	\$1.91930	\$1.95055	\$2.06568
71	\$1.48074	\$1.48911	\$1.49002	\$1.60398	\$1.63010	\$1.72631
72	\$1.23746	\$1.24447	\$1.24523	\$1.34046	\$1.36228	\$1.44269
73	\$1.06795	\$1.07398	\$1.07464	\$1.15683	\$1.17566	\$1.24505
74	\$0.86404	\$0.86894	\$0.86947	\$0.93596	\$0.95120	\$1.00735

Plan: **LTC2007-GAIP75** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection Through Age 75 - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$9.63043	\$10.34199	\$10.55031	\$10.65817	\$10.79951	\$10.93531	\$11.07070
31	\$9.67372	\$10.38812	\$10.59743	\$10.70563	\$10.84754	\$10.98393	\$11.11989
32	\$9.71648	\$10.43366	\$10.64395	\$10.75245	\$10.89494	\$11.03189	\$11.16843
33	\$9.75869	\$10.47859	\$10.68982	\$10.79862	\$10.94169	\$11.07919	\$11.21628
34	\$9.80032	\$10.52287	\$10.73505	\$10.84413	\$10.98775	\$11.12578	\$11.26340
35	\$9.84136	\$10.56649	\$10.77960	\$10.88894	\$11.03310	\$11.17166	\$11.30980
36	\$9.78401	\$10.50296	\$10.71270	\$10.82001	\$10.96260	\$11.09994	\$11.23686
37	\$9.72700	\$10.43982	\$10.64622	\$10.75151	\$10.89257	\$11.02868	\$11.16438
38	\$9.67032	\$10.37707	\$10.58015	\$10.68344	\$10.82298	\$10.95788	\$11.09237
39	\$9.61397	\$10.31468	\$10.51448	\$10.61581	\$10.75383	\$10.88753	\$11.02082
40	\$9.55795	\$10.25268	\$10.44923	\$10.54860	\$10.68512	\$10.81764	\$10.94975
41	\$9.50226	\$10.19105	\$10.38438	\$10.48182	\$10.61685	\$10.74819	\$10.87912
42	\$9.44689	\$10.12977	\$10.31994	\$10.41547	\$10.54902	\$10.67918	\$10.80896
43	\$9.39184	\$10.06888	\$10.25589	\$10.34953	\$10.48163	\$10.61062	\$10.73923
44	\$9.33712	\$10.00835	\$10.19224	\$10.28401	\$10.41466	\$10.54251	\$10.66996
45	\$9.28271	\$9.94818	\$10.12898	\$10.21890	\$10.34812	\$10.47482	\$10.60115
46	\$9.11137	\$9.75985	\$9.93462	\$10.02050	\$10.14661	\$10.27049	\$10.39401
47	\$8.94322	\$9.57509	\$9.74399	\$9.82596	\$9.94902	\$10.07015	\$10.19093
48	\$8.77815	\$9.39383	\$9.55701	\$9.63519	\$9.75529	\$9.87373	\$9.99181
49	\$8.61613	\$9.21599	\$9.37362	\$9.44812	\$9.56532	\$9.68112	\$9.79658
50	\$8.45710	\$9.04153	\$9.19375	\$9.26469	\$9.37906	\$9.49228	\$9.60516
51	\$8.30101	\$8.87035	\$9.01733	\$9.08481	\$9.19642	\$9.30712	\$9.41749
52	\$8.14781	\$8.70243	\$8.84430	\$8.90843	\$9.01733	\$9.12557	\$9.23348
53	\$7.99743	\$8.53769	\$8.67460	\$8.73548	\$8.84174	\$8.94756	\$9.05307
54	\$7.84982	\$8.37607	\$8.50814	\$8.56587	\$8.66957	\$8.77302	\$8.87617
55	\$7.70494	\$8.21750	\$8.34488	\$8.39957	\$8.50074	\$8.60189	\$8.70275
56	\$7.28344	\$7.75610	\$7.87009	\$7.91680	\$8.01152	\$8.10648	\$8.20116
57	\$6.88499	\$7.32060	\$7.42232	\$7.46178	\$7.55044	\$7.63958	\$7.72846
58	\$6.50834	\$6.90957	\$7.00003	\$7.03290	\$7.11591	\$7.19959	\$7.28303
59	\$6.15230	\$6.52160	\$6.60176	\$6.62868	\$6.70638	\$6.78494	\$6.86326
60	\$5.81573	\$6.15543	\$6.22615	\$6.24770	\$6.32041	\$6.39416	\$6.46769
61	\$5.49758	\$5.80981	\$5.87191	\$5.88860	\$5.95667	\$6.02589	\$6.09492
62	\$5.19683	\$5.48360	\$5.53782	\$5.55015	\$5.61385	\$5.67883	\$5.74363
63	\$4.82856	\$5.07500	\$5.11378	\$5.11700	\$5.17462	\$5.23387	\$5.29294
64	\$4.48638	\$4.69684	\$4.72220	\$4.74247	\$4.76976	\$4.82377	\$4.87762
65	\$4.16845	\$4.34687	\$4.36062	\$4.37593	\$4.39659	\$4.44580	\$4.49489
66	\$3.87305	\$4.02298	\$4.02672	\$4.03774	\$4.05261	\$4.09745	\$4.14218
67	\$3.67715	\$3.81949	\$3.82304	\$3.83352	\$3.84762	\$3.89021	\$3.93267
68	\$3.07302	\$3.19197	\$3.19496	\$3.20370	\$3.21549	\$3.25108	\$3.28657
69	\$2.56815	\$2.66757	\$2.67004	\$2.67736	\$2.68721	\$2.71695	\$2.74660
70	\$2.14622	\$2.22931	\$2.23138	\$2.23749	\$2.24572	\$2.27059	\$2.29537
71	\$1.79362	\$1.86305	\$1.86478	\$1.86988	\$1.87677	\$1.89754	\$1.91825
72	\$1.49894	\$1.55696	\$1.55841	\$1.56268	\$1.56843	\$1.58579	\$1.60310
73	\$1.29360	\$1.34368	\$1.34492	\$1.34861	\$1.35357	\$1.36856	\$1.38348
74	\$1.04662	\$1.08713	\$1.08815	\$1.09113	\$1.09514	\$1.10727	\$1.11935

Plan: LTC2007-CB-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: No Inflation - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs <= X < <u>2.21 yrs</u>	2.21 yrs <= X < <u>2.49 yrs</u>	2.49 yrs <= X < <u>2.77 yrs</u>	2.77 yrs <= X < <u>3.12 yrs</u>	3.12 yrs <= X < <u>3.46 yrs</u>	3.46 yrs <= X < <u>3.69 yrs</u>
30 and under	\$0.89134	\$0.94584	\$1.01667	\$1.08717	\$1.17485	\$1.26208
31	\$0.91581	\$0.97183	\$1.04462	\$1.11706	\$1.20718	\$1.29682
32	\$0.94090	\$0.99844	\$1.07324	\$1.14772	\$1.24032	\$1.33246
33	\$0.96660	\$1.02573	\$1.10259	\$1.17915	\$1.27431	\$1.36900
34	\$0.99292	\$1.05367	\$1.13266	\$1.21135	\$1.30915	\$1.40648
35	\$1.01988	\$1.08230	\$1.16349	\$1.24436	\$1.34486	\$1.44490
36	\$1.08207	\$1.14819	\$1.23418	\$1.32008	\$1.42663	\$1.53272
37	\$1.14742	\$1.21747	\$1.30861	\$1.39984	\$1.51278	\$1.62529
38	\$1.21613	\$1.29033	\$1.38692	\$1.48379	\$1.60354	\$1.72290
39	\$1.28833	\$1.36693	\$1.46932	\$1.57219	\$1.69916	\$1.82577
40	\$1.36421	\$1.44747	\$1.55599	\$1.66523	\$1.79989	\$1.93417
41	\$1.44390	\$1.53210	\$1.64714	\$1.76316	\$1.90595	\$2.04841
42	\$1.52762	\$1.62104	\$1.74300	\$1.86621	\$2.01764	\$2.16875
43	\$1.61553	\$1.71451	\$1.84377	\$1.97461	\$2.13524	\$2.29551
44	\$1.70785	\$1.81268	\$1.94974	\$2.08866	\$2.25902	\$2.42903
45	\$1.80477	\$1.91581	\$2.06109	\$2.20859	\$2.38929	\$2.56965
46	\$1.92984	\$2.04840	\$2.20357	\$2.36148	\$2.55456	\$2.74735
47	\$2.06278	\$2.18937	\$2.35511	\$2.52418	\$2.73053	\$2.93662
48	\$2.20401	\$2.33922	\$2.51627	\$2.69727	\$2.91782	\$3.13816
49	\$2.35405	\$2.49845	\$2.68763	\$2.88141	\$3.11719	\$3.35275
50	\$2.51344	\$2.66766	\$2.86980	\$3.07729	\$3.32933	\$3.58120
51	\$2.68271	\$2.84742	\$3.06343	\$3.28561	\$3.55507	\$3.82437
52	\$2.86243	\$3.03835	\$3.26921	\$3.50711	\$3.79523	\$4.08319
53	\$3.05322	\$3.24114	\$3.48789	\$3.74263	\$4.05070	\$4.35861
54	\$3.25575	\$3.45647	\$3.72020	\$3.99299	\$4.32243	\$4.65168
55	\$3.47069	\$3.68510	\$3.96702	\$4.25909	\$4.61140	\$4.96350
56	\$3.70664	\$3.93563	\$4.23674	\$4.54914	\$4.92556	\$5.30170
57	\$3.95816	\$4.20273	\$4.52435	\$4.85851	\$5.26069	\$5.66252
58	\$4.22631	\$4.48749	\$4.83105	\$5.18847	\$5.61815	\$6.04744
59	\$4.51212	\$4.79107	\$5.15804	\$5.54037	\$5.99944	\$6.45806
60	\$4.81674	\$5.11468	\$5.50667	\$5.91559	\$6.40610	\$6.89606
61	\$5.14140	\$5.45960	\$5.87832	\$6.31573	\$6.83982	\$7.36323
62	\$5.48739	\$5.82723	\$6.27453	\$6.74236	\$7.30233	\$7.86152
63	\$5.89032	\$6.25526	\$6.73569	\$7.23898	\$7.84069	\$8.44119
64	\$6.32156	\$6.71347	\$7.22948	\$7.77089	\$8.41751	\$9.06236
65	\$6.78306	\$7.20390	\$7.75816	\$8.34058	\$9.03542	\$9.72792
66	\$7.27686	\$7.72878	\$8.32412	\$8.95065	\$9.69732	\$10.44098
67	\$7.80516	\$8.29045	\$8.92993	\$9.60389	\$10.40627	\$11.20487
68	\$8.48296	\$9.01061	\$9.70642	\$10.44036	\$11.31394	\$12.18364
69	\$9.21958	\$9.79326	\$10.55040	\$11.34966	\$12.30076	\$13.24790
70	\$10.02010	\$10.64386	\$11.46770	\$12.33812	\$13.37365	\$14.40513
71	\$10.90529	\$11.58445	\$12.48216	\$13.43139	\$14.56042	\$15.68532
72	\$11.86860	\$12.60810	\$13.58632	\$14.62151	\$15.85250	\$17.07929
73	\$13.17795	\$14.00051	\$15.09122	\$16.24457	\$17.61914	\$18.98903
74	\$14.62664	\$15.54149	\$16.75750	\$18.04238	\$19.57709	\$21.10655
75	\$16.22910	\$17.24652	\$18.60206	\$20.03339	\$21.74664	\$23.45402
76	\$18.00127	\$19.13266	\$20.64358	\$22.23791	\$24.15017	\$26.05592
77	\$19.96069	\$21.21871	\$22.90265	\$24.67837	\$26.81247	\$28.93931
78	\$22.05384	\$23.44484	\$25.30811	\$27.26563	\$29.63004	\$31.98376
79	\$24.35802	\$25.89564	\$27.95664	\$30.11408	\$32.73268	\$35.33672
80	\$26.89394	\$28.59316	\$30.87216	\$33.24940	\$36.14848	\$39.02862
81	\$29.68431	\$31.56164	\$34.08090	\$36.69979	\$39.90830	\$43.09289
82	\$32.75403	\$34.82761	\$37.61162	\$40.49612	\$44.04590	\$47.56620
83	\$36.58368	\$38.89761	\$42.00782	\$45.21032	\$49.18144	\$53.12047
84	\$40.82518	\$43.40535	\$46.87665	\$50.42957	\$54.86742	\$59.27068
85	\$45.52074	\$48.39574	\$52.26659	\$56.20549	\$61.16009	\$66.07781
86	\$50.71680	\$53.91816	\$58.23089	\$62.59480	\$68.12129	\$73.60888
87	\$56.46442	\$60.02689	\$64.82813	\$69.65986	\$75.81895	\$81.93754
88	\$61.60274	\$65.48724	\$70.71741	\$75.95160	\$82.66731	\$89.33548
89	\$67.16481	\$71.39722	\$77.08894	\$82.75398	\$90.06858	\$97.32804
90	\$73.18375	\$77.79195	\$83.98020	\$90.10624	\$98.06497	\$105.96035
91	\$79.69525	\$84.70920	\$91.43137	\$98.05050	\$106.70178	\$115.28082
92	\$86.73768	\$92.18963	\$99.48570	\$106.63204	\$116.02764	\$125.34143
93	\$92.75613	\$98.59098	\$106.38086	\$113.94374	\$123.97387	\$133.88309
94	\$99.15253	\$105.39350	\$113.70415	\$121.70216	\$132.40057	\$142.93513
95	\$105.94946	\$112.62105	\$121.48078	\$129.93311	\$141.33517	\$152.52627
96	\$113.17071	\$120.29886	\$129.73734	\$138.66383	\$150.80658	\$162.68678
97	\$120.84152	\$128.45362	\$138.50197	\$147.92312	\$160.84532	\$173.44862
98	\$127.35918	\$135.38157	\$145.94389	\$155.77770	\$169.35591	\$182.56609
99	\$132.83158	\$141.19785	\$152.18885	\$162.36395	\$176.48875	\$190.20337
100	\$137.38261	\$146.03447	\$157.38005	\$167.83552	\$182.41200	\$196.54271

Plan: **LTC2007-CB-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **No Inflation - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$1.30999	\$1.35689	\$1.40727	\$1.50747	\$1.59213	\$1.69692
31	\$1.34607	\$1.39428	\$1.44606	\$1.54906	\$1.63609	\$1.74379
32	\$1.38308	\$1.43262	\$1.48583	\$1.59171	\$1.68120	\$1.79190
33	\$1.42103	\$1.47195	\$1.52663	\$1.63548	\$1.72746	\$1.84126
34	\$1.45994	\$1.51228	\$1.56850	\$1.68039	\$1.77494	\$1.89190
35	\$1.49986	\$1.55363	\$1.61142	\$1.72645	\$1.82365	\$1.94386
36	\$1.59113	\$1.64819	\$1.70952	\$1.83166	\$1.93477	\$2.06227
37	\$1.68738	\$1.74795	\$1.81304	\$1.94276	\$2.05214	\$2.18738
38	\$1.78888	\$1.85318	\$1.92226	\$2.06001	\$2.17608	\$2.31955
39	\$1.89590	\$1.96416	\$2.03749	\$2.18378	\$2.30696	\$2.45914
40	\$2.00872	\$2.08118	\$2.15902	\$2.31439	\$2.44513	\$2.60658
41	\$2.12764	\$2.20457	\$2.28721	\$2.45221	\$2.59097	\$2.76228
42	\$2.25296	\$2.33465	\$2.42238	\$2.59762	\$2.74492	\$2.92666
43	\$2.38503	\$2.47175	\$2.56492	\$2.75102	\$2.90738	\$3.10022
44	\$2.52416	\$2.61628	\$2.71517	\$2.91281	\$3.07880	\$3.28345
45	\$2.67074	\$2.76855	\$2.87357	\$3.08346	\$3.25969	\$3.47685
46	\$2.85572	\$2.96029	\$3.07261	\$3.29738	\$3.48585	\$3.71806
47	\$3.05278	\$3.16461	\$3.28473	\$3.52545	\$3.72702	\$3.97534
48	\$3.26267	\$3.38228	\$3.51077	\$3.76856	\$3.98416	\$4.24974
49	\$3.48622	\$3.61417	\$3.75161	\$4.02770	\$4.25832	\$4.54237
50	\$3.72429	\$3.86114	\$4.00817	\$4.30386	\$4.55059	\$4.85439
51	\$3.97776	\$4.12416	\$4.28147	\$4.59816	\$4.86213	\$5.18708
52	\$4.24762	\$4.40425	\$4.57256	\$4.91173	\$5.19416	\$5.54177
53	\$4.53489	\$4.70246	\$4.88255	\$5.24581	\$5.54802	\$5.91987
54	\$4.84064	\$5.01994	\$5.21264	\$5.60170	\$5.92509	\$6.32287
55	\$5.16604	\$5.35790	\$5.56412	\$5.98078	\$6.32685	\$6.75241
56	\$5.51841	\$5.72353	\$5.94393	\$6.38967	\$6.75994	\$7.21503
57	\$5.89438	\$6.11366	\$6.34924	\$6.82608	\$7.22223	\$7.70891
58	\$6.29552	\$6.52994	\$6.78175	\$7.29186	\$7.71569	\$8.23615
59	\$6.72349	\$6.97410	\$7.24325	\$7.78894	\$8.24239	\$8.79898
60	\$7.18004	\$7.44796	\$7.73566	\$8.31940	\$8.80454	\$9.39976
61	\$7.66708	\$7.95350	\$8.26103	\$8.88546	\$9.40451	\$10.04104
62	\$8.18661	\$8.49282	\$8.82152	\$9.48949	\$10.04481	\$10.72552
63	\$8.79123	\$9.12035	\$9.47383	\$10.19260	\$10.79014	\$11.52312
64	\$9.43926	\$9.79300	\$10.17310	\$10.94653	\$11.58949	\$12.37875
65	\$10.13374	\$10.51394	\$10.92268	\$11.75490	\$12.44673	\$13.29653
66	\$10.87791	\$11.28657	\$11.72610	\$12.62156	\$13.36596	\$14.28096
67	\$11.67527	\$12.11453	\$12.58716	\$13.55064	\$14.35160	\$15.33675
68	\$12.69661	\$13.17556	\$13.69081	\$14.74202	\$15.61691	\$16.69288
69	\$13.80728	\$14.32954	\$14.89126	\$16.03815	\$16.99375	\$18.16890
70	\$15.01511	\$15.58456	\$16.19695	\$17.44822	\$18.49196	\$19.77542
71	\$16.35142	\$16.97321	\$17.64177	\$19.00882	\$20.15042	\$21.55408
72	\$17.80665	\$18.48559	\$19.21547	\$20.70900	\$21.95759	\$23.49269
73	\$19.80299	\$20.56323	\$21.38057	\$23.05459	\$24.45777	\$26.18372
74	\$22.01726	\$22.86839	\$23.78350	\$25.65947	\$27.23596	\$29.17596
75	\$24.47279	\$25.42550	\$26.44990	\$28.55176	\$30.32253	\$32.50258
76	\$27.19540	\$28.26161	\$29.40814	\$31.76263	\$33.75113	\$36.20031
77	\$30.21359	\$31.40660	\$32.68961	\$35.32657	\$37.55903	\$40.30989
78	\$33.39157	\$34.71727	\$36.14513	\$39.07339	\$41.56777	\$44.64700
79	\$36.89166	\$38.36414	\$39.95249	\$43.20307	\$45.98850	\$49.43320
80	\$40.74566	\$42.38053	\$44.14657	\$47.75377	\$50.86250	\$54.71381
81	\$44.98853	\$46.80294	\$48.76568	\$52.76738	\$56.23511	\$60.53858
82	\$49.65852	\$51.67145	\$53.85189	\$58.28985	\$62.15607	\$66.96229
83	\$55.45087	\$57.71705	\$60.17399	\$65.15455	\$69.54390	\$75.00413
84	\$61.86411	\$64.41195	\$67.17668	\$72.76037	\$77.73488	\$83.92774
85	\$68.96172	\$71.82261	\$74.92974	\$81.18358	\$86.81214	\$93.82514
86	\$76.81347	\$80.02211	\$83.50999	\$90.50798	\$96.86713	\$104.79761
87	\$85.49598	\$89.09074	\$93.00173	\$100.82581	\$108.00045	\$116.95666
88	\$93.19211	\$97.11885	\$101.39478	\$109.90741	\$117.76952	\$127.58873
89	\$101.50349	\$105.78730	\$110.45616	\$119.70835	\$128.31178	\$139.06352
90	\$110.47651	\$115.14418	\$120.23599	\$130.28221	\$139.68472	\$151.44374
91	\$120.16096	\$125.24115	\$130.78801	\$141.68648	\$151.94998	\$164.79663
92	\$130.61025	\$136.13359	\$142.16985	\$153.98274	\$165.17364	\$179.19427
93	\$139.43190	\$145.30519	\$151.73178	\$164.27810	\$176.24121	\$191.25393
94	\$148.77392	\$155.01368	\$161.84974	\$175.16459	\$187.94032	\$204.00047
95	\$158.66522	\$165.28863	\$172.55412	\$186.67407	\$200.30472	\$217.47055
96	\$169.13624	\$176.16112	\$183.87692	\$198.84001	\$213.36992	\$231.70271
97	\$180.21905	\$187.66395	\$195.85178	\$211.69769	\$227.17329	\$246.73748
98	\$189.60177	\$197.39812	\$205.98170	\$222.56690	\$238.83798	\$259.44149
99	\$197.45675	\$205.54448	\$214.45673	\$231.65541	\$248.58894	\$270.06041
100	\$203.97376	\$212.30138	\$221.48457	\$239.18860	\$256.66940	\$278.85957

Plan: **LTC2007-CB-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **No Inflation - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$1.84957	\$2.00707	\$2.05906	\$2.10105	\$2.14499	\$2.18191	\$2.21872
31	\$1.90071	\$2.06261	\$2.11494	\$2.15806	\$2.20318	\$2.24111	\$2.27892
32	\$1.95320	\$2.11962	\$2.17227	\$2.21656	\$2.26289	\$2.30186	\$2.34071
33	\$2.00706	\$2.17813	\$2.23109	\$2.27657	\$2.32416	\$2.36419	\$2.40410
34	\$2.06233	\$2.23819	\$2.29144	\$2.33816	\$2.38704	\$2.42815	\$2.46913
35	\$2.11907	\$2.29983	\$2.35338	\$2.40136	\$2.45154	\$2.49377	\$2.53587
36	\$2.24820	\$2.43999	\$2.49712	\$2.54802	\$2.60124	\$2.64602	\$2.69066
37	\$2.38468	\$2.58819	\$2.64915	\$2.70316	\$2.75958	\$2.80705	\$2.85439
38	\$2.52894	\$2.74490	\$2.80992	\$2.86722	\$2.92703	\$2.97738	\$3.02758
39	\$2.68139	\$2.91058	\$2.97993	\$3.04072	\$3.10414	\$3.15751	\$3.21072
40	\$2.84249	\$3.08572	\$3.15967	\$3.22418	\$3.29138	\$3.34798	\$3.40441
41	\$3.01271	\$3.27083	\$3.34971	\$3.41813	\$3.48936	\$3.54937	\$3.60920
42	\$3.19251	\$3.46649	\$3.55058	\$3.62316	\$3.69867	\$3.76230	\$3.82574
43	\$3.38246	\$3.67326	\$3.76290	\$3.83989	\$3.91992	\$3.98737	\$4.05463
44	\$3.58308	\$3.89176	\$3.98730	\$4.06897	\$4.15378	\$4.22529	\$4.29660
45	\$3.79496	\$4.12263	\$4.22444	\$4.31107	\$4.40094	\$4.47677	\$4.55238
46	\$4.05851	\$4.40937	\$4.52154	\$4.61420	\$4.71032	\$4.79146	\$4.87234
47	\$4.33972	\$4.71541	\$4.83884	\$4.93796	\$5.04076	\$5.12757	\$5.21413
48	\$4.63974	\$5.04207	\$5.17770	\$5.28371	\$5.39366	\$5.48655	\$5.57917
49	\$4.95981	\$5.39066	\$5.53954	\$5.65295	\$5.77052	\$5.86991	\$5.96901
50	\$5.30124	\$5.76265	\$5.92590	\$6.04720	\$6.17292	\$6.27927	\$6.38529
51	\$5.66541	\$6.15956	\$6.33840	\$6.46811	\$6.60256	\$6.71634	\$6.82979
52	\$6.05382	\$6.58303	\$6.77875	\$6.91749	\$7.06125	\$7.18298	\$7.30436
53	\$6.46803	\$7.03481	\$7.24882	\$7.39719	\$7.55091	\$7.68116	\$7.81102
54	\$6.90972	\$7.51674	\$7.75055	\$7.90923	\$8.07358	\$8.21294	\$8.35187
55	\$7.38069	\$8.03081	\$8.28604	\$8.45573	\$8.63145	\$8.78054	\$8.92918
56	\$7.88780	\$8.58435	\$8.86606	\$9.04755	\$9.23558	\$9.39525	\$9.55446
57	\$8.42932	\$9.17562	\$9.48612	\$9.68027	\$9.88144	\$10.05246	\$10.22297
58	\$9.00754	\$9.80715	\$10.14900	\$10.35665	\$10.57189	\$10.75506	\$10.93768
59	\$9.62496	\$10.48164	\$10.85759	\$11.07970	\$11.30998	\$11.50616	\$11.70173
60	\$10.28419	\$11.20200	\$11.61501	\$11.85259	\$12.09898	\$12.30907	\$12.51853
61	\$10.98802	\$11.97132	\$12.42461	\$12.67872	\$12.94233	\$13.16733	\$13.39165
62	\$11.73947	\$12.79290	\$13.28995	\$13.56173	\$13.84376	\$14.08473	\$14.32498
63	\$12.61603	\$13.75288	\$14.30424	\$14.59690	\$14.90115	\$15.16120	\$15.42045
64	\$13.55672	\$14.78353	\$15.39434	\$15.70945	\$16.03767	\$16.31828	\$16.59805
65	\$14.56618	\$15.88999	\$16.56580	\$16.90510	\$17.25912	\$17.56192	\$17.86382
66	\$15.64931	\$17.07773	\$17.82461	\$18.18991	\$18.57178	\$18.89851	\$19.22425
67	\$16.81144	\$18.35266	\$19.17718	\$19.57050	\$19.98235	\$20.33487	\$20.68635
68	\$18.30738	\$19.99712	\$20.92269	\$21.35199	\$21.80235	\$22.18913	\$22.57476
69	\$19.93637	\$21.78886	\$22.82689	\$23.29548	\$23.78797	\$24.21229	\$24.63535
70	\$21.71029	\$23.74107	\$24.90425	\$25.41569	\$25.95423	\$26.41973	\$26.88382
71	\$23.67506	\$25.90428	\$27.20845	\$27.76746	\$28.35715	\$28.86849	\$29.37831
72	\$25.81761	\$28.26452	\$29.72565	\$30.33663	\$30.98231	\$31.54399	\$32.10398
73	\$28.80172	\$31.56460	\$33.24991	\$33.93474	\$34.65938	\$35.29291	\$35.92454
74	\$32.12319	\$35.24170	\$37.18234	\$37.94985	\$38.76294	\$39.47729	\$40.18950
75	\$35.81948	\$39.33824	\$41.56943	\$42.42945	\$43.34162	\$44.14688	\$44.94972
76	\$39.93227	\$43.90126	\$46.46285	\$47.42641	\$48.44956	\$49.35702	\$50.26177
77	\$44.50771	\$48.98309	\$51.92013	\$52.99948	\$54.14690	\$55.16927	\$56.18859
78	\$49.35665	\$54.40247	\$57.72945	\$58.93042	\$60.21823	\$61.37154	\$62.52139
79	\$54.71360	\$60.39782	\$64.16259	\$65.49852	\$66.94317	\$68.24327	\$69.53948
80	\$60.63037	\$67.02875	\$71.28470	\$72.77044	\$74.39025	\$75.85483	\$77.31503
81	\$67.16401	\$74.36088	\$79.16764	\$80.81957	\$82.63498	\$84.28380	\$85.92769
82	\$74.37721	\$82.46649	\$87.89059	\$89.72691	\$91.76063	\$93.61572	\$95.46528
83	\$83.44253	\$92.70068	\$98.81196	\$100.88193	\$103.18661	\$105.30496	\$107.41696
84	\$93.51468	\$104.09035	\$110.97060	\$113.30187	\$115.91110	\$118.32669	\$120.73503
85	\$104.70002	\$116.75948	\$124.49983	\$127.12319	\$130.07456	\$132.82549	\$135.56819
86	\$117.11575	\$130.84491	\$139.54695	\$142.49662	\$145.83214	\$148.96116	\$152.08079
87	\$130.89104	\$146.49774	\$156.27456	\$159.58869	\$163.35529	\$166.91030	\$170.45464
88	\$142.90096	\$160.19587	\$170.68103	\$174.25117	\$178.36721	\$182.29889	\$186.21879
89	\$155.86756	\$175.00199	\$186.24292	\$190.08685	\$194.58198	\$198.92509	\$203.25518
90	\$169.86235	\$191.00014	\$203.04731	\$207.18398	\$212.09025	\$216.88251	\$221.66042
91	\$184.96202	\$208.28057	\$221.18763	\$225.63724	\$230.98929	\$236.27167	\$241.53822
92	\$201.24876	\$226.94007	\$240.76410	\$245.54815	\$251.38343	\$257.20039	\$262.99993
93	\$214.94698	\$242.56566	\$256.69333	\$261.72376	\$267.92581	\$274.16847	\$280.39245
94	\$229.42802	\$259.09224	\$273.51378	\$278.80100	\$285.39056	\$292.08583	\$298.76106
95	\$244.73380	\$276.56848	\$291.27230	\$296.82710	\$303.82600	\$311.00235	\$318.15722
96	\$260.90837	\$295.04559	\$310.01804	\$315.85165	\$323.28289	\$330.97049	\$338.63508
97	\$277.99810	\$314.57753	\$329.80278	\$335.92677	\$343.81461	\$352.04542	\$360.25159
98	\$292.44101	\$331.09232	\$346.50519	\$352.87113	\$361.14471	\$369.83713	\$378.50354
99	\$304.51511	\$344.90383	\$360.45617	\$367.02202	\$375.61799	\$384.69805	\$393.75093
100	\$314.52119	\$356.35332	\$372.00966	\$378.73966	\$387.60274	\$397.00519	\$406.37948

Plan: LTC2007-CIP

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Convertible Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
30 and under	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
31	\$5.23769	\$5.51890	\$5.92804	\$6.32706	\$6.84129	\$7.30698
32	\$5.24679	\$5.52850	\$5.93841	\$6.33817	\$6.85332	\$7.31986
33	\$5.25518	\$5.53739	\$5.94799	\$6.34840	\$6.86442	\$7.33171
34	\$5.26288	\$5.54550	\$5.95673	\$6.35773	\$6.87453	\$7.34250
35	\$5.26985	\$5.55287	\$5.96462	\$6.36616	\$6.88362	\$7.35218
36	\$5.27607	\$5.55940	\$5.97162	\$6.37363	\$6.89167	\$7.36073
37	\$5.16133	\$5.43878	\$5.84283	\$6.23706	\$6.74494	\$7.20495
38	\$5.04908	\$5.32079	\$5.71680	\$6.10343	\$6.60132	\$7.05247
39	\$4.93928	\$5.20535	\$5.59350	\$5.97266	\$6.46077	\$6.90321
40	\$4.83185	\$5.09242	\$5.47286	\$5.84469	\$6.32322	\$6.75710
41	\$4.72677	\$4.98193	\$5.35481	\$5.71947	\$6.18858	\$6.61410
42	\$4.62398	\$4.87385	\$5.23932	\$5.59692	\$6.05681	\$6.47412
43	\$4.52342	\$4.76811	\$5.12631	\$5.47700	\$5.92786	\$6.33710
44	\$4.42504	\$4.66466	\$5.01575	\$5.35965	\$5.80164	\$6.20298
45	\$4.32881	\$4.56346	\$4.90756	\$5.24483	\$5.67812	\$6.07171
46	\$4.23466	\$4.46445	\$4.80172	\$5.13244	\$5.55722	\$5.94320
47	\$3.91629	\$4.12912	\$4.44172	\$4.74804	\$5.14172	\$5.49952
48	\$3.62185	\$3.81897	\$4.10871	\$4.39243	\$4.75728	\$5.08895
49	\$3.34956	\$3.53211	\$3.80066	\$4.06344	\$4.40158	\$4.70904
50	\$3.09773	\$3.26681	\$3.51571	\$3.75910	\$4.07248	\$4.35750
51	\$2.86484	\$3.02143	\$3.25212	\$3.47755	\$3.76798	\$4.03218
52	\$2.64945	\$2.79448	\$3.00830	\$3.21710	\$3.48626	\$3.73117
53	\$2.45026	\$2.58459	\$2.78276	\$2.97616	\$3.22559	\$3.45262
54	\$2.26605	\$2.39045	\$2.57412	\$2.75325	\$2.98443	\$3.19486
55	\$2.09569	\$2.21089	\$2.38114	\$2.54703	\$2.76128	\$2.95635
56	\$1.93812	\$2.04483	\$2.20261	\$2.35627	\$2.55482	\$2.73565
57	\$1.77791	\$1.87355	\$2.01477	\$2.15288	\$2.33061	\$2.49241
58	\$1.63096	\$1.71661	\$1.84296	\$1.96704	\$2.12607	\$2.27081
59	\$1.49614	\$1.57281	\$1.68579	\$1.79724	\$1.93948	\$2.06891
60	\$1.37246	\$1.44107	\$1.54202	\$1.64209	\$1.76927	\$1.88496
61	\$1.25901	\$1.32036	\$1.41052	\$1.50034	\$1.61399	\$1.71736
62	\$1.15494	\$1.20975	\$1.29023	\$1.37083	\$1.47234	\$1.56466
63	\$1.05947	\$1.10842	\$1.18020	\$1.25250	\$1.34313	\$1.42554
64	\$1.12439	\$1.17681	\$1.25368	\$1.33120	\$1.42827	\$1.51654
65	\$1.19326	\$1.24943	\$1.33175	\$1.41486	\$1.51882	\$1.61335
66	\$1.26636	\$1.32653	\$1.41467	\$1.50377	\$1.61509	\$1.71634
67	\$1.34395	\$1.40839	\$1.50276	\$1.59826	\$1.71749	\$1.82590
68	\$1.42628	\$1.49529	\$1.59633	\$1.69870	\$1.82636	\$1.94246
69	\$1.55401	\$1.62890	\$1.73855	\$1.84973	\$1.98832	\$2.11442
70	\$1.69319	\$1.77445	\$1.89344	\$2.01421	\$2.16465	\$2.30162
71	\$1.84483	\$1.93301	\$2.06213	\$2.19331	\$2.35660	\$2.50539
72	\$2.01004	\$2.10573	\$2.24584	\$2.38832	\$2.56559	\$2.72720
73	\$2.19005	\$2.29388	\$2.44593	\$2.60068	\$2.79310	\$2.96864
74	\$2.39579	\$2.51066	\$2.67905	\$2.85046	\$3.06369	\$3.25843
75	\$2.62084	\$2.74793	\$2.93439	\$3.12423	\$3.36049	\$3.57652
76	\$2.86704	\$3.00762	\$3.21406	\$3.42429	\$3.68605	\$3.92564
77	\$3.13638	\$3.29186	\$3.52039	\$3.75317	\$4.04315	\$4.30885
78	\$3.43101	\$3.60295	\$3.85592	\$4.11364	\$4.43484	\$4.72948
79	\$3.73639	\$3.92440	\$4.20063	\$4.48166	\$4.83259	\$5.15483
80	\$4.06895	\$4.27452	\$4.57614	\$4.88259	\$5.26603	\$5.61844
81	\$4.43111	\$4.65589	\$4.98524	\$5.31940	\$5.73834	\$6.12374
82	\$4.82552	\$5.07128	\$5.43089	\$5.79529	\$6.25300	\$6.67449
83	\$5.25501	\$5.52373	\$5.91639	\$6.31375	\$6.81383	\$7.27476
84	\$5.73877	\$6.03307	\$6.46203	\$6.89471	\$7.44124	\$7.94606
85	\$6.26705	\$6.58939	\$7.05798	\$7.52914	\$8.12644	\$8.67929

Plan: **LTC2007-CIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Convertible Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$7.58207	\$7.86516	\$8.16278	\$8.70859	\$9.22303	\$9.81409
31	\$7.59547	\$7.87907	\$8.17725	\$8.72403	\$9.23939	\$9.83150
32	\$7.60780	\$7.89187	\$8.19054	\$8.73820	\$9.25437	\$9.84744
33	\$7.61902	\$7.90351	\$8.20260	\$8.75105	\$9.26797	\$9.86185
34	\$7.62909	\$7.91392	\$8.21340	\$8.76255	\$9.28008	\$9.87471
35	\$7.63796	\$7.92312	\$8.22291	\$8.77263	\$9.29070	\$9.88593
36	\$7.47702	\$7.75673	\$8.05081	\$8.59028	\$9.09855	\$9.68239
37	\$7.31947	\$7.59385	\$7.88232	\$8.41173	\$8.91038	\$9.48303
38	\$7.16523	\$7.43438	\$7.71734	\$8.23689	\$8.72609	\$9.28779
39	\$7.01425	\$7.27826	\$7.55583	\$8.06568	\$8.54561	\$9.09657
40	\$6.86644	\$7.12542	\$7.39769	\$7.89802	\$8.36888	\$8.90928
41	\$6.72176	\$6.97580	\$7.24287	\$7.73386	\$8.19579	\$8.72584
42	\$6.58012	\$6.82931	\$7.09128	\$7.57312	\$8.02629	\$8.54619
43	\$6.44147	\$6.68590	\$6.94287	\$7.41570	\$7.86029	\$8.37022
44	\$6.30575	\$6.54549	\$6.79756	\$7.26156	\$7.69772	\$8.19789
45	\$6.17287	\$6.40804	\$6.65529	\$7.11063	\$7.53852	\$8.02911
46	\$5.71243	\$5.93059	\$6.15992	\$6.58188	\$6.97890	\$7.43385
47	\$5.28633	\$5.48873	\$5.70141	\$6.09247	\$6.46081	\$6.88270
48	\$4.89202	\$5.07978	\$5.27704	\$5.63943	\$5.98120	\$6.37243
49	\$4.52712	\$4.70130	\$4.88426	\$5.22009	\$5.53718	\$5.89999
50	\$4.18943	\$4.35102	\$4.52071	\$4.83194	\$5.12612	\$5.46257
51	\$3.87694	\$4.02684	\$4.18421	\$4.47263	\$4.74558	\$5.05758
52	\$3.58776	\$3.72681	\$3.87277	\$4.14006	\$4.39329	\$4.68263
53	\$3.32013	\$3.44915	\$3.58451	\$3.83220	\$4.06716	\$4.33547
54	\$3.07248	\$3.19215	\$3.31770	\$3.54724	\$3.76523	\$4.01404
55	\$2.84330	\$2.95432	\$3.07076	\$3.28348	\$3.48572	\$3.71644
56	\$2.58911	\$2.68840	\$2.79255	\$2.98341	\$3.16424	\$3.37072
57	\$2.35765	\$2.44641	\$2.53955	\$2.71076	\$2.87241	\$3.05716
58	\$2.14687	\$2.22619	\$2.30946	\$2.46302	\$2.60748	\$2.77276
59	\$1.95494	\$2.02581	\$2.10022	\$2.23794	\$2.36700	\$2.51481
60	\$1.78016	\$1.84346	\$1.90994	\$2.03342	\$2.14869	\$2.28088
61	\$1.62102	\$1.67753	\$1.73690	\$1.84759	\$1.95051	\$2.06869
62	\$1.47610	\$1.52653	\$1.57954	\$1.67874	\$1.77062	\$1.87625
63	\$1.57079	\$1.62480	\$1.68161	\$1.78801	\$1.88652	\$1.99984
64	\$1.67154	\$1.72940	\$1.79027	\$1.90440	\$2.01000	\$2.13157
65	\$1.77875	\$1.84073	\$1.90595	\$2.02836	\$2.14158	\$2.27196
66	\$1.89286	\$1.95924	\$2.02911	\$2.16040	\$2.28176	\$2.42162
67	\$2.01427	\$2.08537	\$2.16023	\$2.30102	\$2.43111	\$2.58113
68	\$2.19252	\$2.26978	\$2.35113	\$2.50433	\$2.64590	\$2.80922
69	\$2.38653	\$2.47049	\$2.55891	\$2.72561	\$2.87965	\$3.05747
70	\$2.59773	\$2.68897	\$2.78506	\$2.96645	\$3.13407	\$3.32765
71	\$2.82761	\$2.92676	\$3.03118	\$3.22855	\$3.41095	\$3.62171
72	\$3.07783	\$3.18557	\$3.29905	\$3.51382	\$3.71230	\$3.94176
73	\$3.37976	\$3.49938	\$3.62543	\$3.86444	\$4.08545	\$4.34123
74	\$3.71128	\$3.84410	\$3.98410	\$4.25005	\$4.49610	\$4.78119
75	\$4.07534	\$4.22278	\$4.37826	\$4.67414	\$4.94803	\$5.26573
76	\$4.47511	\$4.63877	\$4.81140	\$5.14055	\$5.44537	\$5.79937
77	\$4.91409	\$5.09573	\$5.28740	\$5.65349	\$5.99272	\$6.38710
78	\$5.35654	\$5.55540	\$5.76551	\$6.16716	\$6.54008	\$6.97473
79	\$5.83882	\$6.05654	\$6.28686	\$6.72749	\$7.13743	\$7.61642
80	\$6.36452	\$6.60288	\$6.85535	\$7.33874	\$7.78934	\$8.31715
81	\$6.93756	\$7.19850	\$7.47523	\$8.00552	\$8.50079	\$9.08235
82	\$7.56219	\$7.84786	\$8.15118	\$8.73288	\$9.27723	\$9.91795
83	\$8.25971	\$8.57295	\$8.90598	\$9.54474	\$10.14516	\$10.85397
84	\$9.02157	\$9.36503	\$9.73066	\$10.43208	\$11.09428	\$11.87832

Plan: **LTC2007-CIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Convertible Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$10.68503	\$11.57937	\$11.84954	\$12.04498	\$12.25156	\$12.43535	\$12.61861
31	\$10.70399	\$11.59992	\$11.87179	\$12.06763	\$12.27460	\$12.45877	\$12.64237
32	\$10.72132	\$11.61868	\$11.89225	\$12.08845	\$12.29581	\$12.48030	\$12.66422
33	\$10.73697	\$11.63561	\$11.91089	\$12.10742	\$12.31511	\$12.49988	\$12.68409
34	\$10.75089	\$11.65062	\$11.92764	\$12.12444	\$12.33243	\$12.51747	\$12.70194
35	\$10.76301	\$11.66366	\$11.94242	\$12.13946	\$12.34772	\$12.53297	\$12.71768
36	\$10.54281	\$11.42611	\$11.69961	\$11.89252	\$12.09601	\$12.27718	\$12.45782
37	\$10.32711	\$11.19341	\$11.46174	\$11.65059	\$11.84942	\$12.02660	\$12.20328
38	\$10.11583	\$10.96544	\$11.22871	\$11.41358	\$11.60786	\$11.78115	\$11.95392
39	\$9.90887	\$10.74212	\$11.00040	\$11.18141	\$11.37123	\$11.54071	\$11.70967
40	\$9.70614	\$10.52334	\$10.77675	\$10.95394	\$11.13942	\$11.30516	\$11.47041
41	\$9.50756	\$10.30902	\$10.55764	\$10.73110	\$10.91235	\$11.07444	\$11.23603
42	\$9.31304	\$10.09906	\$10.34298	\$10.51280	\$10.68988	\$10.84840	\$11.00645
43	\$9.12251	\$9.89339	\$10.13269	\$10.29895	\$10.47197	\$10.62699	\$10.78155
44	\$8.93588	\$9.69188	\$9.92668	\$10.08944	\$10.25850	\$10.41010	\$10.56126
45	\$8.75305	\$9.49450	\$9.72486	\$9.88419	\$10.04937	\$10.19764	\$10.34546
46	\$8.10534	\$8.79249	\$9.00575	\$9.15291	\$9.30513	\$9.44195	\$9.57835
47	\$7.50557	\$8.14237	\$8.33981	\$8.47572	\$8.61601	\$8.74227	\$8.86814
48	\$6.95018	\$7.54032	\$7.72313	\$7.84864	\$7.97793	\$8.09442	\$8.21058
49	\$6.43588	\$6.98280	\$7.15204	\$7.26795	\$7.38710	\$7.49459	\$7.60178
50	\$5.95964	\$6.46650	\$6.62319	\$6.73023	\$6.84002	\$6.93921	\$7.03811
51	\$5.51864	\$5.98837	\$6.13342	\$6.23229	\$6.33346	\$6.42499	\$6.51625
52	\$5.11027	\$5.54559	\$5.67989	\$5.77119	\$5.86441	\$5.94887	\$6.03307
53	\$4.73212	\$5.13556	\$5.25989	\$5.34421	\$5.43010	\$5.50803	\$5.58573
54	\$4.38196	\$4.75583	\$4.87095	\$4.94881	\$5.02796	\$5.09987	\$5.17156
55	\$4.05771	\$4.40419	\$4.51076	\$4.58267	\$4.65560	\$4.72195	\$4.78809
56	\$3.67647	\$3.98749	\$4.08693	\$4.15145	\$4.21717	\$4.27696	\$4.33657
57	\$3.33107	\$3.61022	\$3.70293	\$3.76080	\$3.82003	\$3.87391	\$3.92763
58	\$3.01809	\$3.26864	\$3.35501	\$3.40691	\$3.46028	\$3.50884	\$3.55725
59	\$2.73454	\$2.95938	\$3.03977	\$3.08632	\$3.13441	\$3.17817	\$3.22181
60	\$2.47763	\$2.67939	\$2.75416	\$2.79590	\$2.83923	\$2.87867	\$2.91798
61	\$2.24485	\$2.42589	\$2.49537	\$2.53282	\$2.57186	\$2.60739	\$2.64282
62	\$2.03394	\$2.19636	\$2.26091	\$2.29448	\$2.32966	\$2.36168	\$2.39360
63	\$2.16913	\$2.34369	\$2.41433	\$2.45037	\$2.48820	\$2.52263	\$2.55697
64	\$2.31333	\$2.50089	\$2.57817	\$2.61686	\$2.65752	\$2.69455	\$2.73147
65	\$2.46711	\$2.66865	\$2.75312	\$2.79466	\$2.83838	\$2.87820	\$2.91790
66	\$2.63110	\$2.84766	\$2.93994	\$2.98454	\$3.03154	\$3.07435	\$3.11704
67	\$2.80600	\$3.03867	\$3.13944	\$3.18731	\$3.23784	\$3.28388	\$3.32978
68	\$3.05443	\$3.30844	\$3.42035	\$3.47248	\$3.52760	\$3.57792	\$3.62809
69	\$3.32485	\$3.60215	\$3.72639	\$3.78316	\$3.84329	\$3.89829	\$3.95313
70	\$3.61922	\$3.92194	\$4.05981	\$4.12164	\$4.18722	\$4.24734	\$4.30729
71	\$3.93965	\$4.27011	\$4.42307	\$4.49041	\$4.56194	\$4.62766	\$4.69317
72	\$4.28844	\$4.64921	\$4.81883	\$4.89217	\$4.97019	\$5.04201	\$5.11362
73	\$4.72822	\$5.13173	\$5.32470	\$5.40638	\$5.49333	\$5.57367	\$5.65378
74	\$5.21310	\$5.66434	\$5.88369	\$5.97461	\$6.07153	\$6.16139	\$6.25099
75	\$5.74771	\$6.25221	\$6.50136	\$6.60259	\$6.71059	\$6.81109	\$6.91128
76	\$6.33714	\$6.90110	\$7.18387	\$7.29657	\$7.41692	\$7.52929	\$7.64132
77	\$6.98701	\$7.61734	\$7.93803	\$8.06350	\$8.19759	\$8.32322	\$8.44847
78	\$7.63721	\$8.33612	\$8.69494	\$8.83331	\$8.98226	\$9.12219	\$9.26171
79	\$8.34793	\$9.12271	\$9.52400	\$9.67661	\$9.84203	\$9.99785	\$10.15321
80	\$9.12478	\$9.98353	\$10.43213	\$10.60043	\$10.78409	\$10.95758	\$11.13055
81	\$9.97392	\$10.92559	\$11.42684	\$11.61243	\$11.81634	\$12.00944	\$12.20195
82	\$10.90209	\$11.95653	\$12.51640	\$12.72105	\$12.94738	\$13.16226	\$13.37648
83	\$11.94476	\$13.11983	\$13.74217	\$13.96895	\$14.22141	\$14.46210	\$14.70207
84	\$13.08716	\$14.39629	\$15.08798	\$15.33926	\$15.62079	\$15.89032	\$16.15904

Plan: LTC2007-5AIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 5% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
30 and under	2.21 yrs	2.49 yrs	2.77 yrs	3.12 yrs	3.46 yrs	3.69 yrs
31	\$22.69014	\$23.94994	\$25.79490	\$27.63342	\$29.96224	\$32.06334
32	\$22.86035	\$24.12971	\$25.98869	\$27.84125	\$30.18775	\$32.30479
33	\$23.03137	\$24.31033	\$26.18336	\$28.05000	\$30.41427	\$32.54731
34	\$23.20318	\$24.49175	\$26.37893	\$28.25969	\$30.64180	\$32.79090
35	\$23.37578	\$24.67403	\$26.57536	\$28.47031	\$30.87030	\$33.03552
36	\$23.54916	\$24.85710	\$26.77266	\$28.68186	\$31.09981	\$33.28119
37	\$23.66200	\$24.97833	\$26.90902	\$28.83563	\$31.27282	\$33.47281
38	\$23.77537	\$25.10015	\$27.04606	\$28.99022	\$31.44678	\$33.66555
39	\$23.88930	\$25.22256	\$27.18381	\$29.14564	\$31.62170	\$33.85939
40	\$24.00376	\$25.34556	\$27.32227	\$29.30190	\$31.79761	\$34.05434
41	\$24.11878	\$25.46917	\$27.46143	\$29.45900	\$31.97449	\$34.25042
42	\$24.23434	\$25.59338	\$27.60129	\$29.61693	\$32.15236	\$34.44762
43	\$24.35046	\$25.71820	\$27.74187	\$29.77572	\$32.33122	\$34.64596
44	\$24.46713	\$25.84362	\$27.88316	\$29.93534	\$32.51107	\$34.84545
45	\$24.58437	\$25.96966	\$28.02518	\$30.09584	\$32.69193	\$35.04608
46	\$24.70216	\$26.09631	\$28.16791	\$30.25718	\$32.87378	\$35.24787
47	\$24.82000	\$26.22359	\$28.31157	\$30.42050	\$33.05768	\$35.45187
48	\$24.93800	\$26.35159	\$28.45711	\$30.58483	\$33.24388	\$35.65807
49	\$25.05625	\$26.48033	\$28.60468	\$30.75000	\$33.43250	\$35.86647
50	\$25.17475	\$26.60971	\$28.75316	\$30.91611	\$33.62250	\$36.07707
51	\$25.29350	\$26.73971	\$28.90268	\$31.08311	\$33.81399	\$36.28989
52	\$25.41250	\$26.87033	\$29.05425	\$31.25111	\$34.00625	\$36.50396
53	\$25.53175	\$27.00159	\$29.20687	\$31.41944	\$34.19944	\$36.71929
54	\$25.65125	\$27.13344	\$29.36056	\$31.58889	\$34.39333	\$36.93588
55	\$25.77100	\$27.26578	\$29.51320	\$31.75944	\$34.58889	\$37.15375
56	\$25.89100	\$27.39878	\$29.66483	\$31.93111	\$34.78500	\$37.37278
57	\$26.01125	\$27.53233	\$29.81744	\$32.10389	\$34.98222	\$37.59288
58	\$26.13175	\$27.66644	\$29.97025	\$32.27778	\$35.18056	\$37.81417
59	\$26.25250	\$27.80111	\$30.12417	\$32.45278	\$35.38000	\$38.03667
60	\$26.37350	\$27.93656	\$30.27917	\$32.62889	\$35.58056	\$38.25933
61	\$26.49475	\$28.07267	\$30.43425	\$32.80500	\$35.78222	\$38.48311
62	\$26.61625	\$28.20933	\$30.59044	\$32.98111	\$35.98444	\$38.70700
63	\$26.73800	\$28.34667	\$30.74778	\$33.15778	\$36.18722	\$38.93189
64	\$26.86000	\$28.48467	\$30.90525	\$33.33500	\$36.39056	\$39.15778
65	\$26.98225	\$28.62333	\$31.06389	\$33.51278	\$36.59444	\$39.38475
66	\$27.10475	\$28.76267	\$31.22378	\$33.69111	\$36.79889	\$39.61278
67	\$27.22750	\$28.90278	\$31.38500	\$33.86889	\$36.99944	\$39.84189
68	\$27.35050	\$29.04356	\$31.54687	\$34.04722	\$37.20111	\$40.07200
69	\$27.47375	\$29.18489	\$31.70833	\$34.22500	\$37.40389	\$40.30311
70	\$27.59725	\$29.32678	\$31.87044	\$34.40000	\$37.60722	\$40.53522
71	\$27.72100	\$29.46925	\$32.03311	\$34.57778	\$37.81111	\$40.76833
72	\$27.84500	\$29.61233	\$32.19625	\$34.75611	\$38.01556	\$40.99944
73	\$27.96925	\$29.75594	\$32.36000	\$34.93500	\$38.22056	\$41.23056
74	\$28.09375	\$29.89994	\$32.52444	\$35.11444	\$38.42611	\$41.46167
75	\$28.21850	\$30.04500	\$32.68944	\$35.29444	\$38.63222	\$41.69278
76	\$28.34350	\$30.19011	\$32.85500	\$35.47500	\$38.83889	\$41.92389
77	\$28.46875	\$30.33625	\$33.02111	\$35.65611	\$39.04500	\$42.15500
78	\$28.59425	\$30.48356	\$33.18778	\$35.83778	\$39.25167	\$42.38611
79	\$28.72000	\$30.63111	\$33.35500	\$36.01944	\$39.45889	\$42.61722
80	\$28.84600	\$30.77917	\$33.52278	\$36.20222	\$39.66667	\$42.84833
81	\$28.97225	\$30.92778	\$33.69111	\$36.38556	\$39.87500	\$43.07944
82	\$29.09875	\$31.07667	\$33.86000	\$36.56889	\$40.08333	\$43.31056
83	\$29.22550	\$31.22611	\$34.03000	\$36.75333	\$40.29222	\$43.54167
84	\$29.35250	\$31.37611	\$34.19944	\$36.93889	\$40.50167	\$43.77278

Plan: **LTC2007-5AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$33.32959	\$34.60671	\$35.94770	\$38.42130	\$40.72793	\$43.37679
31	\$33.58071	\$34.86750	\$36.21868	\$38.71105	\$41.03516	\$43.70406
32	\$33.83294	\$35.12948	\$36.49085	\$39.00207	\$41.34369	\$44.03272
33	\$34.08627	\$35.39257	\$36.76419	\$39.29433	\$41.65355	\$44.36275
34	\$34.34070	\$35.65678	\$37.03867	\$39.58780	\$41.96465	\$44.69412
35	\$34.59618	\$35.92211	\$37.31432	\$39.88248	\$42.27703	\$45.02681
36	\$34.80135	\$36.13949	\$37.54438	\$40.13821	\$42.55547	\$45.33017
37	\$35.00772	\$36.35820	\$37.77587	\$40.39560	\$42.83574	\$45.63558
38	\$35.21533	\$36.57823	\$38.00879	\$40.65463	\$43.11785	\$45.94303
39	\$35.42415	\$36.79959	\$38.24314	\$40.91530	\$43.40183	\$46.25256
40	\$35.63423	\$37.02228	\$38.47894	\$41.17767	\$43.68767	\$46.56418
41	\$35.84554	\$37.24634	\$38.71619	\$41.44171	\$43.97539	\$46.87790
42	\$36.05811	\$37.47174	\$38.95490	\$41.70744	\$44.26501	\$47.19373
43	\$36.27194	\$37.69851	\$39.19509	\$41.97489	\$44.55654	\$47.51168
44	\$36.48704	\$37.92665	\$39.43676	\$42.24404	\$44.84999	\$47.83179
45	\$36.70341	\$38.15616	\$39.67991	\$42.51492	\$45.14537	\$48.15404
46	\$37.05582	\$38.52669	\$40.06930	\$42.94214	\$45.60611	\$48.65294
47	\$37.41161	\$38.90080	\$40.46250	\$43.37366	\$46.07156	\$49.15700
48	\$37.77082	\$39.27854	\$40.85956	\$43.80951	\$46.54176	\$49.66628
49	\$38.13348	\$39.65996	\$41.26053	\$44.24973	\$47.01676	\$50.18084
50	\$38.49962	\$40.04508	\$41.66542	\$44.69439	\$47.49660	\$50.70074
51	\$38.86926	\$40.43393	\$42.07429	\$45.14351	\$47.98135	\$51.22602
52	\$39.24248	\$40.82657	\$42.48717	\$45.59715	\$48.47104	\$51.75674
53	\$39.61926	\$41.22302	\$42.90409	\$46.05534	\$48.96572	\$52.29295
54	\$39.99966	\$41.62332	\$43.32512	\$46.51814	\$49.46545	\$52.83473
55	\$40.38372	\$42.02750	\$43.75027	\$46.98559	\$49.97029	\$53.38212
56	\$40.43985	\$42.08827	\$43.81638	\$47.06654	\$50.06229	\$53.48614
57	\$40.49604	\$42.14913	\$43.88259	\$47.14764	\$50.15447	\$53.59037
58	\$40.55232	\$42.21008	\$43.94890	\$47.22888	\$50.24682	\$53.69480
59	\$40.60869	\$42.27111	\$44.01531	\$47.31026	\$50.33933	\$53.79944
60	\$40.66511	\$42.33223	\$44.08183	\$47.39177	\$50.43201	\$53.90429
61	\$40.72163	\$42.39344	\$44.14844	\$47.47343	\$50.52487	\$54.00933
62	\$40.77822	\$42.45474	\$44.21515	\$47.55523	\$50.61789	\$54.11458
63	\$40.76901	\$42.45022	\$44.21499	\$47.56917	\$50.64023	\$54.14910
64	\$40.75978	\$42.44571	\$44.21483	\$47.58312	\$50.66258	\$54.18364
65	\$40.75056	\$42.44118	\$44.21468	\$47.59708	\$50.68493	\$54.21821
66	\$40.74134	\$42.43667	\$44.21452	\$47.61104	\$50.70731	\$54.25279
67	\$40.73212	\$42.43216	\$44.21437	\$47.62500	\$50.72969	\$54.28741
68	\$40.89077	\$42.60470	\$44.40133	\$47.84628	\$50.98055	\$54.57356
69	\$41.05005	\$42.77793	\$44.58909	\$48.06859	\$51.23264	\$54.86121
70	\$41.20995	\$42.95187	\$44.77765	\$48.29192	\$51.48598	\$55.15039
71	\$41.37046	\$43.12652	\$44.96700	\$48.51630	\$51.74058	\$55.44109
72	\$41.53160	\$43.30189	\$45.15715	\$48.74172	\$51.99643	\$55.73332
73	\$42.22347	\$44.04280	\$45.95058	\$49.64496	\$52.99879	\$56.84817
74	\$42.92686	\$44.79640	\$46.75796	\$50.56493	\$54.02047	\$57.98530
75	\$43.64199	\$45.56288	\$47.57952	\$51.50195	\$55.06184	\$59.14519
76	\$44.36901	\$46.34249	\$48.41552	\$52.45634	\$56.12329	\$60.32827
77	\$45.10815	\$47.13543	\$49.26620	\$53.42840	\$57.20520	\$61.53503
78	\$45.05636	\$47.09872	\$49.24378	\$53.44885	\$57.25961	\$61.63732
79	\$45.00462	\$47.06205	\$49.22137	\$53.46931	\$57.31408	\$61.73978
80	\$44.95293	\$47.02541	\$49.19896	\$53.48978	\$57.36859	\$61.84241
81	\$44.90132	\$46.98880	\$49.17657	\$53.51025	\$57.42317	\$61.94521
82	\$44.84976	\$46.95221	\$49.15418	\$53.53074	\$57.47779	\$62.04818
83	\$45.52740	\$47.65300	\$49.87431	\$54.32885	\$58.33525	\$62.99674
84	\$46.21528	\$48.36426	\$50.60500	\$55.13887	\$59.20549	\$63.95979

Plan: **LTC2007-5AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$47.29177	\$51.30146	\$52.41352	\$53.28797	\$54.20061	\$55.02105	\$55.83902
31	\$47.64869	\$51.68874	\$52.81028	\$53.69138	\$54.61095	\$55.43762	\$56.26182
32	\$48.00711	\$52.07761	\$53.20870	\$54.09649	\$55.02301	\$55.85594	\$56.68637
33	\$48.36700	\$52.46808	\$53.60878	\$54.50330	\$55.43679	\$56.27599	\$57.11268
34	\$48.72833	\$52.86007	\$54.01050	\$54.91172	\$55.85222	\$56.69773	\$57.54070
35	\$49.09107	\$53.25356	\$54.41381	\$55.32177	\$56.26930	\$57.12113	\$57.97040
36	\$49.43323	\$53.63311	\$54.79897	\$55.71470	\$56.66843	\$57.52625	\$58.38151
37	\$49.77778	\$54.01535	\$55.18685	\$56.11042	\$57.07039	\$57.93426	\$58.79553
38	\$50.12473	\$54.40033	\$55.57748	\$56.50894	\$57.47520	\$58.34515	\$59.21249
39	\$50.47410	\$54.78805	\$55.97087	\$56.91029	\$57.88288	\$58.75896	\$59.63241
40	\$50.82590	\$55.17853	\$56.36705	\$57.31450	\$58.29346	\$59.17570	\$60.05531
41	\$51.18017	\$55.57180	\$56.76604	\$57.72157	\$58.70694	\$59.59541	\$60.48120
42	\$51.53689	\$55.96785	\$57.16784	\$58.13154	\$59.12336	\$60.01808	\$60.91012
43	\$51.89611	\$56.36675	\$57.57250	\$58.54442	\$59.54274	\$60.44375	\$61.34207
44	\$52.25782	\$56.76848	\$57.98001	\$58.96023	\$59.96509	\$60.87245	\$61.77710
45	\$52.62205	\$57.17308	\$58.39041	\$59.37900	\$60.39043	\$61.30418	\$62.21520
46	\$53.17962	\$57.78985	\$59.04771	\$60.04912	\$61.07218	\$61.99680	\$62.91865
47	\$53.74311	\$58.41327	\$59.71242	\$60.72681	\$61.76162	\$62.69723	\$63.63005
48	\$54.31256	\$59.04341	\$60.38460	\$61.41215	\$62.45886	\$63.40559	\$64.34949
49	\$54.88804	\$59.68036	\$61.06436	\$62.10522	\$63.16395	\$64.12195	\$65.07707
50	\$55.46963	\$60.32418	\$61.75177	\$62.80611	\$63.87701	\$64.84639	\$65.81287
51	\$56.05737	\$60.97494	\$62.44691	\$63.51491	\$64.59812	\$65.57902	\$66.55699
52	\$56.65134	\$61.63273	\$63.14987	\$64.23171	\$65.32736	\$66.31994	\$67.30953
53	\$57.25160	\$62.29761	\$63.86076	\$64.95660	\$66.06485	\$67.06922	\$68.07058
54	\$57.85823	\$62.96966	\$64.57964	\$65.68967	\$66.81066	\$67.82696	\$68.84023
55	\$58.47128	\$63.64896	\$65.30661	\$66.43101	\$67.56488	\$68.59327	\$69.61858
56	\$58.59995	\$63.80389	\$65.51078	\$66.64161	\$67.78192	\$68.81623	\$69.84744
57	\$58.72889	\$63.95919	\$65.71559	\$66.85288	\$67.99966	\$69.03990	\$70.07704
58	\$58.85811	\$64.11487	\$65.92104	\$67.06481	\$68.21808	\$69.26431	\$70.30740
59	\$58.98762	\$64.27093	\$66.12713	\$67.27742	\$68.43722	\$69.48944	\$70.53851
60	\$59.11741	\$64.42737	\$66.33387	\$67.49070	\$68.65706	\$69.71531	\$70.77038
61	\$59.24750	\$64.58419	\$66.54125	\$67.70466	\$68.87761	\$69.94191	\$71.00302
62	\$59.37786	\$64.74139	\$66.74928	\$67.91930	\$69.09886	\$70.16924	\$71.23643
63	\$59.43529	\$64.82764	\$66.88592	\$68.06307	\$69.24874	\$70.32573	\$71.39949
64	\$59.49277	\$64.91400	\$67.02285	\$68.20713	\$69.39894	\$70.48255	\$71.56292
65	\$59.55031	\$65.00049	\$67.16005	\$68.35151	\$69.54947	\$70.63973	\$71.72673
66	\$59.60791	\$65.08708	\$67.29753	\$68.49619	\$69.70033	\$70.79726	\$71.89091
67	\$59.66555	\$65.17380	\$67.43529	\$68.64117	\$69.85151	\$70.95515	\$72.05547
68	\$60.01315	\$65.58802	\$67.93361	\$69.15566	\$70.38211	\$71.50085	\$72.61626
69	\$60.36275	\$66.00487	\$68.43559	\$69.67400	\$70.91673	\$72.05076	\$73.18141
70	\$60.71441	\$66.42437	\$68.94129	\$70.19623	\$71.45541	\$72.60490	\$73.75096
71	\$61.06811	\$66.84654	\$69.45072	\$70.72236	\$71.99818	\$73.16331	\$74.32494
72	\$61.42387	\$67.27139	\$69.96391	\$71.25245	\$72.54509	\$73.72601	\$74.90339
73	\$62.72422	\$68.76767	\$71.62209	\$72.95484	\$74.28749	\$75.50689	\$76.72265
74	\$64.05209	\$70.29723	\$73.31957	\$74.69791	\$76.07175	\$77.33080	\$78.58608
75	\$65.40808	\$71.86082	\$75.05728	\$76.48263	\$77.89887	\$79.19877	\$80.49477
76	\$66.79277	\$73.45917	\$76.83618	\$78.30998	\$79.76986	\$81.11184	\$82.44982
77	\$68.20678	\$75.09309	\$78.65723	\$80.18100	\$81.68579	\$83.07115	\$84.45236
78	\$68.38744	\$75.36909	\$79.03309	\$80.57816	\$82.10353	\$83.51134	\$84.91493
79	\$68.56856	\$75.64611	\$79.41074	\$80.97728	\$82.52342	\$83.95387	\$85.38004
80	\$68.75017	\$75.92415	\$79.79020	\$81.37838	\$82.94544	\$84.39875	\$85.84770
81	\$68.93226	\$76.20320	\$80.17147	\$81.78146	\$83.36962	\$84.84598	\$86.31792
82	\$69.11483	\$76.48329	\$80.55456	\$82.18655	\$83.79598	\$85.29559	\$86.79071
83	\$70.19969	\$77.75480	\$82.16470	\$83.82439	\$85.49100	\$87.05846	\$88.62122
84	\$71.30158	\$79.04744	\$83.80702	\$85.49487	\$87.22032	\$88.85778	\$90.49034

Plan: LTC2007-3AIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 3% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
30 and under	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
31	\$7.34780	\$7.75244	\$8.34208	\$8.92947	\$9.67129	\$10.34016
32	\$7.41493	\$7.82302	\$8.41770	\$9.01016	\$9.75831	\$10.43287
33	\$7.48238	\$7.89394	\$8.49367	\$9.09120	\$9.84569	\$10.52594
34	\$7.55018	\$7.96519	\$8.56996	\$9.17259	\$9.93342	\$10.61937
35	\$7.61830	\$8.03678	\$8.64661	\$9.25431	\$10.02149	\$10.71312
36	\$7.68674	\$8.10868	\$8.72357	\$9.33636	\$10.10988	\$10.80720
37	\$7.75519	\$8.17962	\$8.79846	\$9.41825	\$10.19727	\$10.89572
38	\$7.82387	\$8.25130	\$8.87214	\$9.50004	\$10.28466	\$10.98316
39	\$7.89278	\$8.32423	\$8.94507	\$9.58183	\$10.37205	\$11.07060
40	\$7.96191	\$8.39636	\$9.01690	\$9.66362	\$10.45944	\$11.15804
41	\$8.03126	\$8.46889	\$9.08879	\$9.74541	\$10.54683	\$11.24548
42	\$8.10083	\$8.54172	\$9.16028	\$9.82720	\$10.63422	\$11.33292
43	\$8.17052	\$8.61485	\$9.23237	\$9.90900	\$10.72161	\$11.42036
44	\$8.24043	\$8.68938	\$9.30366	\$9.99079	\$10.80900	\$11.50780
45	\$8.31056	\$8.76453	\$9.37445	\$10.07258	\$10.89644	\$11.59524
46	\$8.38081	\$8.83978	\$9.44534	\$10.15437	\$10.98388	\$11.68268
47	\$8.45127	\$8.91503	\$9.51623	\$10.23616	\$11.07132	\$11.77012
48	\$8.52184	\$8.98990	\$9.58712	\$10.31795	\$11.15876	\$11.85756
49	\$8.59252	\$9.06507	\$9.65781	\$10.39974	\$11.24620	\$11.94500
50	\$8.66331	\$9.14032	\$9.72850	\$10.48153	\$11.33364	\$12.03244
51	\$8.73421	\$9.21567	\$9.79929	\$10.56332	\$11.42108	\$12.11988
52	\$8.80522	\$9.29124	\$9.87008	\$10.64511	\$11.50852	\$12.20732
53	\$8.87633	\$9.36691	\$9.94097	\$10.72690	\$11.59596	\$12.29476
54	\$8.94754	\$9.44260	\$10.01186	\$10.80869	\$11.68340	\$12.38220
55	\$9.01885	\$9.51839	\$10.08275	\$10.89048	\$11.77084	\$12.46964
56	\$9.09026	\$9.59418	\$10.15364	\$10.97227	\$11.85828	\$12.55708
57	\$9.16177	\$9.67007	\$10.22453	\$11.05406	\$11.94572	\$12.64452
58	\$9.23338	\$9.74606	\$10.29542	\$11.13585	\$12.03316	\$12.73196
59	\$9.30509	\$9.82215	\$10.36631	\$11.21764	\$12.12060	\$12.81940
60	\$9.37680	\$9.89834	\$10.43720	\$11.29943	\$12.20804	\$12.90684
61	\$9.44851	\$9.97453	\$10.50809	\$11.38122	\$12.29548	\$12.99428
62	\$9.52032	\$10.05072	\$10.57898	\$11.46301	\$12.38292	\$13.08172
63	\$9.59213	\$10.12691	\$10.64987	\$11.54480	\$12.47036	\$13.16916
64	\$9.66394	\$10.20310	\$10.72076	\$11.62659	\$12.55780	\$13.25660
65	\$9.73575	\$10.27929	\$10.79165	\$11.70838	\$12.64524	\$13.34404
66	\$9.80756	\$10.35548	\$10.86254	\$11.78977	\$12.73268	\$13.43148
67	\$9.87937	\$10.43167	\$10.93343	\$11.87116	\$12.82012	\$13.51892
68	\$9.95118	\$10.50786	\$11.00432	\$11.95255	\$12.90756	\$13.60636
69	\$10.02299	\$10.58405	\$11.07521	\$12.03394	\$12.99500	\$13.69380
70	\$10.09480	\$10.66024	\$11.14610	\$12.11533	\$13.08244	\$13.78124
71	\$10.16661	\$10.73643	\$11.21699	\$12.19672	\$13.16988	\$13.86868
72	\$10.23842	\$10.81262	\$11.28788	\$12.27811	\$13.25732	\$13.95612
73	\$10.31023	\$10.88881	\$11.35877	\$12.35950	\$13.34476	\$14.04356
74	\$10.38204	\$10.96500	\$11.42966	\$12.44089	\$13.43220	\$14.13100
75	\$10.45385	\$11.04119	\$11.50055	\$12.52228	\$13.51964	\$14.21844
76	\$10.52566	\$11.11738	\$11.57144	\$12.60367	\$13.60708	\$14.30588
77	\$10.59747	\$11.19357	\$11.64233	\$12.68506	\$13.69452	\$14.39332
78	\$10.66928	\$11.26976	\$11.71322	\$12.76645	\$13.78196	\$14.48076
79	\$10.74109	\$11.34595	\$11.78411	\$12.84784	\$13.86940	\$14.56820
80	\$10.81290	\$11.42214	\$11.85500	\$12.92923	\$13.95684	\$14.65564
81	\$10.88471	\$11.49833	\$11.92589	\$13.01062	\$14.04428	\$14.74308
82	\$10.95652	\$11.57452	\$11.99678	\$13.09201	\$14.13172	\$14.83052
83	\$11.02833	\$11.65071	\$12.06767	\$13.17340	\$14.21916	\$14.91796
84	\$11.10014	\$11.72690	\$12.13856	\$13.25479	\$14.30660	\$15.00540

Plan: **LTC2007-3AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **3% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$10.74325	\$11.14916	\$11.57542	\$12.36371	\$13.09736	\$13.93945
31	\$10.83945	\$11.24881	\$11.67870	\$12.47370	\$13.21356	\$14.06275
32	\$10.93601	\$11.34883	\$11.78233	\$12.58406	\$13.33010	\$14.18642
33	\$11.03293	\$11.44921	\$11.88633	\$12.69477	\$13.44703	\$14.31045
34	\$11.13019	\$11.54992	\$11.99064	\$12.80583	\$13.56428	\$14.43481
35	\$11.22776	\$11.65095	\$12.09530	\$12.91719	\$13.68183	\$14.55946
36	\$11.45929	\$11.89247	\$12.34749	\$13.19000	\$13.97325	\$14.87192
37	\$11.69558	\$12.13900	\$12.60492	\$13.46855	\$14.27088	\$15.19108
38	\$11.93674	\$12.39064	\$12.86773	\$13.75300	\$14.57484	\$15.51710
39	\$12.18289	\$12.64750	\$13.13603	\$14.04346	\$14.88528	\$15.85010
40	\$12.43410	\$12.90967	\$13.40991	\$14.34004	\$15.20233	\$16.19026
41	\$12.69050	\$13.17729	\$13.68950	\$14.64288	\$15.52614	\$16.53773
42	\$12.95218	\$13.45045	\$13.97492	\$14.95213	\$15.85684	\$16.89264
43	\$13.21925	\$13.72927	\$14.26629	\$15.26792	\$16.19460	\$17.25516
44	\$13.49185	\$14.01388	\$14.56375	\$15.59036	\$16.53953	\$17.62548
45	\$13.77005	\$14.30439	\$14.86739	\$15.91961	\$16.89182	\$18.00373
46	\$14.09646	\$14.64501	\$15.22267	\$16.30355	\$17.30169	\$18.44297
47	\$14.43061	\$14.99376	\$15.58644	\$16.69675	\$17.72152	\$18.89294
48	\$14.77268	\$15.35080	\$15.95890	\$17.09944	\$18.15153	\$19.35388
49	\$15.12285	\$15.71634	\$16.34026	\$17.51183	\$18.59198	\$19.82606
50	\$15.48133	\$16.09060	\$16.73074	\$17.93418	\$19.04311	\$20.30977
51	\$15.84831	\$16.47376	\$17.13054	\$18.36670	\$19.50519	\$20.80528
52	\$16.22398	\$16.86605	\$17.53990	\$18.80966	\$19.97848	\$21.31287
53	\$16.60855	\$17.26767	\$17.95905	\$19.26331	\$20.46325	\$21.83285
54	\$17.00225	\$17.67886	\$18.38821	\$19.72788	\$20.95979	\$22.36552
55	\$17.40528	\$18.09984	\$18.82762	\$20.20367	\$21.46837	\$22.91118
56	\$17.66513	\$18.37102	\$19.11077	\$20.51092	\$21.79609	\$23.26287
57	\$17.92887	\$18.64626	\$19.39818	\$20.82284	\$22.12882	\$23.61995
58	\$18.19654	\$18.92562	\$19.68992	\$21.13950	\$22.46663	\$23.98253
59	\$18.46821	\$19.20917	\$19.98603	\$21.46098	\$22.80959	\$24.35066
60	\$18.74394	\$19.49698	\$20.28661	\$21.78735	\$23.15779	\$24.72445
61	\$19.02378	\$19.78908	\$20.59171	\$22.11869	\$23.51131	\$25.10398
62	\$19.30781	\$20.08557	\$20.90139	\$22.45505	\$23.87022	\$25.48933
63	\$19.55619	\$20.34604	\$21.17451	\$22.75500	\$24.19277	\$25.83815
64	\$19.80777	\$20.60988	\$21.45119	\$23.05895	\$24.51969	\$26.19173
65	\$20.06258	\$20.87716	\$21.73149	\$23.36695	\$24.85101	\$26.55015
66	\$20.32069	\$21.14789	\$22.01544	\$23.67907	\$25.18683	\$26.91349
67	\$20.58209	\$21.42213	\$22.30312	\$23.99536	\$25.52717	\$27.28178
68	\$20.93800	\$21.79646	\$22.69657	\$24.43053	\$25.99902	\$27.79539
69	\$21.30007	\$22.17733	\$23.09696	\$24.87358	\$26.47960	\$28.31868
70	\$21.66839	\$22.56485	\$23.50440	\$25.32467	\$26.96906	\$28.85181
71	\$22.04307	\$22.95915	\$23.91904	\$25.78394	\$27.46758	\$29.39498
72	\$22.42425	\$23.36033	\$24.34099	\$26.25154	\$27.97530	\$29.94838
73	\$23.12327	\$24.09899	\$25.12222	\$27.11888	\$28.91694	\$30.97984
74	\$23.84409	\$24.86100	\$25.92853	\$28.01486	\$29.89026	\$32.04682
75	\$24.58738	\$25.64710	\$26.76070	\$28.94044	\$30.89637	\$33.15055
76	\$25.35383	\$26.45807	\$27.61960	\$29.89661	\$31.93633	\$34.29230
77	\$26.14418	\$27.29468	\$28.50605	\$30.88437	\$33.01129	\$35.47336
78	\$26.56282	\$27.74114	\$28.98076	\$31.41971	\$33.60787	\$36.13371
79	\$26.98816	\$28.19489	\$29.46339	\$31.96432	\$34.21523	\$36.80636
80	\$27.42032	\$28.65607	\$29.95405	\$32.51837	\$34.83358	\$37.49153
81	\$27.85939	\$29.12479	\$30.45288	\$33.08204	\$35.46310	\$38.18946
82	\$28.30550	\$29.60118	\$30.96001	\$33.65546	\$36.10398	\$38.90037
83	\$28.85402	\$30.18309	\$31.57045	\$34.34187	\$36.85664	\$39.73182
84	\$29.41317	\$30.77644	\$32.19294	\$35.04230	\$37.62499	\$40.58106

Plan: **LTC2007-3AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **3% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$15.18787	\$16.46975	\$16.84615	\$17.12660	\$17.42137	\$17.68474	\$17.94733
31	\$15.32177	\$16.61453	\$16.99534	\$17.27821	\$17.57549	\$17.84114	\$18.10600
32	\$15.45602	\$16.75965	\$17.14493	\$17.43023	\$17.73007	\$17.99797	\$18.26508
33	\$15.59063	\$16.90512	\$17.29493	\$17.58264	\$17.88503	\$18.15520	\$18.42456
34	\$15.72556	\$17.05091	\$17.44530	\$17.73543	\$18.04036	\$18.31279	\$18.58441
35	\$15.86076	\$17.19696	\$17.59599	\$17.88855	\$18.19602	\$18.47071	\$18.74460
36	\$16.20494	\$17.57316	\$17.98259	\$18.28184	\$18.59583	\$18.87647	\$19.15625
37	\$16.55661	\$17.95758	\$18.37768	\$18.68378	\$19.00444	\$19.29113	\$19.57696
38	\$16.91589	\$18.35041	\$18.78145	\$19.09455	\$19.42201	\$19.71489	\$20.00690
39	\$17.28297	\$18.75183	\$19.19409	\$19.51435	\$19.84877	\$20.14798	\$20.44628
40	\$17.65802	\$19.16204	\$19.61579	\$19.94339	\$20.28490	\$20.59057	\$20.89532
41	\$18.04122	\$19.58121	\$20.04675	\$20.38185	\$20.73062	\$21.04289	\$21.35422
42	\$18.43271	\$20.00956	\$20.48720	\$20.82995	\$21.18613	\$21.50514	\$21.82320
43	\$18.83272	\$20.44728	\$20.93732	\$21.28792	\$21.65164	\$21.97754	\$22.30247
44	\$19.24140	\$20.89456	\$21.39732	\$21.75594	\$22.12739	\$22.46032	\$22.79227
45	\$19.65895	\$21.35164	\$21.86743	\$22.23425	\$22.61359	\$22.95371	\$23.29282
46	\$20.14324	\$21.88127	\$22.42093	\$22.79770	\$23.18675	\$23.53571	\$23.88364
47	\$20.63945	\$22.42403	\$22.98845	\$23.37543	\$23.77444	\$24.13246	\$24.48943
48	\$21.14789	\$22.98027	\$23.57033	\$23.96779	\$24.37702	\$24.74435	\$25.11059
49	\$21.66887	\$23.55029	\$24.16693	\$24.57516	\$24.99488	\$25.37176	\$25.74751
50	\$22.20266	\$24.13446	\$24.77864	\$25.19794	\$25.62839	\$26.01506	\$26.40058
51	\$22.74961	\$24.73311	\$25.40583	\$25.83647	\$26.27797	\$26.67468	\$27.07022
52	\$23.31005	\$25.34662	\$26.04889	\$26.49121	\$26.94399	\$27.35103	\$27.75685
53	\$23.88427	\$25.97534	\$26.70824	\$27.16253	\$27.62691	\$28.04453	\$28.46089
54	\$24.47265	\$26.61966	\$27.38427	\$27.85087	\$28.32714	\$28.75561	\$29.18279
55	\$25.07552	\$27.27996	\$28.07742	\$28.55664	\$29.04511	\$29.48471	\$29.92300
56	\$25.46459	\$27.70922	\$28.53930	\$29.02765	\$29.52543	\$29.97352	\$30.42027
57	\$25.85970	\$28.14523	\$29.00877	\$29.50642	\$30.01368	\$30.47042	\$30.92578
58	\$26.26094	\$28.58809	\$29.48596	\$29.99309	\$30.51001	\$30.97556	\$31.43972
59	\$26.66841	\$29.03794	\$29.97100	\$30.48779	\$31.01454	\$31.48908	\$31.96219
60	\$27.08218	\$29.49485	\$30.46402	\$30.99065	\$31.52742	\$32.01110	\$32.49334
61	\$27.50239	\$29.95896	\$30.96516	\$31.50179	\$32.04879	\$32.54179	\$33.03331
62	\$27.92912	\$30.43037	\$31.47453	\$32.02138	\$32.57877	\$33.08127	\$33.58226
63	\$28.32344	\$30.87262	\$31.96159	\$32.51934	\$33.08775	\$33.59993	\$34.11059
64	\$28.72333	\$31.32129	\$32.45619	\$33.02504	\$33.60466	\$34.12672	\$34.64722
65	\$29.12886	\$31.77649	\$32.95844	\$33.53860	\$34.12967	\$34.66178	\$35.19230
66	\$29.54011	\$32.23830	\$33.46846	\$34.06015	\$34.66287	\$35.20522	\$35.74596
67	\$29.95718	\$32.70682	\$33.98637	\$34.58981	\$35.20440	\$35.75719	\$36.30832
68	\$30.53591	\$33.35573	\$34.69838	\$35.31784	\$35.94864	\$36.51636	\$37.08240
69	\$31.12584	\$34.01750	\$35.42530	\$36.06120	\$36.70861	\$37.29165	\$37.87297
70	\$31.72715	\$34.69240	\$36.16746	\$36.82019	\$37.48463	\$38.08341	\$38.68039
71	\$32.34008	\$35.38070	\$36.92517	\$37.59517	\$38.27708	\$38.89198	\$39.50504
72	\$32.96485	\$36.08265	\$37.69875	\$38.38645	\$39.08627	\$39.71771	\$40.34726
73	\$34.13933	\$37.40269	\$39.15237	\$39.87349	\$40.60571	\$41.26776	\$41.92781
74	\$35.35566	\$38.77102	\$40.66204	\$41.41813	\$42.18423	\$42.87829	\$43.57029
75	\$36.61533	\$40.18941	\$42.22990	\$43.02262	\$43.82409	\$44.55169	\$45.27711
76	\$37.91987	\$41.65969	\$43.85824	\$44.68925	\$45.52772	\$46.29040	\$47.05079
77	\$39.27089	\$43.18376	\$45.54935	\$46.42045	\$47.29756	\$48.09695	\$48.89395
78	\$40.04435	\$44.08632	\$46.58023	\$47.48025	\$48.38953	\$49.21784	\$50.04365
79	\$40.83304	\$45.00773	\$47.63443	\$48.56423	\$49.50671	\$50.36484	\$51.22041
80	\$41.63728	\$45.94840	\$48.71250	\$49.67297	\$50.64968	\$51.53857	\$52.42481
81	\$42.45735	\$46.90874	\$49.81495	\$50.80701	\$51.81904	\$52.73968	\$53.65756
82	\$43.29357	\$47.88914	\$50.94237	\$51.96694	\$53.01539	\$53.96876	\$54.91928
83	\$44.25653	\$48.98711	\$52.19496	\$53.24968	\$54.32372	\$55.32441	\$56.32212
84	\$45.24093	\$50.11025	\$53.47837	\$54.56408	\$55.66432	\$56.71412	\$57.76078

Plan: LTC2007-5SIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 5% Automatic Simple Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$5.23328	\$5.51696	\$5.93005	\$6.33597	\$6.85434	\$7.32325
31	\$5.27620	\$5.56231	\$5.97901	\$6.38846	\$6.91136	\$7.38440
32	\$5.31916	\$5.60773	\$6.02802	\$6.44102	\$6.96843	\$7.44561
33	\$5.36219	\$5.65319	\$6.07708	\$6.49360	\$7.02555	\$7.50686
34	\$5.40526	\$5.69871	\$6.12618	\$6.54624	\$7.08270	\$7.56812
35	\$5.44839	\$5.74425	\$6.17530	\$6.59889	\$7.13985	\$7.62940
36	\$5.65036	\$5.95760	\$6.40575	\$6.84663	\$7.40916	\$7.91846
37	\$5.85983	\$6.17889	\$6.64480	\$7.10367	\$7.68862	\$8.21848
38	\$6.07706	\$6.40840	\$6.89276	\$7.37036	\$7.97863	\$8.52987
39	\$6.30235	\$6.64641	\$7.14998	\$7.64706	\$8.27957	\$8.85305
40	\$6.53598	\$6.89329	\$7.41680	\$7.93413	\$8.59186	\$9.18847
41	\$6.77828	\$7.14932	\$7.69358	\$8.23200	\$8.91594	\$9.53662
42	\$7.02956	\$7.41487	\$7.98068	\$8.54104	\$9.25224	\$9.89795
43	\$7.29016	\$7.69027	\$8.27849	\$8.86170	\$9.60122	\$10.27296
44	\$7.56041	\$7.97591	\$8.58743	\$9.19438	\$9.96337	\$10.66219
45	\$7.84069	\$8.27216	\$8.90789	\$9.53955	\$10.33917	\$11.06616
46	\$8.15091	\$8.60005	\$9.26252	\$9.92176	\$10.75511	\$11.51307
47	\$8.47340	\$8.94093	\$9.63127	\$10.31929	\$11.18777	\$11.97801
48	\$8.80864	\$9.29532	\$10.01470	\$10.73274	\$11.63784	\$12.46174
49	\$9.15716	\$9.66377	\$10.41339	\$11.16275	\$12.10601	\$12.96499
50	\$9.51945	\$10.04682	\$10.82796	\$11.61000	\$12.59302	\$13.48858
51	\$9.89609	\$10.44504	\$11.25902	\$12.07517	\$13.09962	\$14.03330
52	\$10.28762	\$10.85906	\$11.70725	\$12.55898	\$13.62660	\$14.60003
53	\$10.69465	\$11.28949	\$12.17333	\$13.06216	\$14.17478	\$15.18964
54	\$11.11777	\$11.73698	\$12.65796	\$13.58550	\$14.74501	\$15.80308
55	\$11.55765	\$12.20220	\$13.16189	\$14.12982	\$15.33818	\$16.44127
56	\$11.90635	\$12.57102	\$13.56132	\$14.56206	\$15.80915	\$16.94810
57	\$12.26557	\$12.95099	\$13.97288	\$15.00751	\$16.29456	\$17.47055
58	\$12.63562	\$13.34245	\$14.39692	\$15.46660	\$16.79490	\$18.00911
59	\$13.01684	\$13.74574	\$14.83383	\$15.93972	\$17.31059	\$18.56426
60	\$13.40956	\$14.16121	\$15.28401	\$16.42732	\$17.84211	\$19.13654
61	\$13.81413	\$14.58923	\$15.74785	\$16.92984	\$18.38996	\$19.72646
62	\$14.23091	\$15.03021	\$16.22576	\$17.44773	\$18.95463	\$20.33455
63	\$14.61663	\$15.43904	\$16.67045	\$17.93123	\$19.48339	\$20.90588
64	\$15.01279	\$15.85900	\$17.12732	\$18.42813	\$20.02691	\$21.49325
65	\$15.41970	\$16.29038	\$17.59672	\$18.93879	\$20.58558	\$22.09713
66	\$15.83764	\$16.73349	\$18.07898	\$19.46361	\$21.15983	\$22.71798
67	\$16.26690	\$17.18866	\$18.57445	\$20.00297	\$21.75011	\$23.35627
68	\$16.75723	\$17.70949	\$19.14389	\$20.62588	\$22.43456	\$24.09909
69	\$17.26235	\$18.24609	\$19.73079	\$21.26817	\$23.14055	\$24.86551
70	\$17.78271	\$18.79896	\$20.33569	\$21.93047	\$23.86876	\$25.65632
71	\$18.31874	\$19.36858	\$20.95912	\$22.61338	\$24.61988	\$26.47228
72	\$18.87092	\$19.95546	\$21.60167	\$23.31758	\$25.39464	\$27.31419
73	\$19.65661	\$20.79171	\$22.52101	\$24.33214	\$26.51571	\$28.53786
74	\$20.47499	\$21.66301	\$23.47949	\$25.39085	\$27.68627	\$29.81635
75	\$21.32746	\$22.57081	\$24.47874	\$26.49564	\$28.90851	\$31.15211
76	\$22.21542	\$23.51667	\$25.52053	\$27.64848	\$30.18470	\$32.54773
77	\$23.14034	\$24.50216	\$26.60666	\$28.85149	\$31.51724	\$34.00586
78	\$23.74895	\$25.15213	\$27.32834	\$29.65104	\$32.40569	\$34.98830
79	\$24.37357	\$25.81935	\$28.06959	\$30.47275	\$33.31919	\$35.99913
80	\$25.01462	\$26.50426	\$28.83095	\$31.31723	\$34.25845	\$37.03918
81	\$25.67252	\$27.20735	\$29.61296	\$32.18512	\$35.22417	\$38.10926
82	\$26.34773	\$27.92908	\$30.41618	\$33.07706	\$36.21713	\$39.21025
83	\$27.14337	\$28.78191	\$31.36355	\$34.11259	\$37.36874	\$40.47998
84	\$27.96305	\$29.66077	\$32.34043	\$35.18052	\$38.55696	\$41.79082

Plan: **LTC2007-5SIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Simple Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$7.60226	\$7.88618	\$8.18472	\$8.73537	\$9.24995	\$9.84165
31	\$7.66583	\$7.95229	\$8.25347	\$8.80888	\$9.32802	\$9.92502
32	\$7.72945	\$8.01845	\$8.32226	\$8.88242	\$9.40610	\$10.00839
33	\$7.79310	\$8.08464	\$8.39108	\$8.95599	\$9.48422	\$10.09177
34	\$7.85679	\$8.15084	\$8.45991	\$9.02955	\$9.56230	\$10.17513
35	\$7.92045	\$8.21704	\$8.52872	\$9.10308	\$9.64036	\$10.25844
36	\$8.22166	\$8.53033	\$8.85468	\$9.45290	\$10.01239	\$10.65586
37	\$8.53434	\$8.85557	\$9.19310	\$9.81617	\$10.39877	\$11.06868
38	\$8.85891	\$9.19319	\$9.54445	\$10.19340	\$10.80007	\$11.49749
39	\$9.19581	\$9.54371	\$9.90922	\$10.58513	\$11.21685	\$11.94291
40	\$9.54554	\$9.90757	\$10.28793	\$10.99190	\$11.64971	\$12.40559
41	\$9.90855	\$10.28531	\$10.68113	\$11.41431	\$12.09929	\$12.88619
42	\$10.28538	\$10.67746	\$11.08935	\$11.85295	\$12.56621	\$13.38543
43	\$10.67655	\$11.08455	\$11.51317	\$12.30845	\$13.05114	\$13.90398
44	\$11.08258	\$11.50718	\$11.95319	\$12.78146	\$13.55479	\$14.44264
45	\$11.50405	\$11.94590	\$12.41003	\$13.27264	\$14.07789	\$15.00216
46	\$11.97061	\$12.43156	\$12.91567	\$13.81657	\$14.65663	\$15.62077
47	\$12.45610	\$12.93697	\$13.44192	\$14.38280	\$15.25915	\$16.26487
48	\$12.96127	\$13.46292	\$13.98961	\$14.97223	\$15.88645	\$16.93553
49	\$13.48694	\$14.01024	\$14.55960	\$15.58582	\$16.53953	\$17.63386
50	\$14.03391	\$14.57984	\$15.15283	\$16.22455	\$17.21946	\$18.36097
51	\$14.60307	\$15.17258	\$15.77022	\$16.88946	\$17.92735	\$19.11806
52	\$15.19532	\$15.78942	\$16.41277	\$17.58162	\$18.66434	\$19.90638
53	\$15.81159	\$16.43133	\$17.08151	\$18.30215	\$19.43161	\$20.72721
54	\$16.45284	\$17.09936	\$17.77749	\$19.05220	\$20.23044	\$21.58188
55	\$17.12012	\$17.79452	\$18.50183	\$19.83299	\$21.06210	\$22.47178
56	\$17.65075	\$18.34696	\$19.07723	\$20.45349	\$21.72219	\$23.17816
57	\$18.19785	\$18.91655	\$19.67052	\$21.09341	\$22.40298	\$23.90674
58	\$18.76188	\$19.50382	\$20.28227	\$21.75334	\$23.10510	\$24.65823
59	\$19.34341	\$20.10932	\$20.91305	\$22.43392	\$23.82921	\$25.43333
60	\$19.94296	\$20.73362	\$21.56343	\$23.13579	\$24.57603	\$26.23281
61	\$20.56110	\$21.37731	\$22.23405	\$23.85962	\$25.34626	\$27.05740
62	\$21.19839	\$22.04098	\$22.92552	\$24.60610	\$26.14061	\$27.90793
63	\$21.79779	\$22.66636	\$23.57815	\$25.31412	\$26.89670	\$28.72143
64	\$22.41413	\$23.30948	\$24.24936	\$26.04252	\$27.67467	\$29.55863
65	\$23.04791	\$23.97085	\$24.93968	\$26.79189	\$28.47513	\$30.42024
66	\$23.69960	\$24.65099	\$25.64964	\$27.56280	\$29.29874	\$31.30697
67	\$24.36972	\$25.35042	\$26.37982	\$28.35591	\$30.14618	\$32.21955
68	\$25.15248	\$26.16909	\$27.23606	\$29.29098	\$31.15028	\$33.30360
69	\$25.96036	\$27.01421	\$28.12010	\$30.25690	\$32.18784	\$34.42413
70	\$26.79421	\$27.88661	\$29.03282	\$31.25465	\$33.25995	\$35.58236
71	\$27.65483	\$28.78718	\$29.97517	\$32.28532	\$34.36777	\$36.77956
72	\$28.54309	\$29.71684	\$30.94811	\$33.34997	\$35.51248	\$38.01704
73	\$29.83973	\$31.07917	\$32.38046	\$34.92588	\$37.21208	\$39.86705
74	\$31.19528	\$32.50396	\$33.87911	\$36.57627	\$38.99301	\$41.80707
75	\$32.61241	\$33.99406	\$35.44710	\$38.30464	\$40.85918	\$43.84151
76	\$34.09391	\$35.55248	\$37.08769	\$40.11468	\$42.81465	\$45.97495
77	\$35.64272	\$37.18234	\$38.80419	\$42.01025	\$44.86372	\$48.21220
78	\$36.68627	\$38.28236	\$39.96298	\$43.29667	\$46.26782	\$49.75214
79	\$37.76038	\$39.41492	\$41.15638	\$44.62248	\$47.71587	\$51.34126
80	\$38.86594	\$40.58100	\$42.38543	\$45.98888	\$49.20923	\$52.98115
81	\$40.00386	\$41.78157	\$43.65117	\$47.39714	\$50.74933	\$54.67341
82	\$41.17511	\$43.01766	\$44.95472	\$48.84850	\$52.33763	\$56.41973
83	\$42.51797	\$44.43068	\$46.43535	\$50.49274	\$54.12305	\$58.38208
84	\$43.90464	\$45.89010	\$47.96475	\$52.19232	\$55.96936	\$60.41269

Plan: **LTC2007-5SIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Simple Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$10.71494	\$11.61291	\$11.90023	\$12.09549	\$12.30269	\$12.48716	\$12.67106
31	\$10.80595	\$11.71175	\$11.99724	\$12.19414	\$12.40302	\$12.58900	\$12.77442
32	\$10.89699	\$11.81059	\$12.09415	\$12.29268	\$12.50326	\$12.69074	\$12.87767
33	\$10.98800	\$11.90941	\$12.19093	\$12.39109	\$12.60334	\$12.79233	\$12.98075
34	\$11.07896	\$12.00816	\$12.28755	\$12.48933	\$12.70325	\$12.89374	\$13.08366
35	\$11.16985	\$12.10680	\$12.38397	\$12.58736	\$12.80294	\$12.99492	\$13.18633
36	\$11.60500	\$12.58045	\$12.86994	\$13.08140	\$13.30517	\$13.50455	\$13.70333
37	\$12.05710	\$13.07263	\$13.37496	\$13.59482	\$13.82709	\$14.03415	\$14.24060
38	\$12.52682	\$13.58407	\$13.89982	\$14.12840	\$14.36948	\$14.58452	\$14.79892
39	\$13.01482	\$14.11551	\$14.44526	\$14.68290	\$14.93315	\$15.15648	\$15.37914
40	\$13.52185	\$14.66775	\$15.01210	\$15.25919	\$15.51893	\$15.75087	\$15.98211
41	\$14.04863	\$15.24159	\$15.60119	\$15.85809	\$16.12770	\$16.36857	\$16.60872
42	\$14.59593	\$15.83788	\$16.21340	\$16.48049	\$16.76035	\$17.01049	\$17.25989
43	\$15.16455	\$16.45749	\$16.84963	\$17.12732	\$17.41780	\$17.67759	\$17.93661
44	\$15.75532	\$17.10136	\$17.51083	\$17.79954	\$18.10105	\$18.37084	\$18.63984
45	\$16.36910	\$17.77040	\$18.19798	\$18.49814	\$18.81110	\$19.09129	\$19.37065
46	\$17.04753	\$18.50980	\$18.96297	\$19.27603	\$19.60216	\$19.89424	\$20.18544
47	\$17.75407	\$19.27996	\$19.76010	\$20.08665	\$20.42651	\$20.73095	\$21.03450
48	\$18.48990	\$20.08217	\$20.59075	\$20.93133	\$21.28550	\$21.60286	\$21.91928
49	\$19.25623	\$20.91775	\$21.45631	\$21.81155	\$22.18062	\$22.51144	\$22.84127
50	\$20.05431	\$21.78811	\$22.35826	\$22.72878	\$23.11339	\$23.45824	\$23.80205
51	\$20.88548	\$22.69467	\$23.29813	\$23.68458	\$24.08538	\$24.44485	\$24.80324
52	\$21.75109	\$23.63895	\$24.27750	\$24.68058	\$25.09824	\$25.47296	\$25.84654
53	\$22.65258	\$24.62254	\$25.29806	\$25.71845	\$26.15371	\$26.54431	\$26.93372
54	\$23.59142	\$25.64704	\$26.36149	\$26.79998	\$27.25355	\$27.66071	\$28.06664
55	\$24.56919	\$26.71417	\$27.46965	\$27.92699	\$28.39966	\$28.82407	\$29.24721
56	\$25.34548	\$27.56456	\$28.36264	\$28.83597	\$29.32547	\$29.76497	\$30.20315
57	\$26.14631	\$28.44201	\$29.28465	\$29.77453	\$30.28147	\$30.73658	\$31.19033
58	\$26.97243	\$29.34741	\$30.23664	\$30.74365	\$31.26865	\$31.73991	\$32.20977
59	\$27.82465	\$30.28162	\$31.21958	\$31.74431	\$32.28799	\$32.77600	\$33.26254
60	\$28.70382	\$31.24557	\$32.23445	\$32.77754	\$33.34057	\$33.84590	\$34.34970
61	\$29.61074	\$32.24020	\$33.28234	\$33.84440	\$34.42746	\$34.95072	\$35.47241
62	\$30.54633	\$33.26650	\$34.36429	\$34.94598	\$35.54979	\$36.09162	\$36.63182
63	\$31.44993	\$34.26446	\$35.42566	\$36.02781	\$36.65333	\$37.21426	\$37.77350
64	\$32.38026	\$35.29237	\$36.51982	\$37.14313	\$37.79113	\$38.37182	\$38.95077
65	\$33.33812	\$36.35111	\$37.64777	\$38.29297	\$38.96425	\$39.56539	\$40.16474
66	\$34.32430	\$37.44160	\$38.81055	\$39.47841	\$40.17378	\$40.79609	\$41.41654
67	\$35.33966	\$38.56482	\$40.00926	\$40.70055	\$41.42086	\$42.06507	\$42.70734
68	\$36.54564	\$39.90260	\$41.44101	\$42.16081	\$42.91184	\$43.58348	\$44.25311
69	\$37.79278	\$41.28679	\$42.92398	\$43.67347	\$44.45649	\$45.15671	\$45.85483
70	\$39.08247	\$42.71901	\$44.46001	\$45.24040	\$46.05674	\$46.78672	\$47.51452
71	\$40.41619	\$44.20090	\$46.05102	\$46.86354	\$47.71459	\$48.47557	\$49.23429
72	\$41.79541	\$45.73419	\$47.69896	\$48.54493	\$49.43211	\$50.22539	\$51.01630
73	\$43.87731	\$48.05945	\$50.21562	\$51.11420	\$52.05664	\$52.90019	\$53.74121
74	\$46.06290	\$50.50295	\$52.86507	\$53.81947	\$54.82049	\$55.71742	\$56.61167
75	\$48.35737	\$53.07067	\$55.65430	\$56.66791	\$57.73110	\$58.68471	\$59.63545
76	\$50.76614	\$55.76895	\$58.59069	\$59.66710	\$60.79625	\$61.81001	\$62.82075
77	\$53.29488	\$58.60441	\$61.68202	\$62.82502	\$64.02412	\$65.10176	\$66.17616
78	\$55.05465	\$60.61560	\$63.91083	\$65.10684	\$66.36870	\$67.50156	\$68.63102
79	\$56.87253	\$62.69582	\$66.22018	\$67.47151	\$68.79913	\$69.98983	\$71.17695
80	\$58.75042	\$64.84742	\$68.61298	\$69.92208	\$71.31858	\$72.56982	\$73.81733
81	\$60.69033	\$67.07285	\$71.09223	\$72.46166	\$73.93028	\$75.24493	\$76.55564
82	\$62.69430	\$69.37466	\$73.66107	\$75.09347	\$76.63762	\$78.01865	\$79.39554
83	\$64.93227	\$71.91750	\$76.48980	\$77.98508	\$79.59678	\$81.06408	\$82.52699
84	\$67.25014	\$74.55356	\$79.42717	\$80.98804	\$82.67019	\$84.22841	\$85.78195

Plan: LTC2007-GAIP

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Graded Automatic Compound Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
Issue Age	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$13.42073	\$14.15520	\$15.22502	\$16.28945	\$17.63529	\$18.84908
31	\$13.50537	\$14.24454	\$15.32123	\$16.39254	\$17.74699	\$18.96852
32	\$13.59002	\$14.33390	\$15.41742	\$16.49560	\$17.85866	\$19.08792
33	\$13.67467	\$14.42322	\$15.51358	\$16.59862	\$17.97026	\$19.20724
34	\$13.75930	\$14.51254	\$15.60970	\$16.70159	\$18.08179	\$19.32646
35	\$13.84389	\$14.60179	\$15.70577	\$16.80447	\$18.19323	\$19.44556
36	\$13.84387	\$14.60275	\$15.70956	\$16.81242	\$18.20537	\$19.46243
37	\$13.84383	\$14.60372	\$15.71335	\$16.82038	\$18.21753	\$19.47931
38	\$13.84381	\$14.60468	\$15.71714	\$16.82833	\$18.22968	\$19.49620
39	\$13.84379	\$14.60564	\$15.72094	\$16.83630	\$18.24186	\$19.51310
40	\$13.84376	\$14.60659	\$15.72473	\$16.84427	\$18.25403	\$19.53003
41	\$13.84373	\$14.60756	\$15.72853	\$16.85223	\$18.26622	\$19.54697
42	\$13.84370	\$14.60852	\$15.73232	\$16.86020	\$18.27841	\$19.56392
43	\$13.84368	\$14.60948	\$15.73612	\$16.86819	\$18.29062	\$19.58089
44	\$13.84364	\$14.61045	\$15.73992	\$16.87616	\$18.30282	\$19.59786
45	\$13.84362	\$14.61141	\$15.74372	\$16.88415	\$18.31504	\$19.61486
46	\$13.82713	\$14.59509	\$15.72887	\$16.87277	\$18.30564	\$19.60737
47	\$13.81066	\$14.57878	\$15.71404	\$16.86141	\$18.29623	\$19.59988
48	\$13.79421	\$14.56249	\$15.69922	\$16.85005	\$18.28685	\$19.59238
49	\$13.77778	\$14.54622	\$15.68442	\$16.83870	\$18.27745	\$19.58489
50	\$13.76138	\$14.52997	\$15.66962	\$16.82735	\$18.26807	\$19.57740
51	\$13.74499	\$14.51374	\$15.65485	\$16.81601	\$18.25869	\$19.56992
52	\$13.72862	\$14.49752	\$15.64009	\$16.80469	\$18.24931	\$19.56244
53	\$13.71227	\$14.48132	\$15.62534	\$16.79336	\$18.23994	\$19.55497
54	\$13.69594	\$14.46515	\$15.61061	\$16.78205	\$18.23058	\$19.54749
55	\$13.67963	\$14.44898	\$15.59589	\$16.77075	\$18.22122	\$19.54002
56	\$13.56267	\$14.32643	\$15.46569	\$16.63554	\$18.07691	\$19.38774
57	\$13.44671	\$14.20490	\$15.33660	\$16.50141	\$17.93374	\$19.23666
58	\$13.33174	\$14.08441	\$15.20857	\$16.36838	\$17.79171	\$19.08674
59	\$13.21776	\$13.96493	\$15.08161	\$16.23641	\$17.65081	\$18.93800
60	\$13.10475	\$13.84648	\$14.95571	\$16.10551	\$17.51101	\$18.79041
61	\$12.99271	\$13.72902	\$14.83087	\$15.97566	\$17.37233	\$18.64398
62	\$12.88162	\$13.61257	\$14.70706	\$15.84687	\$17.23475	\$18.49869
63	\$13.03248	\$13.77332	\$14.88347	\$16.04189	\$17.45017	\$18.73323
64	\$13.18511	\$13.93596	\$15.06201	\$16.23932	\$17.66830	\$18.97076
65	\$13.33951	\$14.10051	\$15.24268	\$16.43918	\$17.88915	\$19.21129
66	\$13.49574	\$14.26702	\$15.42551	\$16.64150	\$18.11275	\$19.45486
67	\$13.65379	\$14.43549	\$15.61054	\$16.84630	\$18.33915	\$19.70153
68	\$13.86316	\$14.65916	\$15.85755	\$17.12126	\$18.64479	\$20.03573
69	\$14.07573	\$14.88630	\$16.10847	\$17.40070	\$18.95552	\$20.37559
70	\$14.29158	\$15.11695	\$16.36337	\$17.68472	\$19.27144	\$20.72123
71	\$14.51071	\$15.35118	\$16.62228	\$17.97336	\$19.59261	\$21.07272
72	\$14.73322	\$15.58904	\$16.88531	\$18.26671	\$19.91913	\$21.43018
73	\$15.13557	\$16.01913	\$17.36159	\$18.80074	\$20.51482	\$22.08389
74	\$15.54890	\$16.46110	\$17.85129	\$19.35038	\$21.12834	\$22.75754
75	\$15.97351	\$16.91526	\$18.35482	\$19.91609	\$21.76019	\$23.45175
76	\$16.40972	\$17.38196	\$18.87254	\$20.49834	\$22.41094	\$24.16712
77	\$16.85785	\$17.86152	\$19.40488	\$21.09761	\$23.08115	\$24.90432
78	\$17.07460	\$18.09559	\$19.67046	\$21.40057	\$23.42528	\$25.29261
79	\$17.29415	\$18.33275	\$19.93969	\$21.70789	\$23.77454	\$25.68696
80	\$17.51652	\$18.57300	\$20.21259	\$22.01962	\$24.12899	\$26.08744
81	\$17.74174	\$18.81640	\$20.48923	\$22.33583	\$24.48874	\$26.49418
82	\$17.96986	\$19.06299	\$20.76966	\$22.65657	\$24.85385	\$26.90726
83	\$18.26646	\$19.38592	\$21.13497	\$23.06102	\$25.31428	\$27.42053
84	\$18.56794	\$19.71432	\$21.50672	\$23.47270	\$25.78323	\$27.94358

Plan: **LTC2007-GAIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$19.57981	\$20.31658	\$21.09020	\$22.52488	\$23.86093	\$25.39435
31	\$19.70398	\$20.44545	\$21.22401	\$22.66787	\$24.01243	\$25.55560
32	\$19.82811	\$20.57427	\$21.35775	\$22.81077	\$24.16379	\$25.71669
33	\$19.95214	\$20.70299	\$21.49137	\$22.95354	\$24.31504	\$25.87763
34	\$20.07607	\$20.83158	\$21.62486	\$23.09615	\$24.46607	\$26.03835
35	\$20.19985	\$20.96003	\$21.75819	\$23.23857	\$24.61690	\$26.19879
36	\$20.22092	\$20.98438	\$21.78596	\$23.27353	\$24.65762	\$26.24562
37	\$20.24202	\$21.00876	\$21.81377	\$23.30855	\$24.69839	\$26.29252
38	\$20.26314	\$21.03318	\$21.84162	\$23.34362	\$24.73925	\$26.33951
39	\$20.28427	\$21.05762	\$21.86950	\$23.37873	\$24.78016	\$26.38659
40	\$20.30543	\$21.08209	\$21.89742	\$23.41390	\$24.82115	\$26.43376
41	\$20.32661	\$21.10659	\$21.92538	\$23.44913	\$24.86220	\$26.48100
42	\$20.34781	\$21.13112	\$21.95337	\$23.48441	\$24.90333	\$26.52832
43	\$20.36904	\$21.15567	\$21.98139	\$23.51974	\$24.94451	\$26.57573
44	\$20.39028	\$21.18025	\$22.00946	\$23.55511	\$24.98577	\$26.62324
45	\$20.41155	\$21.20487	\$22.03755	\$23.59055	\$25.02709	\$26.67081
46	\$20.40704	\$21.20230	\$22.03704	\$23.59529	\$25.03577	\$26.68355
47	\$20.40253	\$21.19974	\$22.03651	\$23.60003	\$25.04445	\$26.69630
48	\$20.39801	\$21.19718	\$22.03600	\$23.60477	\$25.05313	\$26.70907
49	\$20.39351	\$21.19462	\$22.03547	\$23.60951	\$25.06183	\$26.72182
50	\$20.38900	\$21.19206	\$22.03496	\$23.61426	\$25.07052	\$26.73459
51	\$20.38448	\$21.18949	\$22.03444	\$23.61900	\$25.07921	\$26.74736
52	\$20.37998	\$21.18693	\$22.03392	\$23.62375	\$25.08790	\$26.76014
53	\$20.37548	\$21.18438	\$22.03340	\$23.62849	\$25.09660	\$26.77292
54	\$20.37097	\$21.18182	\$22.03287	\$23.63323	\$25.10531	\$26.78571
55	\$20.36647	\$21.17926	\$22.03236	\$23.63798	\$25.11401	\$26.79851
56	\$20.21175	\$21.01944	\$21.86712	\$23.46525	\$24.93243	\$26.60745
57	\$20.05820	\$20.86084	\$21.70312	\$23.29379	\$24.75217	\$26.41774
58	\$19.90583	\$20.70343	\$21.54035	\$23.12357	\$24.57321	\$26.22939
59	\$19.75461	\$20.54720	\$21.37881	\$22.95460	\$24.39555	\$26.04239
60	\$19.60453	\$20.39216	\$21.21847	\$22.78686	\$24.21916	\$25.85672
61	\$19.45560	\$20.23828	\$21.05933	\$22.62035	\$24.04406	\$25.67237
62	\$19.30781	\$20.08557	\$20.90139	\$22.45505	\$23.87022	\$25.48933
63	\$19.155619	\$20.34604	\$21.17451	\$22.75500	\$24.19277	\$25.83815
64	\$19.80777	\$20.60988	\$21.45119	\$23.05895	\$24.51969	\$26.19173
65	\$20.06258	\$20.87716	\$21.73149	\$23.36695	\$24.85101	\$26.55015
66	\$20.32069	\$21.14789	\$22.01544	\$23.67907	\$25.18683	\$26.91349
67	\$20.58209	\$21.42213	\$22.30312	\$23.99536	\$25.52717	\$27.28178
68	\$20.93800	\$21.79646	\$22.69657	\$24.43053	\$25.99902	\$27.79539
69	\$21.30007	\$22.17733	\$23.09696	\$24.87358	\$26.47960	\$28.31868
70	\$21.66839	\$22.56485	\$23.50440	\$25.32467	\$26.96906	\$28.85181
71	\$22.04307	\$22.95915	\$23.91904	\$25.78394	\$27.46758	\$29.39498
72	\$22.42425	\$23.36033	\$24.34099	\$26.25154	\$27.97530	\$29.94838
73	\$23.12327	\$24.09899	\$25.12222	\$27.11888	\$28.91694	\$30.97984
74	\$23.84409	\$24.86100	\$25.92853	\$28.01486	\$29.89026	\$32.04682
75	\$24.58738	\$25.64710	\$26.76070	\$28.94044	\$30.89637	\$33.15055
76	\$25.35383	\$26.45807	\$27.61960	\$29.89661	\$31.93633	\$34.29230
77	\$26.14418	\$27.29468	\$28.50605	\$30.88437	\$33.01129	\$35.47336
78	\$26.56282	\$27.74114	\$28.98076	\$31.41971	\$33.60787	\$36.13371
79	\$26.98816	\$28.19489	\$29.46339	\$31.96432	\$34.21523	\$36.80636
80	\$27.42032	\$28.65607	\$29.95405	\$32.51837	\$34.83358	\$37.49153
81	\$27.85939	\$29.12479	\$30.45288	\$33.08204	\$35.46310	\$38.18946
82	\$28.30550	\$29.60118	\$30.96001	\$33.65546	\$36.10398	\$38.90037
83	\$28.85402	\$30.18309	\$31.57045	\$34.34187	\$36.85664	\$39.73182
84	\$29.41317	\$30.77644	\$32.19294	\$35.04230	\$37.62499	\$40.58106

Plan: **LTC2007-GAIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$27.66742	\$30.00065	\$30.69231	\$31.20161	\$31.73751	\$32.21614	\$32.69334
31	\$27.84316	\$30.19128	\$30.88853	\$31.40111	\$31.94046	\$32.42216	\$32.90243
32	\$28.01873	\$30.38168	\$31.08456	\$31.60043	\$32.14323	\$32.62801	\$33.11133
33	\$28.19408	\$30.57183	\$31.28039	\$31.79954	\$32.34577	\$32.83361	\$33.31998
34	\$28.36916	\$30.76167	\$31.47597	\$31.99837	\$32.54801	\$33.03891	\$33.52835
35	\$28.54394	\$30.95115	\$31.67121	\$32.19687	\$32.74994	\$33.24389	\$33.73635
36	\$28.60064	\$31.01713	\$31.73960	\$32.26683	\$32.82066	\$33.31548	\$33.80881
37	\$28.65746	\$31.08324	\$31.80814	\$32.33695	\$32.89154	\$33.38723	\$33.88143
38	\$28.71439	\$31.14950	\$31.87684	\$32.40720	\$32.96257	\$33.45912	\$33.95420
39	\$28.77143	\$31.21590	\$31.94568	\$32.47762	\$33.03374	\$33.53118	\$34.02712
40	\$28.82859	\$31.28244	\$32.01466	\$32.54818	\$33.10507	\$33.60338	\$34.10021
41	\$28.88586	\$31.34912	\$32.08380	\$32.61891	\$33.17655	\$33.67575	\$34.17344
42	\$28.94324	\$31.41594	\$32.15309	\$32.68979	\$33.24820	\$33.74827	\$34.24684
43	\$29.00073	\$31.48291	\$32.22253	\$32.76082	\$33.31999	\$33.82095	\$34.32040
44	\$29.05834	\$31.55003	\$32.29211	\$32.83199	\$33.39194	\$33.89377	\$34.39411
45	\$29.11607	\$31.61727	\$32.36185	\$32.90333	\$33.46405	\$33.96677	\$34.46797
46	\$29.13680	\$31.64516	\$32.40746	\$32.95052	\$33.51213	\$34.01584	\$34.51804
47	\$29.15753	\$31.67306	\$32.45313	\$32.99779	\$33.56027	\$34.06499	\$34.56817
48	\$29.17829	\$31.70099	\$32.49888	\$33.04511	\$33.60849	\$34.11419	\$34.61838
49	\$29.19905	\$31.72895	\$32.54468	\$33.09251	\$33.65678	\$34.16348	\$34.66866
50	\$29.21983	\$31.75693	\$32.59056	\$33.13998	\$33.70513	\$34.21284	\$34.71902
51	\$29.24063	\$31.78493	\$32.63649	\$33.18751	\$33.75356	\$34.26226	\$34.76944
52	\$29.26145	\$31.81296	\$32.68249	\$33.23511	\$33.80204	\$34.31176	\$34.81995
53	\$29.28227	\$31.84101	\$32.72855	\$33.28278	\$33.85061	\$34.36133	\$34.87052
54	\$29.30311	\$31.86909	\$32.77469	\$33.33053	\$33.89924	\$34.41098	\$34.92116
55	\$29.32397	\$31.89719	\$32.82088	\$33.37833	\$33.94795	\$34.46068	\$34.97189
56	\$29.12051	\$31.68340	\$32.62508	\$33.18102	\$33.74889	\$34.26015	\$34.76991
57	\$28.91847	\$31.47104	\$32.43044	\$32.98487	\$33.55099	\$34.06079	\$34.56909
58	\$28.71785	\$31.26009	\$32.23696	\$32.78987	\$33.35424	\$33.86260	\$34.36943
59	\$28.51860	\$31.05057	\$32.04464	\$32.59604	\$33.15867	\$33.66555	\$34.17093
60	\$28.32074	\$30.84243	\$31.85347	\$32.40334	\$32.96423	\$33.46965	\$33.97357
61	\$28.12425	\$30.63571	\$31.66344	\$32.21179	\$32.77093	\$33.27489	\$33.77735
62	\$27.92912	\$30.43037	\$31.47453	\$32.02138	\$32.57877	\$33.08127	\$33.58226
63	\$28.32344	\$30.87262	\$31.96159	\$32.51934	\$33.08775	\$33.59993	\$34.11059
64	\$28.72333	\$31.32129	\$32.45619	\$33.02504	\$33.60466	\$34.12672	\$34.64722
65	\$29.12886	\$31.77649	\$32.95844	\$33.53860	\$34.12967	\$34.66178	\$35.19230
66	\$29.54011	\$32.23830	\$33.46846	\$34.06015	\$34.66287	\$35.20522	\$35.74596
67	\$29.95718	\$32.70682	\$33.98637	\$34.58981	\$35.20440	\$35.75719	\$36.30832
68	\$30.53591	\$33.35573	\$34.69838	\$35.31784	\$35.94864	\$36.51636	\$37.08240
69	\$31.12584	\$34.01750	\$35.42530	\$36.06120	\$36.70861	\$37.29165	\$37.87297
70	\$31.72715	\$34.69240	\$36.16746	\$36.82019	\$37.48463	\$38.08341	\$38.68039
71	\$32.34008	\$35.38070	\$36.92517	\$37.59517	\$38.27708	\$38.89198	\$39.50504
72	\$32.96485	\$36.08265	\$37.69875	\$38.38645	\$39.08627	\$39.71771	\$40.34726
73	\$34.13933	\$37.40269	\$39.15237	\$39.87349	\$40.60571	\$41.26776	\$41.92781
74	\$35.35566	\$38.77102	\$40.66204	\$41.41813	\$42.18423	\$42.87829	\$43.57029
75	\$36.61533	\$40.18941	\$42.22990	\$43.02262	\$43.82409	\$44.55169	\$45.27711
76	\$37.91987	\$41.65969	\$43.85824	\$44.68925	\$45.52772	\$46.29040	\$47.05079
77	\$39.27089	\$43.18376	\$45.54935	\$46.42045	\$47.29756	\$48.09695	\$48.89395
78	\$40.04435	\$44.08632	\$46.58023	\$47.48025	\$48.38953	\$49.21784	\$50.04365
79	\$40.83304	\$45.00773	\$47.63443	\$48.56423	\$49.50671	\$50.36484	\$51.22041
80	\$41.63728	\$45.94840	\$48.71250	\$49.67297	\$50.64968	\$51.53857	\$52.42481
81	\$42.45735	\$46.90874	\$49.81495	\$50.80701	\$51.81904	\$52.73968	\$53.65756
82	\$43.29357	\$47.88914	\$50.94237	\$51.96694	\$53.01539	\$53.96876	\$54.91928
83	\$44.25653	\$48.98711	\$52.19496	\$53.24968	\$54.32372	\$55.32441	\$56.32212
84	\$45.24093	\$50.11025	\$53.47837	\$54.56408	\$55.66432	\$56.71412	\$57.76078

Plan: LTC2007-GAIP75

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Graded Automatic Compound Inflation Protection Through Age 75 - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

Issue Age	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$8.83504	\$9.31000	\$9.99885	\$10.67146	\$11.53672	\$12.31910
31	\$8.87736	\$9.35461	\$10.04681	\$10.72267	\$11.59210	\$12.37827
32	\$8.91927	\$9.39882	\$10.09431	\$10.77339	\$11.64696	\$12.43681
33	\$8.96079	\$9.44259	\$10.14133	\$10.82357	\$11.70121	\$12.49473
34	\$9.00190	\$9.48592	\$10.18786	\$10.87322	\$11.75486	\$12.55198
35	\$9.04257	\$9.52877	\$10.23386	\$10.92231	\$11.80789	\$12.60854
36	\$8.98603	\$9.46970	\$10.17179	\$10.85783	\$11.73986	\$12.53758
37	\$8.92984	\$9.41100	\$10.11011	\$10.79373	\$11.67222	\$12.46703
38	\$8.87399	\$9.35266	\$10.04879	\$10.73001	\$11.60499	\$12.39686
39	\$8.81850	\$9.29468	\$9.98786	\$10.66667	\$11.53812	\$12.32710
40	\$8.76337	\$9.23707	\$9.92729	\$10.60370	\$11.47165	\$12.25772
41	\$8.70856	\$9.17981	\$9.86708	\$10.54111	\$11.40556	\$12.18874
42	\$8.65412	\$9.12290	\$9.80725	\$10.47888	\$11.33985	\$12.12015
43	\$8.60000	\$9.06635	\$9.74777	\$10.41702	\$11.27452	\$12.05195
44	\$8.54622	\$9.01014	\$9.68866	\$10.35552	\$11.20956	\$11.98412
45	\$8.49278	\$8.95429	\$9.62991	\$10.29439	\$11.14499	\$11.91668
46	\$8.35154	\$8.80584	\$9.47135	\$10.12641	\$10.96438	\$11.72478
47	\$8.21265	\$8.65984	\$9.31540	\$9.96116	\$10.78669	\$11.53597
48	\$8.07606	\$8.51626	\$9.16202	\$9.79862	\$10.61189	\$11.35020
49	\$7.94176	\$8.37506	\$9.01116	\$9.63873	\$10.43992	\$11.16742
50	\$7.80967	\$8.23621	\$8.86279	\$9.48144	\$10.27073	\$10.98759
51	\$7.67980	\$8.09966	\$8.71686	\$9.32673	\$10.10430	\$10.81064
52	\$7.55207	\$7.96537	\$8.57333	\$9.17453	\$9.94054	\$10.63656
53	\$7.42647	\$7.83330	\$8.43217	\$9.02482	\$9.77946	\$10.46528
54	\$7.30297	\$7.70343	\$8.29333	\$8.87755	\$9.62097	\$10.29675
55	\$7.18151	\$7.57571	\$8.15678	\$8.73269	\$9.46506	\$10.13093
56	\$6.85038	\$7.22671	\$7.78156	\$8.33173	\$9.03122	\$9.66733
57	\$6.53452	\$6.89378	\$7.42360	\$7.94918	\$8.61727	\$9.22495
58	\$6.23322	\$6.57620	\$7.08211	\$7.58420	\$8.22229	\$8.80281
59	\$5.94582	\$6.27323	\$6.75631	\$7.23597	\$7.84541	\$8.39999
60	\$5.67166	\$5.98424	\$6.44552	\$6.90374	\$7.48580	\$8.01559
61	\$5.41016	\$5.70855	\$6.14902	\$6.58675	\$7.14269	\$7.64879
62	\$5.16070	\$5.44556	\$5.86616	\$6.28433	\$6.81529	\$7.29878
63	\$4.89488	\$5.16552	\$5.56533	\$5.96212	\$6.46687	\$6.92682
64	\$4.64277	\$4.89989	\$5.27993	\$5.65642	\$6.13625	\$6.57381
65	\$4.40364	\$4.64791	\$5.00916	\$5.36641	\$5.82255	\$6.23881
66	\$4.17682	\$4.40889	\$4.75229	\$5.09126	\$5.52487	\$5.92087
67	\$3.96168	\$4.18217	\$4.50857	\$4.83022	\$5.24242	\$5.61913
68	\$3.27736	\$3.46114	\$3.73380	\$3.99836	\$4.34265	\$4.65687
69	\$2.71125	\$2.86442	\$3.09218	\$3.30976	\$3.59732	\$3.85940
70	\$2.24293	\$2.37058	\$2.56081	\$2.73976	\$2.97990	\$3.19849
71	\$1.85549	\$1.96188	\$2.12076	\$2.26792	\$2.46846	\$2.65076
72	\$1.53499	\$1.62364	\$1.75632	\$1.87733	\$2.04479	\$2.19683
73	\$1.33689	\$1.41476	\$1.53137	\$1.63795	\$1.78530	\$1.91924
74	\$1.09159	\$1.15571	\$1.25182	\$1.33980	\$1.46133	\$1.57194

Plan: **LTC2007-GAIP75** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection Through Age 75 - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	3.69 yrs <= X <	3.93 yrs <= X <	4.16 yrs <= X <	4.62 yrs <= X <	5.08 yrs <= X <	5.55 yrs <= X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$12.78126	\$13.25621	\$13.75554	\$14.67085	\$15.53235	\$16.52255
31	\$12.84266	\$13.31990	\$13.82164	\$14.74133	\$15.60696	\$16.60188
32	\$12.90343	\$13.38294	\$13.88703	\$14.81105	\$15.68073	\$16.68032
33	\$12.96353	\$13.44526	\$13.95168	\$14.87997	\$15.75366	\$16.75783
34	\$13.02295	\$13.50685	\$14.01556	\$14.94805	\$15.82566	\$16.83434
35	\$13.08162	\$13.56768	\$14.07864	\$15.01523	\$15.89671	\$16.90983
36	\$13.00937	\$13.49380	\$14.00305	\$14.93718	\$15.81622	\$16.82631
37	\$12.93752	\$13.42032	\$13.92787	\$14.85953	\$15.73614	\$16.74319
38	\$12.86606	\$13.34725	\$13.85309	\$14.78227	\$15.65647	\$16.66050
39	\$12.79499	\$13.27458	\$13.77871	\$14.70542	\$15.57719	\$16.57820
40	\$12.72432	\$13.20229	\$13.70472	\$14.62898	\$15.49832	\$16.49631
41	\$12.65404	\$13.13040	\$13.63114	\$14.55292	\$15.41984	\$16.41483
42	\$12.58415	\$13.05890	\$13.55795	\$14.47727	\$15.34177	\$16.33376
43	\$12.51464	\$12.98780	\$13.48515	\$14.40200	\$15.26410	\$16.25308
44	\$12.44553	\$12.91708	\$13.41275	\$14.32713	\$15.18681	\$16.17281
45	\$12.37679	\$12.84675	\$13.34073	\$14.25265	\$15.10991	\$16.09292
46	\$12.17877	\$12.64212	\$13.12911	\$14.02819	\$14.87308	\$15.84178
47	\$11.98391	\$12.44076	\$12.92084	\$13.80726	\$14.63995	\$15.59456
48	\$11.79218	\$12.24260	\$12.71588	\$13.58981	\$14.41048	\$15.35119
49	\$11.60351	\$12.04760	\$12.51416	\$13.37579	\$14.18462	\$15.11163
50	\$11.41788	\$11.85572	\$12.31566	\$13.16513	\$13.96229	\$14.87581
51	\$11.23520	\$11.66687	\$12.12030	\$12.95779	\$13.74344	\$14.64366
52	\$11.05545	\$11.48104	\$11.92803	\$12.75372	\$13.52801	\$14.41514
53	\$10.87856	\$11.29818	\$11.73881	\$12.55286	\$13.31598	\$14.19017
54	\$10.70451	\$11.11822	\$11.55260	\$12.35516	\$13.10726	\$13.96873
55	\$10.53325	\$10.94113	\$11.36934	\$12.16058	\$12.90182	\$13.75074
56	\$10.05216	\$10.44174	\$10.85086	\$11.60745	\$12.31585	\$13.12761
57	\$9.59303	\$9.96516	\$10.35602	\$11.07949	\$11.75650	\$12.53272
58	\$9.15488	\$9.51032	\$9.88375	\$10.57554	\$11.22255	\$11.96478
59	\$8.73673	\$9.07624	\$9.43301	\$10.09450	\$10.71286	\$11.42258
60	\$8.33770	\$8.66198	\$9.00284	\$9.63535	\$10.22631	\$10.90496
61	\$7.95688	\$8.26662	\$8.59228	\$9.19709	\$9.76186	\$10.41079
62	\$7.59346	\$7.88931	\$8.20044	\$8.77876	\$9.31850	\$9.93901
63	\$7.20635	\$7.48773	\$7.78354	\$8.33348	\$8.84689	\$9.43724
64	\$6.83899	\$7.10659	\$7.38784	\$7.91079	\$8.39914	\$8.96079
65	\$6.49036	\$6.74485	\$7.01225	\$7.50952	\$7.97405	\$8.50840
66	\$6.15950	\$6.40152	\$6.65575	\$7.12862	\$7.57047	\$8.07885
67	\$5.84550	\$6.07567	\$6.31738	\$6.76704	\$7.18732	\$7.67099
68	\$4.84301	\$5.03473	\$5.23606	\$5.60953	\$5.96107	\$6.36631
69	\$4.01244	\$4.17212	\$4.33984	\$4.65001	\$4.94404	\$5.28354
70	\$3.32431	\$3.45732	\$3.59700	\$3.85461	\$4.10053	\$4.38492
71	\$2.75421	\$2.86497	\$2.98132	\$3.19528	\$3.40092	\$3.63914
72	\$2.28186	\$2.37412	\$2.47102	\$2.64872	\$2.82069	\$3.02020
73	\$1.99437	\$2.07573	\$2.16123	\$2.31838	\$2.47045	\$2.64705
74	\$1.63417	\$1.70144	\$1.77216	\$1.90242	\$2.02846	\$2.17503

Plan: **LTC2007-GAIP75** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection Through Age 75 - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 1 (with Increase of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$17.98127	\$19.48344	\$19.93633	\$20.26087	\$20.60397	\$20.91036	\$21.21583
31	\$18.06759	\$19.57696	\$20.03325	\$20.35937	\$20.70413	\$21.01201	\$21.31897
32	\$18.15290	\$19.66937	\$20.12906	\$20.45675	\$20.80316	\$21.11250	\$21.42092
33	\$18.23716	\$19.76062	\$20.22375	\$20.55297	\$20.90099	\$21.21179	\$21.52165
34	\$18.32033	\$19.85065	\$20.31724	\$20.64796	\$20.99758	\$21.30980	\$21.62108
35	\$18.40233	\$19.93940	\$20.40947	\$20.74168	\$21.09288	\$21.40649	\$21.71916
36	\$18.31469	\$19.84665	\$20.31541	\$20.64593	\$20.99479	\$21.30653	\$21.61735
37	\$18.22748	\$19.75433	\$20.22177	\$20.55061	\$20.89715	\$21.20705	\$21.51602
38	\$18.14067	\$19.66244	\$20.12856	\$20.45573	\$20.79997	\$21.10802	\$21.41517
39	\$18.05429	\$19.57098	\$20.03579	\$20.36130	\$20.70325	\$21.00947	\$21.31478
40	\$17.96831	\$19.47993	\$19.94345	\$20.26729	\$20.60697	\$20.91137	\$21.21486
41	\$17.88274	\$19.38931	\$19.85153	\$20.17372	\$20.51114	\$20.81373	\$21.11542
42	\$17.79758	\$19.29913	\$19.76003	\$20.08059	\$20.41576	\$20.71654	\$21.01644
43	\$17.71283	\$19.20935	\$19.66895	\$19.98788	\$20.32081	\$20.61982	\$20.91792
44	\$17.62847	\$19.11999	\$19.57829	\$19.89560	\$20.22631	\$20.52353	\$20.81987
45	\$17.54452	\$19.03105	\$19.48806	\$19.80375	\$20.13225	\$20.42770	\$20.72227
46	\$17.27291	\$18.73865	\$19.19447	\$19.50525	\$19.82827	\$20.11902	\$20.40890
47	\$17.00551	\$18.45073	\$18.90530	\$19.21125	\$19.52888	\$19.81500	\$20.10027
48	\$16.74223	\$18.16723	\$18.62047	\$18.92169	\$19.23402	\$19.51558	\$19.79630
49	\$16.48304	\$17.88811	\$18.33995	\$18.63649	\$18.94361	\$19.22067	\$19.49693
50	\$16.22787	\$17.61325	\$18.06365	\$18.35559	\$18.65757	\$18.93023	\$19.20208
51	\$15.97663	\$17.34264	\$17.79152	\$18.07892	\$18.37586	\$18.64419	\$18.91170
52	\$15.72929	\$17.07617	\$17.52348	\$17.80642	\$18.09841	\$18.36245	\$18.62570
53	\$15.48578	\$16.81380	\$17.25948	\$17.53803	\$17.82513	\$18.08498	\$18.34404
54	\$15.24604	\$16.55546	\$16.99946	\$17.27369	\$17.55600	\$17.81169	\$18.06662
55	\$15.01001	\$16.30109	\$16.74336	\$17.01333	\$17.29092	\$17.54254	\$17.79341
56	\$14.33186	\$15.56689	\$15.99211	\$16.24995	\$16.51510	\$16.75553	\$16.99525
57	\$13.68436	\$14.86576	\$15.27458	\$15.52082	\$15.77409	\$16.00383	\$16.23289
58	\$13.06610	\$14.19622	\$14.58925	\$14.82441	\$15.06632	\$15.28586	\$15.50473
59	\$12.47578	\$13.55682	\$13.93465	\$14.15925	\$14.39032	\$14.60009	\$14.80924
60	\$11.91213	\$12.94622	\$13.30944	\$13.52393	\$13.74463	\$13.94509	\$14.14494
61	\$11.37394	\$12.36313	\$12.71226	\$12.91713	\$13.12793	\$13.31947	\$13.51044
62	\$10.86006	\$11.80630	\$12.14189	\$12.33754	\$12.53890	\$12.72193	\$12.90440
63	\$10.31448	\$11.21614	\$11.53537	\$11.72131	\$11.91240	\$12.08630	\$12.25969
64	\$9.79629	\$10.65548	\$10.95914	\$11.13586	\$11.31720	\$11.48244	\$11.64718
65	\$9.30415	\$10.12284	\$10.41170	\$10.57966	\$10.75175	\$10.90874	\$11.06526
66	\$8.83672	\$9.61682	\$9.89161	\$10.05122	\$10.21455	\$10.36371	\$10.51242
67	\$8.39278	\$9.13611	\$9.39749	\$9.54919	\$9.70418	\$9.84590	\$9.98721
68	\$6.96667	\$7.58742	\$7.78053	\$7.90581	\$8.03219	\$8.14778	\$8.26303
69	\$5.78290	\$6.30126	\$6.44180	\$6.54525	\$6.64829	\$6.74253	\$6.83650
70	\$4.80027	\$5.23312	\$5.33339	\$5.41884	\$5.50282	\$5.57966	\$5.65626
71	\$3.98460	\$4.34604	\$4.41572	\$4.48628	\$4.55471	\$4.61734	\$4.67976
72	\$3.30754	\$3.60933	\$3.65594	\$3.71421	\$3.76996	\$3.82098	\$3.87185
73	\$2.90196	\$3.17017	\$3.21498	\$3.26658	\$3.31609	\$3.36156	\$3.40690
74	\$2.38700	\$2.61047	\$2.65053	\$2.69338	\$2.73457	\$2.77256	\$2.81044

Plan: LTC2007-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: No Inflation - Base - Reimbursement

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$3.44899	\$3.51961	\$3.63250	\$3.74204	\$3.88582	\$4.00632
31	\$3.50838	\$3.58094	\$3.69692	\$3.80945	\$3.95718	\$4.08100
32	\$3.56881	\$3.64334	\$3.76251	\$3.87807	\$4.02985	\$4.15706
33	\$3.63026	\$3.70684	\$3.82926	\$3.94792	\$4.10385	\$4.23454
34	\$3.69276	\$3.77144	\$3.89719	\$4.01904	\$4.17921	\$4.31346
35	\$3.75636	\$3.83717	\$3.96631	\$4.09143	\$4.25596	\$4.39387
36	\$3.88046	\$3.96634	\$4.10370	\$4.23675	\$4.41160	\$4.55820
37	\$4.00864	\$4.09986	\$4.24585	\$4.38721	\$4.57294	\$4.72869
38	\$4.14107	\$4.23788	\$4.39291	\$4.54304	\$4.74019	\$4.90554
39	\$4.27787	\$4.38055	\$4.54507	\$4.70439	\$4.91357	\$5.08902
40	\$4.41919	\$4.52801	\$4.70251	\$4.87145	\$5.09326	\$5.27935
41	\$4.56518	\$4.68045	\$4.86538	\$5.04447	\$5.27954	\$5.47681
42	\$4.71599	\$4.83802	\$5.03390	\$5.22364	\$5.47262	\$5.68164
43	\$4.87179	\$5.00088	\$5.20829	\$5.40915	\$5.67276	\$5.89415
44	\$5.03272	\$5.16923	\$5.38867	\$5.60126	\$5.88024	\$6.11459
45	\$5.19898	\$5.34326	\$5.57534	\$5.80021	\$6.09530	\$6.34329
46	\$5.42754	\$5.58189	\$5.83016	\$6.07077	\$6.38632	\$6.65148
47	\$5.66616	\$5.83115	\$6.09662	\$6.35398	\$6.69123	\$6.97462
48	\$5.91527	\$6.09156	\$6.37525	\$6.65040	\$7.01071	\$7.31348
49	\$6.17534	\$6.36361	\$6.66663	\$6.96065	\$7.34543	\$7.66880
50	\$6.44683	\$6.64779	\$6.97133	\$7.28536	\$7.69614	\$8.04138
51	\$6.73025	\$6.94467	\$7.28994	\$7.62522	\$8.06360	\$8.43206
52	\$7.02614	\$7.25482	\$7.62315	\$7.98093	\$8.44859	\$8.84173
53	\$7.33504	\$7.57879	\$7.97154	\$8.35325	\$8.85198	\$9.27130
54	\$7.65751	\$7.91725	\$8.33589	\$8.74292	\$9.27460	\$9.72173
55	\$7.99416	\$8.27083	\$8.71687	\$9.15079	\$9.71742	\$10.19405
56	\$8.42570	\$8.72046	\$9.19555	\$9.65800	\$10.26151	\$10.76915
57	\$8.88052	\$9.19456	\$9.70052	\$10.19334	\$10.83607	\$11.37670
58	\$9.35989	\$9.69443	\$10.23320	\$10.75835	\$11.44281	\$12.01854
59	\$9.86513	\$10.22147	\$10.79515	\$11.35466	\$12.08351	\$12.69657
60	\$10.39766	\$10.77715	\$11.38796	\$11.98404	\$12.76009	\$13.41285
61	\$10.95893	\$11.36304	\$12.01332	\$12.64831	\$13.47453	\$14.16956
62	\$11.55049	\$11.98081	\$12.67302	\$13.34940	\$14.22901	\$14.96894
63	\$12.17822	\$12.63815	\$13.37774	\$14.10094	\$15.04071	\$15.83131
64	\$12.84005	\$13.33155	\$14.12166	\$14.89481	\$15.89868	\$16.74336
65	\$13.53785	\$14.06301	\$14.90695	\$15.73336	\$16.80564	\$17.70794
66	\$14.27357	\$14.83459	\$15.73591	\$16.61914	\$17.76432	\$18.72809
67	\$15.04928	\$15.64849	\$16.61096	\$17.55475	\$18.77766	\$19.80702
68	\$16.40755	\$17.05586	\$18.09707	\$19.11889	\$20.44200	\$21.55621
69	\$17.88841	\$18.58981	\$19.71612	\$20.82237	\$22.25384	\$23.45986
70	\$19.50291	\$20.26171	\$21.48004	\$22.67765	\$24.22629	\$25.53164
71	\$21.29287	\$22.11486	\$23.43447	\$24.73278	\$26.41042	\$27.82524
72	\$23.24711	\$24.13750	\$25.56674	\$26.97411	\$28.79147	\$30.32486
73	\$25.19816	\$26.17808	\$27.75210	\$29.30295	\$31.30428	\$32.99480
74	\$27.31294	\$28.39119	\$30.12427	\$31.83285	\$34.03640	\$35.89981
75	\$29.60522	\$30.79140	\$32.69920	\$34.58117	\$37.00697	\$39.06060
76	\$32.08988	\$33.39451	\$35.49423	\$37.56676	\$40.23680	\$42.49968
77	\$34.78308	\$36.21768	\$38.52816	\$40.81012	\$43.74851	\$46.24155
78	\$37.50008	\$39.05023	\$41.54376	\$44.00675	\$47.17811	\$49.87145
79	\$40.42930	\$42.10430	\$44.79539	\$47.45378	\$50.87653	\$53.78628
80	\$43.58733	\$45.39724	\$48.30154	\$51.17082	\$54.86490	\$58.00842
81	\$46.99205	\$48.94771	\$52.08211	\$55.17901	\$59.16591	\$62.56201
82	\$50.66271	\$52.77587	\$56.15858	\$59.50115	\$63.80410	\$67.47303
83	\$54.35140	\$56.61453	\$60.22732	\$63.79351	\$68.38651	\$72.30450
84	\$58.30863	\$60.73242	\$64.59086	\$68.39551	\$73.29801	\$77.48193
85	\$62.55400	\$65.14982	\$69.27053	\$73.32948	\$78.56226	\$83.03009
86	\$67.10846	\$69.88850	\$74.28924	\$78.61941	\$84.20458	\$88.97554
87	\$71.99452	\$74.97187	\$79.67156	\$84.29093	\$90.25214	\$95.34672
88	\$75.75193	\$78.85349	\$83.71680	\$88.48451	\$94.64315	\$99.89299
89	\$79.70542	\$82.93607	\$87.96743	\$92.88674	\$99.24778	\$104.65604
90	\$83.86527	\$87.23003	\$92.43385	\$97.50798	\$104.07646	\$109.64618
91	\$88.24220	\$91.74630	\$97.12706	\$102.35913	\$109.14007	\$114.87429
92	\$92.84756	\$96.49640	\$102.05858	\$107.45162	\$114.45002	\$120.35165
93	\$96.40090	\$100.13425	\$105.77287	\$111.22184	\$118.29779	\$124.23805
94	\$100.09024	\$103.90923	\$109.62234	\$115.12434	\$122.27491	\$128.24994
95	\$103.92077	\$107.82651	\$113.61191	\$119.16378	\$126.38573	\$132.39138
96	\$107.89788	\$111.89150	\$117.74668	\$123.34495	\$130.63476	\$136.66656
97	\$112.02721	\$116.10971	\$122.03190	\$127.67282	\$135.02664	\$141.07978
98	\$115.45709	\$119.61151	\$125.58487	\$131.25660	\$138.65829	\$144.72437
99	\$118.28501	\$122.49743	\$128.51000	\$134.20412	\$141.64174	\$147.71537
100	\$120.60277	\$124.86189	\$130.90459	\$136.61507	\$144.07984	\$150.15762

Plan: **LTC2007-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **No Inflation - Base - Reimbursement**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$4.08325	\$4.16404	\$4.24755	\$4.39251	\$4.53978	\$4.70070
31	\$4.15999	\$4.24301	\$4.32879	\$4.47771	\$4.62902	\$4.79438
32	\$4.23816	\$4.32346	\$4.41160	\$4.56456	\$4.72002	\$4.88992
33	\$4.31781	\$4.40542	\$4.49599	\$4.65310	\$4.81280	\$4.98736
34	\$4.39894	\$4.48896	\$4.58200	\$4.74334	\$4.90742	\$5.08674
35	\$4.48160	\$4.57408	\$4.66964	\$4.83534	\$5.00389	\$5.18811
36	\$4.65145	\$4.74971	\$4.85125	\$5.02734	\$5.20641	\$5.40204
37	\$4.82773	\$4.93208	\$5.03992	\$5.22695	\$5.41711	\$5.62480
38	\$5.01069	\$5.12147	\$5.23594	\$5.43451	\$5.63635	\$5.85674
39	\$5.20059	\$5.31812	\$5.43957	\$5.65029	\$5.86446	\$6.09825
40	\$5.39766	\$5.52232	\$5.65114	\$5.87465	\$6.10178	\$6.34972
41	\$5.60223	\$5.73437	\$5.87091	\$6.10791	\$6.34872	\$6.61156
42	\$5.81454	\$5.95455	\$6.09926	\$6.35044	\$6.60565	\$6.88420
43	\$6.03488	\$6.18320	\$6.33647	\$6.60259	\$6.87299	\$7.16807
44	\$6.26359	\$6.42062	\$6.58290	\$6.86478	\$7.15115	\$7.46364
45	\$6.50098	\$6.66716	\$6.83892	\$7.13736	\$7.44055	\$7.77142
46	\$6.82014	\$6.99779	\$7.18139	\$7.50047	\$7.82449	\$8.17805
47	\$7.15497	\$7.34481	\$7.54102	\$7.88204	\$8.22825	\$8.60598
48	\$7.50625	\$7.70903	\$7.91864	\$8.28304	\$8.65285	\$9.05629
49	\$7.87479	\$8.09132	\$8.31518	\$8.70443	\$9.09934	\$9.53014
50	\$8.26140	\$8.49259	\$8.73157	\$9.14727	\$9.56888	\$10.02881
51	\$8.66699	\$8.91373	\$9.16882	\$9.61263	\$10.06266	\$10.55357
52	\$9.09251	\$9.35577	\$9.62795	\$10.10167	\$10.58191	\$11.10579
53	\$9.53891	\$9.81972	\$10.11010	\$10.61558	\$11.12795	\$11.68690
54	\$10.00722	\$10.30668	\$10.61637	\$11.15565	\$11.70216	\$12.29843
55	\$10.49853	\$10.81779	\$11.14800	\$11.72319	\$12.30602	\$12.94194
56	\$11.09373	\$11.43379	\$11.78551	\$12.39851	\$13.01939	\$13.69707
57	\$11.72267	\$12.08484	\$12.45949	\$13.11274	\$13.77415	\$14.49627
58	\$12.38727	\$12.77297	\$13.17199	\$13.86809	\$14.57264	\$15.34209
59	\$13.08956	\$13.50029	\$13.92526	\$14.66697	\$15.41742	\$16.23728
60	\$13.83166	\$14.26901	\$14.72157	\$15.51186	\$16.31116	\$17.18469
61	\$14.61582	\$15.08151	\$15.56344	\$16.40542	\$17.25673	\$18.18737
62	\$15.44445	\$15.94026	\$16.45345	\$17.35047	\$18.25711	\$19.24857
63	\$16.33992	\$16.86976	\$17.41816	\$18.37761	\$19.34698	\$20.40736
64	\$17.28730	\$17.85344	\$18.43943	\$19.46554	\$20.50192	\$21.63593
65	\$18.28961	\$18.89447	\$19.52057	\$20.61788	\$21.72582	\$22.93845
66	\$19.35003	\$19.99623	\$20.66512	\$21.83844	\$23.02275	\$24.31938
67	\$20.47195	\$21.16221	\$21.87676	\$23.13126	\$24.39714	\$25.78346
68	\$22.76884	\$23.02420	\$23.79805	\$25.15822	\$26.53045	\$28.03409
69	\$24.24083	\$25.05002	\$25.88806	\$27.36283	\$28.85034	\$30.48119
70	\$26.37800	\$27.25408	\$28.16163	\$29.76062	\$31.37307	\$33.14188
71	\$28.74372	\$29.69354	\$30.67769	\$32.41376	\$34.16407	\$36.08521
72	\$31.32160	\$32.35134	\$33.41856	\$35.30344	\$37.20339	\$39.28995
73	\$34.09521	\$35.23102	\$36.40850	\$38.49198	\$40.59196	\$42.90035
74	\$37.11445	\$38.36700	\$39.66595	\$41.96847	\$44.28917	\$46.84251
75	\$40.40105	\$41.78216	\$43.21486	\$45.75897	\$48.32315	\$51.14692
76	\$43.97868	\$45.50129	\$47.08127	\$49.89181	\$52.72454	\$55.84687
77	\$47.87312	\$49.55147	\$51.29361	\$54.39793	\$57.52682	\$60.97870
78	\$51.63552	\$53.44963	\$55.33373	\$58.69735	\$62.08896	\$65.83645
79	\$55.69364	\$57.65445	\$59.69207	\$63.33658	\$67.01287	\$71.08116
80	\$60.07068	\$62.19004	\$64.39368	\$68.34249	\$72.32729	\$76.74368
81	\$64.79172	\$67.08246	\$69.46563	\$73.74404	\$78.06316	\$82.85731
82	\$69.88378	\$72.35974	\$74.93705	\$79.57250	\$84.25391	\$89.45796
83	\$74.87883	\$77.52293	\$80.27735	\$85.23919	\$90.25317	\$95.83878
84	\$80.23088	\$83.05454	\$85.99823	\$91.30944	\$96.67962	\$102.67473
85	\$85.96548	\$88.98085	\$92.12681	\$97.81196	\$103.56367	\$109.99829
86	\$92.10997	\$95.33002	\$98.69212	\$104.77757	\$110.93787	\$117.84422
87	\$98.69365	\$102.13225	\$105.72532	\$112.23922	\$118.83716	\$126.24976
88	\$103.33593	\$106.87567	\$110.57747	\$117.29038	\$124.09447	\$131.76137
89	\$108.19659	\$111.83940	\$115.65232	\$122.56883	\$129.58437	\$137.51358
90	\$113.28588	\$117.03365	\$120.96007	\$128.08484	\$135.31713	\$143.51691
91	\$118.61455	\$122.46915	\$126.51143	\$133.84908	\$141.30352	\$149.78235
92	\$124.19389	\$128.15710	\$132.31755	\$139.87273	\$147.55473	\$156.32129
93	\$128.09590	\$132.07920	\$136.26605	\$143.87353	\$151.61484	\$160.48964
94	\$132.12051	\$136.12133	\$140.33237	\$147.98877	\$155.78668	\$164.76914
95	\$136.27159	\$140.28717	\$144.52005	\$152.22169	\$160.07330	\$169.16273
96	\$140.55306	\$144.58049	\$148.83268	\$156.57571	\$164.47787	\$173.67351
97	\$144.96907	\$149.00522	\$153.27401	\$161.05425	\$169.00366	\$178.30455
98	\$148.61288	\$152.65332	\$156.93309	\$164.73958	\$172.72389	\$182.10818
99	\$151.60117	\$155.64327	\$159.93024	\$167.75530	\$175.76559	\$185.21599
100	\$154.03990	\$158.08206	\$162.37377	\$170.21204	\$178.24182	\$187.74466

Plan: **LTC2007-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **No Inflation - Base - Reimbursement**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$4.94004	\$5.18584	\$5.27114	\$5.31615	\$5.36516	\$5.41092	\$5.45654
31	\$5.04027	\$5.29279	\$5.38000	\$5.42623	\$5.47656	\$5.52355	\$5.57040
32	\$5.14254	\$5.40195	\$5.49113	\$5.53859	\$5.59027	\$5.63852	\$5.68663
33	\$5.24688	\$5.51336	\$5.60455	\$5.65329	\$5.70633	\$5.75589	\$5.80529
34	\$5.35334	\$5.62706	\$5.72029	\$5.77036	\$5.82481	\$5.87569	\$5.92643
35	\$5.46196	\$5.74311	\$5.83842	\$5.88984	\$5.94575	\$5.99800	\$6.05010
36	\$5.69289	\$5.99127	\$6.09195	\$6.14620	\$6.20505	\$6.26019	\$6.31518
37	\$5.93360	\$6.25015	\$6.35647	\$6.41370	\$6.47567	\$6.53387	\$6.59189
38	\$6.18446	\$6.52021	\$6.63249	\$6.69285	\$6.75809	\$6.81948	\$6.88072
39	\$6.44595	\$6.80195	\$6.92047	\$6.98415	\$7.05281	\$7.11761	\$7.18221
40	\$6.71849	\$7.09586	\$7.22097	\$7.28812	\$7.36041	\$7.42876	\$7.49690
41	\$7.00254	\$7.40249	\$7.53452	\$7.60534	\$7.68140	\$7.75350	\$7.82538
42	\$7.29862	\$7.72234	\$7.86169	\$7.93636	\$8.01640	\$8.09245	\$8.16824
43	\$7.60720	\$8.05602	\$8.20306	\$8.28179	\$8.36601	\$8.44621	\$8.52616
44	\$7.92885	\$8.40413	\$8.55925	\$8.64224	\$8.73087	\$8.81544	\$8.89975
45	\$8.26408	\$8.76726	\$8.93092	\$9.01838	\$9.11164	\$9.20079	\$9.28969
46	\$8.70459	\$9.24219	\$9.41704	\$9.51001	\$9.60904	\$9.70392	\$9.79853
47	\$9.16859	\$9.74287	\$9.92964	\$10.02843	\$10.13358	\$10.23455	\$10.33522
48	\$9.65732	\$10.27066	\$10.47012	\$10.57513	\$10.68677	\$10.79421	\$10.90133
49	\$10.17211	\$10.82705	\$11.04004	\$11.15161	\$11.27014	\$11.38446	\$11.49844
50	\$10.71433	\$11.41355	\$11.64097	\$11.75952	\$11.88537	\$12.00699	\$12.12825
51	\$11.28545	\$12.03185	\$12.27462	\$12.40059	\$12.53417	\$12.66357	\$12.79257
52	\$11.88701	\$12.68364	\$12.94276	\$13.07658	\$13.21839	\$13.35604	\$13.49327
53	\$12.52065	\$13.37072	\$13.64727	\$13.78945	\$13.93997	\$14.08639	\$14.23235
54	\$13.18807	\$14.09504	\$14.39013	\$14.54117	\$14.70093	\$14.85665	\$15.01192
55	\$13.89105	\$14.85859	\$15.17342	\$15.33386	\$15.50344	\$15.66906	\$15.83418
56	\$14.70881	\$15.74070	\$16.07798	\$16.24882	\$16.42947	\$16.60605	\$16.78209
57	\$15.57472	\$16.67515	\$17.03648	\$17.21835	\$17.41083	\$17.59907	\$17.78673
58	\$16.49161	\$17.66508	\$18.05210	\$18.24574	\$18.45080	\$18.65147	\$18.85152
59	\$17.46247	\$18.71379	\$19.12829	\$19.33442	\$19.55289	\$19.76679	\$19.98006
60	\$18.49048	\$19.82477	\$20.26862	\$20.48808	\$20.72080	\$20.94882	\$21.17616
61	\$19.57901	\$21.00168	\$21.47694	\$21.71058	\$21.95847	\$22.20152	\$22.44385
62	\$20.73163	\$22.24845	\$22.75730	\$23.00601	\$23.27007	\$23.52913	\$23.78743
63	\$21.99456	\$23.61885	\$24.16694	\$24.43290	\$24.71563	\$24.99319	\$25.26992
64	\$23.33445	\$25.07367	\$25.66387	\$25.94830	\$26.25098	\$26.54834	\$26.84480
65	\$24.75593	\$26.61808	\$27.25356	\$27.55770	\$27.88172	\$28.20025	\$28.51784
66	\$26.26404	\$28.25762	\$28.94171	\$29.26692	\$29.61376	\$29.95497	\$30.29515
67	\$27.86400	\$29.99814	\$30.73442	\$31.08214	\$31.45340	\$31.81885	\$32.18320
68	\$30.29273	\$32.61154	\$33.41633	\$33.79339	\$34.19644	\$34.59364	\$34.98968
69	\$32.93315	\$35.45262	\$36.33229	\$36.74115	\$37.17870	\$37.61045	\$38.04091
70	\$35.80375	\$38.54120	\$39.50268	\$39.94604	\$40.42105	\$40.89033	\$41.35820
71	\$38.97895	\$41.95744	\$43.00977	\$43.49119	\$44.00760	\$44.51838	\$45.02763
72	\$42.43574	\$45.67647	\$46.82823	\$47.35097	\$47.91239	\$48.46834	\$49.02263
73	\$46.38468	\$49.97814	\$51.26096	\$51.83766	\$52.45739	\$53.07303	\$53.68683
74	\$50.70108	\$54.68492	\$56.11330	\$56.74948	\$57.43354	\$58.11519	\$58.79482
75	\$55.41917	\$59.83495	\$61.42497	\$62.12672	\$62.88173	\$63.63639	\$64.38878
76	\$60.57627	\$65.47001	\$67.23943	\$68.01346	\$68.84673	\$69.68212	\$70.51498
77	\$66.21331	\$71.63577	\$73.60428	\$74.45801	\$75.37759	\$76.30221	\$77.22405
78	\$71.52849	\$77.44080	\$79.59450	\$80.52344	\$81.52901	\$82.54153	\$83.55102
79	\$77.27034	\$83.71625	\$86.07222	\$87.08299	\$88.18244	\$89.29105	\$90.39635
80	\$83.47311	\$90.50023	\$93.07713	\$94.17685	\$95.37883	\$96.59249	\$97.80254
81	\$90.17379	\$97.83395	\$100.65211	\$101.84862	\$103.16250	\$104.49098	\$105.81550
82	\$97.41236	\$105.76196	\$108.84359	\$110.14532	\$111.58139	\$113.03534	\$114.48496
83	\$104.39210	\$113.40517	\$116.73258	\$118.13312	\$119.69163	\$121.27210	\$122.84783
84	\$111.87197	\$121.60072	\$125.19336	\$126.70019	\$128.39137	\$130.10905	\$131.82158
85	\$119.88778	\$130.38855	\$134.26739	\$135.88857	\$137.72346	\$139.58994	\$141.45084
86	\$128.47793	\$139.81146	\$143.99911	\$145.74328	\$147.73383	\$149.76171	\$151.78352
87	\$137.68358	\$149.91532	\$154.43617	\$156.31267	\$158.47182	\$160.67469	\$162.87097
88	\$143.60931	\$156.34754	\$161.03919	\$162.98130	\$165.24485	\$167.55869	\$169.86560
89	\$149.79007	\$163.05573	\$167.92453	\$169.93442	\$172.30736	\$174.73763	\$177.16061
90	\$156.23685	\$170.05174	\$175.10426	\$177.18418	\$179.67172	\$182.22415	\$184.76893
91	\$162.96107	\$177.34790	\$182.59096	\$184.74322	\$187.35083	\$190.03142	\$192.70399
92	\$169.97472	\$184.95713	\$190.39776	\$192.62475	\$195.35814	\$198.17320	\$200.97982
93	\$174.34023	\$189.62441	\$195.14811	\$197.40371	\$200.20710	\$203.10097	\$205.98619
94	\$178.81786	\$194.40948	\$200.01699	\$202.30124	\$205.17639	\$208.15126	\$211.11724
95	\$183.41050	\$199.31529	\$205.00734	\$207.32027	\$210.26902	\$213.32715	\$216.37611
96	\$188.12111	\$204.34490	\$210.12222	\$212.46382	\$215.48809	\$218.63175	\$221.76599
97	\$192.95268	\$209.50142	\$215.36468	\$217.73497	\$220.83667	\$224.06824	\$227.29011
98	\$196.91720	\$213.73074	\$219.66331	\$222.05652	\$225.22177	\$228.52558	\$231.81950
99	\$200.15400	\$217.18250	\$223.17084	\$225.58237	\$228.79948	\$232.16239	\$235.51522
100	\$202.78601	\$219.98848	\$226.02169	\$228.44785	\$231.70712	\$235.11813	\$238.51893

Plan: LTC2007-CIP

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Convertible Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
30 and under	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
31	\$3.76088	\$3.90794	\$4.19587	\$4.47432	\$4.82181	\$5.10888
32	\$3.76806	\$3.91518	\$4.20373	\$4.48276	\$4.83086	\$5.11835
33	\$3.77482	\$3.92198	\$4.21109	\$4.49071	\$4.83931	\$5.12722
34	\$3.78118	\$3.92832	\$4.21795	\$4.49812	\$4.84719	\$5.13547
35	\$3.78708	\$3.93421	\$4.22433	\$4.50497	\$4.85448	\$5.14305
36	\$3.79255	\$3.93964	\$4.23017	\$4.51128	\$4.86112	\$5.14995
37	\$3.79708	\$3.94484	\$4.23584	\$4.51708	\$4.86708	\$5.15648
38	\$3.80217	\$3.95021	\$4.24142	\$4.52281	\$4.87281	\$5.16281
39	\$3.80721	\$3.95564	\$4.24699	\$4.52848	\$4.87848	\$5.16906
40	\$3.81232	\$3.96118	\$4.25255	\$4.53412	\$4.88412	\$5.17522
41	\$3.81742	\$3.96673	\$4.25812	\$4.53976	\$4.88976	\$5.18138
42	\$3.82252	\$3.97228	\$4.26367	\$4.54539	\$4.89539	\$5.18754
43	\$3.82762	\$3.97783	\$4.26922	\$4.55103	\$4.90103	\$5.19370
44	\$3.83272	\$3.98338	\$4.27477	\$4.55667	\$4.90667	\$5.19986
45	\$3.83782	\$3.98893	\$4.28032	\$4.56231	\$4.91231	\$5.20602
46	\$3.84292	\$3.99448	\$4.28587	\$4.56795	\$4.91795	\$5.21218
47	\$3.84802	\$4.00003	\$4.29142	\$4.57359	\$4.92359	\$5.21834
48	\$3.85312	\$4.00558	\$4.29697	\$4.57923	\$4.92923	\$5.22450
49	\$3.85822	\$4.01113	\$4.30252	\$4.58487	\$4.93487	\$5.23066
50	\$3.86332	\$4.01668	\$4.30807	\$4.59051	\$4.94051	\$5.23682
51	\$3.86842	\$4.02223	\$4.31362	\$4.59615	\$4.94615	\$5.24298
52	\$3.87352	\$4.02778	\$4.31917	\$4.60179	\$4.95179	\$5.24914
53	\$3.87862	\$4.03333	\$4.32472	\$4.60743	\$4.95743	\$5.25530
54	\$3.88372	\$4.03888	\$4.33027	\$4.61307	\$4.96307	\$5.26146
55	\$3.88882	\$4.04443	\$4.33582	\$4.61871	\$4.96871	\$5.26762
56	\$3.89392	\$4.05003	\$4.34137	\$4.62435	\$4.97435	\$5.27378
57	\$3.89902	\$4.05558	\$4.34692	\$4.62999	\$4.97999	\$5.27994
58	\$3.90412	\$4.06113	\$4.35247	\$4.63563	\$4.98563	\$5.28610
59	\$3.90922	\$4.06668	\$4.35802	\$4.64127	\$4.99127	\$5.29226
60	\$3.91432	\$4.07223	\$4.36357	\$4.64691	\$4.99691	\$5.29842
61	\$3.91942	\$4.07778	\$4.36912	\$4.65255	\$5.00255	\$5.30458
62	\$3.92452	\$4.08333	\$4.37467	\$4.65819	\$5.00819	\$5.31074
63	\$3.92962	\$4.08888	\$4.38022	\$4.66383	\$5.01383	\$5.31690
64	\$3.93472	\$4.09443	\$4.38577	\$4.66947	\$5.01947	\$5.32306
65	\$3.93982	\$4.10003	\$4.39132	\$4.67511	\$5.02511	\$5.32922
66	\$3.94492	\$4.10558	\$4.39687	\$4.68075	\$5.03075	\$5.33538
67	\$3.95002	\$4.11113	\$4.40242	\$4.68639	\$5.03639	\$5.34154
68	\$3.95512	\$4.11668	\$4.40797	\$4.69203	\$5.04203	\$5.34770
69	\$3.96022	\$4.12223	\$4.41352	\$4.69767	\$5.04767	\$5.35386
70	\$3.96532	\$4.12778	\$4.41907	\$4.70331	\$5.05331	\$5.35999
71	\$3.97042	\$4.13333	\$4.42462	\$4.70895	\$5.05895	\$5.36615
72	\$3.97552	\$4.13888	\$4.43017	\$4.71459	\$5.06459	\$5.37231
73	\$3.98062	\$4.14443	\$4.43572	\$4.72023	\$5.07023	\$5.37847
74	\$3.98572	\$4.15003	\$4.44127	\$4.72587	\$5.07587	\$5.38463
75	\$3.99082	\$4.15558	\$4.44682	\$4.73151	\$5.08151	\$5.39079
76	\$3.99592	\$4.16113	\$4.45237	\$4.73715	\$5.08715	\$5.39695
77	\$4.00102	\$4.16668	\$4.45792	\$4.74279	\$5.09279	\$5.40311
78	\$4.00612	\$4.17223	\$4.46347	\$4.74843	\$5.09843	\$5.40927
79	\$4.01122	\$4.17778	\$4.46902	\$4.75407	\$5.10407	\$5.41543
80	\$4.01632	\$4.18333	\$4.47457	\$4.75971	\$5.10971	\$5.42159
81	\$4.02142	\$4.18888	\$4.48012	\$4.76535	\$5.11535	\$5.42775
82	\$4.02652	\$4.19443	\$4.48567	\$4.77099	\$5.12099	\$5.43391
83	\$4.03162	\$4.20003	\$4.49122	\$4.77663	\$5.12663	\$5.44007
84	\$4.03672	\$4.20558	\$4.49677	\$4.78227	\$5.13227	\$5.44623

Plan: **LTC2007-CIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Convertible Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$5.30258	\$5.50720	\$5.68496	\$6.04955	\$6.40558	\$6.79591
31	\$5.31249	\$5.51752	\$5.69543	\$6.06075	\$6.41739	\$6.80836
32	\$5.32177	\$5.52720	\$5.70516	\$6.07119	\$6.42837	\$6.81995
33	\$5.33038	\$5.53618	\$5.71416	\$6.08085	\$6.43851	\$6.83062
34	\$5.33833	\$5.54442	\$5.72242	\$6.08973	\$6.44777	\$6.84033
35	\$5.34556	\$5.55193	\$5.72991	\$6.09772	\$6.45613	\$6.84909
36	\$5.23806	\$5.44072	\$5.61427	\$5.97546	\$6.32682	\$6.71211
37	\$5.13273	\$5.33174	\$5.50095	\$5.85564	\$6.20011	\$6.57787
38	\$5.02952	\$5.22495	\$5.38994	\$5.73823	\$6.07593	\$6.44632
39	\$4.92837	\$5.12030	\$5.28115	\$5.62318	\$5.95424	\$6.31740
40	\$4.82928	\$5.01774	\$5.17456	\$5.51042	\$5.83499	\$6.19107
41	\$4.73216	\$4.91724	\$5.07013	\$5.39992	\$5.71811	\$6.06725
42	\$4.63701	\$4.81874	\$4.96779	\$5.29166	\$5.60360	\$5.94592
43	\$4.54376	\$4.72222	\$4.86753	\$5.18555	\$5.49135	\$5.82700
44	\$4.45237	\$4.62764	\$4.76930	\$5.08158	\$5.38138	\$5.71048
45	\$4.36284	\$4.53495	\$4.67303	\$4.97968	\$5.27359	\$5.59628
46	\$4.05741	\$4.21800	\$4.34145	\$4.62730	\$4.89876	\$5.19709
47	\$3.77337	\$3.92318	\$4.03340	\$4.29985	\$4.55059	\$4.82638
48	\$3.50921	\$3.64897	\$3.74720	\$3.99557	\$4.22716	\$4.48213
49	\$3.26354	\$3.39393	\$3.48131	\$3.71283	\$3.92670	\$4.16241
50	\$3.03507	\$3.15672	\$3.23428	\$3.45009	\$3.64761	\$3.86551
51	\$2.82260	\$2.93607	\$3.00480	\$3.20595	\$3.38835	\$3.58978
52	\$2.62499	\$2.73087	\$2.79158	\$2.97908	\$3.14751	\$3.33372
53	\$2.44123	\$2.54000	\$2.59351	\$2.76826	\$2.92380	\$3.09594
54	\$2.27032	\$2.36247	\$2.40947	\$2.57236	\$2.71599	\$2.87509
55	\$2.11139	\$2.19734	\$2.23851	\$2.39034	\$2.52294	\$2.67002
56	\$1.91885	\$1.99460	\$2.03577	\$2.16997	\$2.28935	\$2.42149
57	\$1.74387	\$1.81056	\$1.85141	\$1.96991	\$2.07737	\$2.19610
58	\$1.58483	\$1.64349	\$1.68373	\$1.78829	\$1.88502	\$1.99169
59	\$1.44032	\$1.49184	\$1.53124	\$1.62343	\$1.71049	\$1.80630
60	\$1.30896	\$1.35419	\$1.39257	\$1.47375	\$1.55211	\$1.63818
61	\$1.18960	\$1.22925	\$1.26643	\$1.33788	\$1.40839	\$1.48569
62	\$1.08112	\$1.11581	\$1.15174	\$1.21454	\$1.27799	\$1.34740
63	\$1.14379	\$1.18088	\$1.21926	\$1.28643	\$1.35428	\$1.42851
64	\$1.21011	\$1.24975	\$1.29076	\$1.36259	\$1.43513	\$1.51452
65	\$1.28027	\$1.32261	\$1.36644	\$1.44325	\$1.52080	\$1.60570
66	\$1.35450	\$1.39973	\$1.44656	\$1.52869	\$1.61160	\$1.70236
67	\$1.43302	\$1.48136	\$1.53136	\$1.61919	\$1.70781	\$1.80484
68	\$1.56025	\$1.61260	\$1.66679	\$1.76205	\$1.85817	\$1.96348
69	\$1.69874	\$1.75547	\$1.81419	\$1.91754	\$2.02178	\$2.13607
70	\$1.84955	\$1.91098	\$1.97461	\$2.08674	\$2.19981	\$2.32381
71	\$2.01375	\$2.08029	\$2.14925	\$2.27087	\$2.39349	\$2.52808
72	\$2.19252	\$2.26460	\$2.33929	\$2.47125	\$2.60425	\$2.75029
73	\$2.38667	\$2.46617	\$2.54860	\$2.69444	\$2.84143	\$3.00302
74	\$2.59801	\$2.68569	\$2.77662	\$2.93780	\$3.10025	\$3.27898
75	\$2.82807	\$2.92475	\$3.02504	\$3.20314	\$3.38263	\$3.58029
76	\$3.07850	\$3.18509	\$3.29569	\$3.49244	\$3.69072	\$3.90928
77	\$3.35112	\$3.46860	\$3.59056	\$3.80786	\$4.02688	\$4.26851
78	\$3.61448	\$3.74147	\$3.87336	\$4.10883	\$4.34623	\$4.60855
79	\$3.89856	\$4.03581	\$4.17846	\$4.43355	\$4.69090	\$4.97567
80	\$4.20495	\$4.35329	\$4.50757	\$4.78398	\$5.06292	\$5.37206
81	\$4.53542	\$4.69577	\$4.86258	\$5.16209	\$5.46443	\$5.80001
82	\$4.89187	\$5.06519	\$5.24559	\$5.57007	\$5.89778	\$6.26206
83	\$5.24152	\$5.42660	\$5.61941	\$5.96674	\$6.31773	\$6.70871
84	\$5.61616	\$5.81382	\$6.01987	\$6.39166	\$6.76758	\$7.18723

Plan: **LTC2007-CIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Convertible Inflation Protection - Reimbursement - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$7.36666	\$7.97075	\$8.15115	\$8.24744	\$8.36430	\$8.47450	\$8.58437
31	\$7.38004	\$7.98526	\$8.16621	\$8.26258	\$8.37966	\$8.49006	\$8.60013
32	\$7.39243	\$7.99870	\$8.18016	\$8.27660	\$8.39387	\$8.50447	\$8.61473
33	\$7.40382	\$8.01100	\$8.19295	\$8.28945	\$8.40691	\$8.51767	\$8.62810
34	\$7.41415	\$8.02217	\$8.20458	\$8.30110	\$8.41873	\$8.52964	\$8.64022
35	\$7.42342	\$8.03213	\$8.21502	\$8.31154	\$8.42929	\$8.54033	\$8.65104
36	\$7.27464	\$7.87139	\$8.04900	\$8.14248	\$8.25718	\$8.36554	\$8.47358
37	\$7.12885	\$7.71387	\$7.88634	\$7.97687	\$8.08857	\$8.19432	\$8.29977
38	\$6.98597	\$7.55950	\$7.72697	\$7.81463	\$7.92342	\$8.02662	\$8.12950
39	\$6.84597	\$7.40823	\$7.57082	\$7.65569	\$7.76163	\$7.86235	\$7.96276
40	\$6.70876	\$7.25998	\$7.41780	\$7.49998	\$7.60314	\$7.70143	\$7.79941
41	\$6.57430	\$7.11468	\$7.26790	\$7.34743	\$7.44789	\$7.54381	\$7.63943
42	\$6.44255	\$6.97230	\$7.12103	\$7.19799	\$7.29582	\$7.38942	\$7.48273
43	\$6.31343	\$6.83277	\$6.97711	\$7.05159	\$7.14684	\$7.23818	\$7.32923
44	\$6.18690	\$6.69604	\$6.83612	\$6.90816	\$7.00093	\$7.09003	\$7.17888
45	\$6.06291	\$6.56203	\$6.69797	\$6.76765	\$6.85797	\$6.94492	\$7.03162
46	\$5.62637	\$6.08898	\$6.21117	\$6.27286	\$6.35596	\$6.43618	\$6.51616
47	\$5.22126	\$5.65002	\$5.75975	\$5.81424	\$5.89068	\$5.96470	\$6.03849
48	\$4.84533	\$5.24271	\$5.34113	\$5.38914	\$5.45948	\$5.52775	\$5.59583
49	\$4.49646	\$4.86475	\$4.95294	\$4.99513	\$5.05983	\$5.12282	\$5.18562
50	\$4.17272	\$4.51405	\$4.59297	\$4.62992	\$4.68944	\$4.74756	\$4.80547
51	\$3.87227	\$4.18863	\$4.25916	\$4.29141	\$4.34617	\$4.39976	\$4.45321
52	\$3.59347	\$3.88667	\$3.94961	\$3.97766	\$4.02803	\$4.07746	\$4.12675
53	\$3.33473	\$3.60648	\$3.66256	\$3.68684	\$3.73317	\$3.77878	\$3.82424
54	\$3.09463	\$3.34649	\$3.39636	\$3.41729	\$3.45990	\$3.50195	\$3.54390
55	\$2.87181	\$3.10524	\$3.14952	\$3.16743	\$3.20663	\$3.24542	\$3.28411
56	\$2.60501	\$2.81372	\$2.85730	\$2.87567	\$2.91090	\$2.94571	\$2.98042
57	\$2.36301	\$2.54958	\$2.59219	\$2.61081	\$2.64244	\$2.67368	\$2.70483
58	\$2.14347	\$2.31021	\$2.35167	\$2.37031	\$2.39873	\$2.42677	\$2.45471
59	\$1.94434	\$2.09334	\$2.13348	\$2.15198	\$2.17750	\$2.20266	\$2.22773
60	\$1.76370	\$1.89683	\$1.93553	\$1.95376	\$1.97668	\$1.99925	\$2.02174
61	\$1.59985	\$1.71876	\$1.75593	\$1.77380	\$1.79439	\$1.81462	\$1.83478
62	\$1.45122	\$1.55740	\$1.59302	\$1.61041	\$1.62890	\$1.64704	\$1.66513
63	\$1.53962	\$1.65332	\$1.69168	\$1.71030	\$1.73010	\$1.74953	\$1.76889
64	\$1.63342	\$1.75517	\$1.79647	\$1.81638	\$1.83757	\$1.85839	\$1.87914
65	\$1.73291	\$1.86326	\$1.90775	\$1.92904	\$1.95172	\$1.97403	\$1.99626
66	\$1.83848	\$1.97804	\$2.02593	\$2.04868	\$2.07296	\$2.09686	\$2.12066
67	\$1.95048	\$2.09986	\$2.15140	\$2.17574	\$2.20175	\$2.22733	\$2.25283
68	\$2.12167	\$2.28409	\$2.34044	\$2.36686	\$2.39509	\$2.42292	\$2.45064
69	\$2.30789	\$2.48447	\$2.54611	\$2.57476	\$2.60543	\$2.63567	\$2.66584
70	\$2.51046	\$2.70240	\$2.76983	\$2.80092	\$2.83423	\$2.86711	\$2.89993
71	\$2.73081	\$2.93949	\$3.01320	\$3.04692	\$3.08311	\$3.11890	\$3.15459
72	\$2.97050	\$3.19735	\$3.27797	\$3.31457	\$3.35386	\$3.39278	\$3.43158
73	\$3.24693	\$3.49847	\$3.58826	\$3.62864	\$3.67202	\$3.71512	\$3.75808
74	\$3.54908	\$3.82794	\$3.92793	\$3.97245	\$4.02034	\$4.06806	\$4.11563
75	\$3.87935	\$4.18844	\$4.29974	\$4.34886	\$4.40173	\$4.45454	\$4.50722
76	\$4.24034	\$4.58289	\$4.70676	\$4.76095	\$4.81927	\$4.87775	\$4.93606
77	\$4.63494	\$5.01450	\$5.15229	\$5.21207	\$5.27643	\$5.34116	\$5.40569
78	\$5.00700	\$5.42085	\$5.57163	\$5.63665	\$5.70704	\$5.77791	\$5.84857
79	\$5.40893	\$5.86014	\$6.02505	\$6.09582	\$6.17278	\$6.25038	\$6.32775
80	\$5.84313	\$6.33502	\$6.51540	\$6.59238	\$6.67653	\$6.76147	\$6.84618
81	\$6.31217	\$6.84838	\$7.04565	\$7.12940	\$7.22138	\$7.31437	\$7.40709
82	\$6.81887	\$7.40333	\$7.61905	\$7.71017	\$7.81070	\$7.91247	\$8.01394
83	\$7.30745	\$7.93837	\$8.17129	\$8.26932	\$8.37842	\$8.48905	\$8.59934
84	\$7.83104	\$8.51206	\$8.76354	\$8.86901	\$8.98740	\$9.10764	\$9.22750

Plan: LTC2007-5AIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 5% Automatic Compound Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$15.70117	\$16.33382	\$17.53175	\$18.42122	\$19.60142	\$20.62285
31	\$15.81857	\$16.45578	\$17.66272	\$18.55843	\$19.74693	\$20.77555
32	\$15.93659	\$16.57837	\$17.79434	\$18.69633	\$19.89309	\$20.92897
33	\$16.05522	\$16.70156	\$17.92661	\$18.83488	\$20.03995	\$21.08309
34	\$16.17445	\$16.82538	\$18.05955	\$18.97410	\$20.18750	\$21.23791
35	\$16.29428	\$16.94980	\$18.19312	\$19.11398	\$20.33570	\$21.39341
36	\$16.38373	\$17.04397	\$18.29835	\$19.22720	\$20.45902	\$21.52561
37	\$16.47368	\$17.13865	\$18.40421	\$19.34108	\$20.58308	\$21.65863
38	\$16.56411	\$17.23386	\$18.51065	\$19.45564	\$20.70790	\$21.79246
39	\$16.65505	\$17.32961	\$18.61774	\$19.57086	\$20.83347	\$21.92713
40	\$16.74648	\$17.42588	\$18.72542	\$19.68678	\$20.95980	\$22.06262
41	\$16.83843	\$17.52269	\$18.83373	\$19.80338	\$21.08691	\$22.19896
42	\$16.93085	\$17.62004	\$18.94267	\$19.92068	\$21.21477	\$22.33612
43	\$17.02380	\$17.71791	\$19.05225	\$20.03867	\$21.34341	\$22.47415
44	\$17.11727	\$17.81634	\$19.16246	\$20.15734	\$21.47284	\$22.61304
45	\$17.21123	\$17.91532	\$19.27329	\$20.27674	\$21.60304	\$22.75277
46	\$17.37129	\$18.08201	\$19.45536	\$20.46828	\$21.80663	\$22.96758
47	\$17.53283	\$18.25024	\$19.63916	\$20.66165	\$22.01211	\$23.18442
48	\$17.69586	\$18.42005	\$19.82467	\$20.85683	\$22.21955	\$23.40330
49	\$17.86042	\$18.59141	\$20.01195	\$21.05386	\$22.42894	\$23.62425
50	\$18.02649	\$18.76439	\$20.20100	\$21.25277	\$22.64030	\$23.84729
51	\$18.19412	\$18.93896	\$20.39184	\$21.45352	\$22.85366	\$24.07242
52	\$18.36331	\$19.11518	\$20.58447	\$21.65619	\$23.06903	\$24.29970
53	\$18.53407	\$19.29301	\$20.77891	\$21.86078	\$23.28641	\$24.52912
54	\$18.70643	\$19.47252	\$20.97521	\$22.06728	\$23.50585	\$24.76069
55	\$18.88037	\$19.65369	\$21.17336	\$22.27576	\$23.72737	\$24.99446
56	\$18.89990	\$19.67159	\$21.19410	\$22.29366	\$23.73884	\$25.00149
57	\$18.91942	\$19.68951	\$21.21486	\$22.31156	\$23.75029	\$25.00853
58	\$18.93900	\$19.70743	\$21.23565	\$22.32949	\$23.76177	\$25.01555
59	\$18.95857	\$19.72538	\$21.25647	\$22.34744	\$23.77326	\$25.02259
60	\$18.97818	\$19.74335	\$21.27728	\$22.36540	\$23.78474	\$25.02963
61	\$18.99780	\$19.76133	\$21.29813	\$22.38335	\$23.79623	\$25.03667
62	\$19.01744	\$19.77932	\$21.31900	\$22.40135	\$23.80772	\$25.04371
63	\$18.99856	\$19.75563	\$21.29552	\$22.36977	\$23.76326	\$24.99016
64	\$18.97971	\$19.73196	\$21.27209	\$22.33826	\$23.71888	\$24.93674
65	\$18.96088	\$19.70832	\$21.24866	\$22.30677	\$23.67457	\$24.88342
66	\$18.94206	\$19.68470	\$21.22525	\$22.27533	\$23.63036	\$24.83022
67	\$18.92325	\$19.66112	\$21.20190	\$22.24394	\$23.58622	\$24.77713
68	\$18.97229	\$19.70606	\$21.25493	\$22.28888	\$23.61751	\$24.80007
69	\$19.02145	\$19.75109	\$21.30809	\$22.33393	\$23.64884	\$24.82302
70	\$19.07074	\$19.79623	\$21.36138	\$22.37906	\$23.68023	\$24.84601
71	\$19.12016	\$19.84146	\$21.41481	\$22.42429	\$23.71166	\$24.86900
72	\$19.16971	\$19.88681	\$21.46837	\$22.46960	\$23.74311	\$24.89203
73	\$19.45353	\$20.17412	\$21.79003	\$22.79421	\$24.06629	\$25.21978
74	\$19.74156	\$20.46561	\$22.11652	\$23.12351	\$24.39388	\$25.55189
75	\$20.03385	\$20.76128	\$22.44788	\$23.45757	\$24.72592	\$25.88834
76	\$20.33047	\$21.06124	\$22.78421	\$23.79645	\$25.06248	\$26.22923
77	\$20.63148	\$21.36552	\$23.12559	\$24.14022	\$25.40363	\$26.57461
78	\$20.59055	\$21.30326	\$23.06438	\$24.04331	\$25.25424	\$26.38701
79	\$20.54970	\$21.24117	\$23.00334	\$23.94675	\$25.10574	\$26.20070
80	\$20.50893	\$21.17927	\$22.94245	\$23.85061	\$24.95811	\$26.01573
81	\$20.46824	\$21.11754	\$22.88172	\$23.75485	\$24.81136	\$25.83208
82	\$20.42763	\$21.05601	\$22.82116	\$23.65947	\$24.66547	\$25.64970
83	\$20.41798	\$21.01322	\$22.77614	\$23.56111	\$24.49039	\$25.41550
84	\$20.40835	\$20.97053	\$22.73125	\$23.46318	\$24.31656	\$25.18343

Plan: **LTC2007-5AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$21.27071	\$21.94547	\$22.53328	\$23.83018	\$24.93933	\$26.25873
31	\$21.42804	\$22.10758	\$22.69930	\$24.00555	\$25.12224	\$26.45088
32	\$21.58610	\$22.27040	\$22.86602	\$24.18166	\$25.30591	\$26.64381
33	\$21.74489	\$22.43395	\$23.03345	\$24.35853	\$25.49034	\$26.83750
34	\$21.90437	\$22.59820	\$23.20162	\$24.53612	\$25.67549	\$27.03193
35	\$22.06455	\$22.76317	\$23.37047	\$24.71445	\$25.86138	\$27.22708
36	\$22.20250	\$22.90688	\$23.51832	\$24.87401	\$26.02825	\$27.40275
37	\$22.34133	\$23.05150	\$23.66710	\$25.03459	\$26.19620	\$27.57954
38	\$22.48102	\$23.19703	\$23.81681	\$25.19622	\$26.36523	\$27.75748
39	\$22.62158	\$23.34348	\$23.96748	\$25.35890	\$26.53536	\$27.93655
40	\$22.76303	\$23.49087	\$24.11909	\$25.52263	\$26.70659	\$28.11680
41	\$22.90536	\$23.63917	\$24.27169	\$25.68741	\$26.87890	\$28.29820
42	\$23.04858	\$23.78842	\$24.42523	\$25.85326	\$27.05235	\$28.48078
43	\$23.19269	\$23.93860	\$24.57974	\$26.02018	\$27.22690	\$28.66454
44	\$23.33769	\$24.08975	\$24.73524	\$26.18816	\$27.40259	\$28.84948
45	\$23.48362	\$24.24183	\$24.89170	\$26.35724	\$27.57941	\$29.03561
46	\$23.70652	\$24.47204	\$25.12641	\$26.60827	\$27.83932	\$29.30737
47	\$23.93154	\$24.70444	\$25.36333	\$26.86170	\$28.10168	\$29.58169
48	\$24.15868	\$24.93904	\$25.60249	\$27.11754	\$28.36652	\$29.85856
49	\$24.38799	\$25.17587	\$25.84390	\$27.37580	\$28.63384	\$30.13803
50	\$24.61947	\$25.41494	\$26.08757	\$27.63652	\$28.90369	\$30.42011
51	\$24.85315	\$25.65630	\$26.33355	\$27.89975	\$29.17608	\$30.70485
52	\$25.08905	\$25.89994	\$26.58186	\$28.16547	\$29.45104	\$30.99224
53	\$25.32719	\$26.14589	\$26.83250	\$28.43373	\$29.72858	\$31.28232
54	\$25.56757	\$26.39418	\$27.08551	\$28.70452	\$30.00875	\$31.57512
55	\$25.81026	\$26.64484	\$27.34090	\$28.97791	\$30.29155	\$31.87066
56	\$25.81592	\$26.64739	\$27.33708	\$28.97246	\$30.27707	\$31.84958
57	\$25.82157	\$26.64992	\$27.33326	\$28.96701	\$30.26259	\$31.82852
58	\$25.82723	\$26.65247	\$27.32944	\$28.96155	\$30.24813	\$31.80746
59	\$25.83288	\$26.65501	\$27.32562	\$28.95608	\$30.23367	\$31.78643
60	\$25.83855	\$26.65756	\$27.32180	\$28.95064	\$30.21923	\$31.76542
61	\$25.84420	\$26.66010	\$27.31797	\$28.94517	\$30.20478	\$31.74440
62	\$25.84986	\$26.66265	\$27.31417	\$28.93972	\$30.19034	\$31.72341
63	\$25.79263	\$26.59914	\$27.23954	\$28.85967	\$30.09393	\$31.61440
64	\$25.73554	\$26.53578	\$27.16515	\$28.77984	\$29.99782	\$31.50578
65	\$25.67858	\$26.47258	\$27.09095	\$28.70021	\$29.90202	\$31.39750
66	\$25.62171	\$26.40951	\$27.01695	\$28.62081	\$29.80652	\$31.28962
67	\$25.56500	\$26.34661	\$26.94314	\$28.54163	\$29.71134	\$31.18210
68	\$25.58555	\$26.36111	\$26.94281	\$28.54017	\$29.68880	\$31.14440
69	\$25.60611	\$26.37563	\$26.94245	\$28.53870	\$29.66627	\$31.10675
70	\$25.62669	\$26.39015	\$26.94210	\$28.53724	\$29.64376	\$31.06914
71	\$25.64728	\$26.40469	\$26.94174	\$28.53575	\$29.62125	\$31.03157
72	\$25.66790	\$26.41922	\$26.94139	\$28.53429	\$29.59878	\$30.99405
73	\$26.00377	\$26.75701	\$27.26360	\$28.87716	\$29.92066	\$31.30852
74	\$26.34403	\$27.09915	\$27.58965	\$29.22414	\$30.24602	\$31.62616
75	\$26.68875	\$27.44564	\$27.91961	\$29.57529	\$30.57494	\$31.94703
76	\$27.03798	\$27.79657	\$28.25352	\$29.93066	\$30.90743	\$32.27115
77	\$27.39178	\$28.15198	\$28.59142	\$30.29030	\$31.24354	\$32.59856
78	\$27.18507	\$27.91789	\$28.30937	\$29.97590	\$30.85613	\$32.15397
79	\$26.97992	\$27.68576	\$28.03008	\$29.66476	\$30.47353	\$31.71543
80	\$26.77632	\$27.45554	\$27.75355	\$29.35684	\$30.09568	\$31.28290
81	\$26.57426	\$27.22726	\$27.47975	\$29.05213	\$29.72250	\$30.85625
82	\$26.37372	\$27.00086	\$27.20866	\$28.75058	\$29.35397	\$30.43542
83	\$26.10708	\$26.69151	\$26.83160	\$28.31324	\$28.83897	\$29.96203
84	\$25.84314	\$26.38571	\$26.45974	\$27.88255	\$28.33302	\$29.49599

Plan: **LTC2007-5AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$28.04956	\$29.96303	\$30.43359	\$30.72668	\$31.11049	\$31.48612	\$31.86064
31	\$28.25390	\$30.18059	\$30.65435	\$30.94937	\$31.33585	\$31.71414	\$32.09131
32	\$28.45902	\$30.39892	\$30.87592	\$31.17284	\$31.56199	\$31.94296	\$32.32277
33	\$28.66489	\$30.61804	\$31.09826	\$31.39707	\$31.78892	\$32.17256	\$32.55504
34	\$28.87152	\$30.83792	\$31.32135	\$31.62207	\$32.01661	\$32.40291	\$32.78805
35	\$29.07887	\$31.05852	\$31.54520	\$31.84779	\$32.24504	\$32.63400	\$33.02180
36	\$29.26226	\$31.24991	\$31.73236	\$32.03523	\$32.43402	\$32.82485	\$33.21454
37	\$29.44681	\$31.44249	\$31.92062	\$32.22378	\$32.62411	\$33.01685	\$33.40839
38	\$29.63251	\$31.63626	\$32.10999	\$32.41341	\$32.81531	\$33.20993	\$33.60339
39	\$29.81939	\$31.83121	\$32.30050	\$32.60419	\$33.00764	\$33.40417	\$33.79952
40	\$30.00746	\$32.02737	\$32.49213	\$32.79607	\$33.20110	\$33.59954	\$33.99678
41	\$30.19670	\$32.22475	\$32.68490	\$32.98909	\$33.39568	\$33.79603	\$34.19520
42	\$30.38714	\$32.42332	\$32.87882	\$33.18324	\$33.59141	\$33.99370	\$34.39479
43	\$30.57876	\$32.62314	\$33.07387	\$33.37853	\$33.78826	\$34.19251	\$34.59554
44	\$30.77162	\$32.82417	\$33.27010	\$33.57498	\$33.98631	\$34.39249	\$34.79747
45	\$30.96569	\$33.02645	\$33.46749	\$33.77258	\$34.18550	\$34.59363	\$35.00056
46	\$31.24866	\$33.32234	\$33.76713	\$34.07316	\$34.48937	\$34.90109	\$35.31157
47	\$31.53421	\$33.62087	\$34.06945	\$34.37645	\$34.79595	\$35.21127	\$35.62534
48	\$31.82238	\$33.92209	\$34.37449	\$34.68242	\$35.10524	\$35.52419	\$35.94190
49	\$32.11315	\$34.22600	\$34.68224	\$34.99112	\$35.41731	\$35.83992	\$36.26126
50	\$32.40661	\$34.53264	\$34.99277	\$35.30255	\$35.73213	\$36.15844	\$36.58349
51	\$32.70275	\$34.84200	\$35.30606	\$35.61676	\$36.04975	\$36.47980	\$36.90855
52	\$33.00160	\$35.15416	\$35.62216	\$35.93378	\$36.37021	\$36.80401	\$37.23651
53	\$33.30316	\$35.46912	\$35.94109	\$36.25360	\$36.69350	\$37.13110	\$37.56739
54	\$33.60749	\$35.78689	\$36.26289	\$36.57629	\$37.01967	\$37.46109	\$37.90121
55	\$33.91460	\$36.10750	\$36.58756	\$36.90183	\$37.34875	\$37.79404	\$38.23798
56	\$33.87957	\$36.06225	\$36.54260	\$36.85429	\$37.30094	\$37.74623	\$38.19019
57	\$33.84458	\$36.01704	\$36.49770	\$36.80680	\$37.25321	\$37.69850	\$38.14246
58	\$33.80962	\$35.97191	\$36.45287	\$36.75938	\$37.20554	\$37.65083	\$38.09477
59	\$33.77470	\$35.92682	\$36.40807	\$36.71202	\$37.15793	\$37.60321	\$38.04716
60	\$33.73981	\$35.88178	\$36.36335	\$36.66472	\$37.11037	\$37.55565	\$37.99959
61	\$33.70496	\$35.83683	\$36.31867	\$36.61748	\$37.06287	\$37.50816	\$37.95210
62	\$33.67015	\$35.79191	\$36.27405	\$36.57029	\$37.01545	\$37.46072	\$37.90466
63	\$33.53739	\$35.63772	\$36.11695	\$36.40844	\$36.85204	\$37.29606	\$37.73874
64	\$33.40514	\$35.48419	\$35.96052	\$36.24730	\$36.68934	\$37.13210	\$37.57354
65	\$33.27341	\$35.33134	\$35.80477	\$36.08689	\$36.52737	\$36.96888	\$37.40908
66	\$33.14221	\$35.17914	\$35.64969	\$35.92718	\$36.36611	\$36.80637	\$37.24532
67	\$33.01151	\$35.02759	\$35.49529	\$35.76817	\$36.20557	\$36.64458	\$37.08228
68	\$32.93704	\$34.92331	\$35.38240	\$35.64829	\$36.08484	\$36.52342	\$36.96071
69	\$32.86272	\$34.81935	\$35.26987	\$35.52881	\$35.96453	\$36.40269	\$36.83952
70	\$32.78859	\$34.71568	\$35.15771	\$35.40972	\$35.84461	\$36.28233	\$36.71876
71	\$32.71463	\$34.61232	\$35.04590	\$35.29105	\$35.72508	\$36.16238	\$36.59838
72	\$32.64081	\$34.50929	\$34.93444	\$35.17275	\$35.60596	\$36.04283	\$36.47838
73	\$32.91206	\$34.75090	\$35.16252	\$35.39230	\$35.83113	\$36.27403	\$36.71560
74	\$33.18556	\$34.99418	\$35.39211	\$35.61320	\$36.05772	\$36.50673	\$36.95438
75	\$33.46133	\$35.23917	\$35.62318	\$35.83548	\$36.28574	\$36.74089	\$37.19471
76	\$33.73939	\$35.48589	\$35.85576	\$36.05916	\$36.51521	\$36.97659	\$37.43659
77	\$34.01978	\$35.73434	\$36.08986	\$36.28422	\$36.74613	\$37.21379	\$37.68005
78	\$33.46841	\$35.09527	\$35.42060	\$35.59725	\$36.05395	\$36.51692	\$36.97849
79	\$32.92598	\$34.46765	\$34.76375	\$34.92328	\$35.37482	\$35.83309	\$36.29001
80	\$32.39233	\$33.85124	\$34.11909	\$34.26207	\$34.70848	\$35.16208	\$35.61432
81	\$31.86733	\$33.24586	\$33.48638	\$33.61338	\$34.05469	\$34.50363	\$34.95124
82	\$31.35085	\$32.65130	\$32.86540	\$32.97697	\$33.41321	\$33.85751	\$34.30049
83	\$31.00817	\$32.38237	\$32.59172	\$32.69671	\$33.13520	\$33.58215	\$34.02774
84	\$30.66926	\$32.11566	\$32.32029	\$32.41884	\$32.85951	\$33.30903	\$33.75717

Plan: LTC2007-3AIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 3% Automatic Compound Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
Issue Age	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$4.90213	\$5.08429	\$5.48482	\$5.83021	\$6.16437	\$6.55990
31	\$4.94878	\$5.13222	\$5.53618	\$5.88436	\$6.22065	\$6.61941
32	\$4.99577	\$5.18045	\$5.58784	\$5.93884	\$6.27723	\$6.67923
33	\$5.04306	\$5.22901	\$5.63983	\$5.99365	\$6.33411	\$6.73935
34	\$5.09071	\$5.27788	\$5.69215	\$6.04878	\$6.39130	\$6.79978
35	\$5.13866	\$5.32707	\$5.74479	\$6.10424	\$6.44878	\$6.86051
36	\$5.24032	\$5.43244	\$5.85984	\$6.22733	\$6.57839	\$6.99966
37	\$5.34403	\$5.53986	\$5.97721	\$6.35293	\$6.71061	\$7.14166
38	\$5.44977	\$5.64943	\$6.09692	\$6.48105	\$6.84549	\$7.28652
39	\$5.55762	\$5.76115	\$6.21902	\$6.61175	\$6.98309	\$7.43432
40	\$5.66759	\$5.87509	\$6.34358	\$6.74511	\$7.12344	\$7.58511
41	\$5.77975	\$5.99129	\$6.47063	\$6.88115	\$7.26662	\$7.73898
42	\$5.89411	\$6.10978	\$6.60022	\$7.01991	\$7.41268	\$7.89595
43	\$6.01075	\$6.23061	\$6.73241	\$7.16149	\$7.56167	\$8.05613
44	\$6.12969	\$6.35384	\$6.86723	\$7.30592	\$7.71366	\$8.21953
45	\$6.25099	\$6.47950	\$7.00478	\$7.45326	\$7.86869	\$8.38627
46	\$6.39235	\$6.62527	\$7.16419	\$7.62384	\$8.04652	\$8.57718
47	\$6.53689	\$6.77433	\$7.32721	\$7.79832	\$8.22837	\$8.77244
48	\$6.68472	\$6.92675	\$7.49396	\$7.97678	\$8.41430	\$8.97214
49	\$6.83588	\$7.08259	\$7.66450	\$8.15933	\$8.60446	\$9.17638
50	\$6.99047	\$7.24195	\$7.83891	\$8.34605	\$8.79891	\$9.38528
51	\$7.14855	\$7.40489	\$8.01730	\$8.53705	\$8.99775	\$9.59893
52	\$7.31021	\$7.57149	\$8.19974	\$8.73244	\$9.20109	\$9.81745
53	\$7.47551	\$7.74184	\$8.38634	\$8.93227	\$9.40902	\$10.04094
54	\$7.64456	\$7.91602	\$8.57718	\$9.13670	\$9.62166	\$10.26952
55	\$7.81744	\$8.09413	\$8.77236	\$9.34579	\$9.83909	\$10.50331
56	\$7.92038	\$8.19808	\$8.88714	\$9.46839	\$9.96116	\$10.63476
57	\$8.02466	\$8.30336	\$9.00342	\$9.59259	\$10.08476	\$10.76788
58	\$8.13032	\$8.41002	\$9.12124	\$9.71844	\$10.20988	\$10.90265
59	\$8.23736	\$8.51803	\$9.24058	\$9.84593	\$10.33656	\$11.03911
60	\$8.34582	\$8.62743	\$9.36149	\$9.97509	\$10.46482	\$11.17727
61	\$8.45572	\$8.73824	\$9.48398	\$10.10594	\$10.59466	\$11.31717
62	\$8.56704	\$8.85047	\$9.60807	\$10.23851	\$10.72611	\$11.45882
63	\$8.65421	\$8.93602	\$9.70443	\$10.34155	\$10.82226	\$11.56342
64	\$8.74225	\$9.02240	\$9.80175	\$10.44558	\$10.91925	\$11.66899
65	\$8.83119	\$9.10960	\$9.90005	\$10.55068	\$11.01714	\$11.77552
66	\$8.92104	\$9.19767	\$9.99934	\$10.65685	\$11.11588	\$11.88301
67	\$9.01180	\$9.28657	\$10.09960	\$10.76407	\$11.21553	\$11.99149
68	\$9.12635	\$9.39733	\$10.22654	\$10.90018	\$11.33811	\$12.12641
69	\$9.24234	\$9.50940	\$10.35506	\$11.03802	\$11.46204	\$12.26288
70	\$9.35981	\$9.62279	\$10.48520	\$11.17760	\$11.58733	\$12.40086
71	\$9.47876	\$9.73755	\$10.61699	\$11.31893	\$11.71399	\$12.54041
72	\$9.59925	\$9.85366	\$10.75040	\$11.46206	\$11.84202	\$12.68152
73	\$9.82669	\$10.07672	\$11.00617	\$11.73804	\$12.09956	\$12.96582
74	\$10.05953	\$10.30484	\$11.26803	\$12.02065	\$12.36268	\$13.25652
75	\$10.29787	\$10.53810	\$11.53614	\$12.31008	\$12.63153	\$13.55372
76	\$10.54187	\$10.77667	\$11.81059	\$12.60648	\$12.90622	\$13.85759
77	\$10.79166	\$11.02061	\$12.09159	\$12.91001	\$13.18689	\$14.16826
78	\$10.84892	\$11.05662	\$12.14541	\$12.96654	\$13.19168	\$14.18022
79	\$10.90649	\$11.09276	\$12.19947	\$13.02331	\$13.19648	\$14.19217
80	\$10.96436	\$11.12900	\$12.25376	\$13.08033	\$13.20127	\$14.20416
81	\$11.02254	\$11.16537	\$12.30832	\$13.13761	\$13.20607	\$14.21613
82	\$11.08103	\$11.20187	\$12.36310	\$13.19512	\$13.21087	\$14.22812
83	\$11.14009	\$11.22655	\$12.40552	\$13.23490	\$13.25071	\$14.19227
84	\$11.19947	\$11.25131	\$12.44809	\$13.27481	\$13.29067	\$14.15651

Plan: **LTC2007-3AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **3% Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$6.76668	\$6.96685	\$7.17804	\$7.60857	\$8.00456	\$8.45173
31	\$6.82773	\$7.02924	\$7.24189	\$7.67578	\$8.07462	\$8.52506
32	\$6.88908	\$7.09194	\$7.30600	\$7.74325	\$8.14496	\$8.59865
33	\$6.95074	\$7.15493	\$7.37041	\$7.81100	\$8.21553	\$8.67250
34	\$7.01271	\$7.21819	\$7.43511	\$7.87904	\$8.28637	\$8.74660
35	\$7.07496	\$7.28174	\$7.50006	\$7.94734	\$8.35745	\$8.82089
36	\$7.21870	\$7.42962	\$7.65233	\$8.10963	\$8.52836	\$9.00136
37	\$7.36534	\$7.58050	\$7.80772	\$8.27523	\$8.70277	\$9.18554
38	\$7.51496	\$7.73444	\$7.96624	\$8.44421	\$8.88076	\$9.37349
39	\$7.66761	\$7.89150	\$8.12799	\$8.61664	\$9.06236	\$9.56528
40	\$7.82339	\$8.05176	\$8.29302	\$8.79261	\$9.24769	\$9.76099
41	\$7.98231	\$8.21526	\$8.46139	\$8.97215	\$9.43681	\$9.96070
42	\$8.14447	\$8.38210	\$8.63318	\$9.15537	\$9.62980	\$10.16450
43	\$8.30992	\$8.55232	\$8.80847	\$9.34233	\$9.82674	\$10.37249
44	\$8.47873	\$8.72598	\$8.98732	\$9.53310	\$10.02770	\$10.58472
45	\$8.65097	\$8.90318	\$9.16979	\$9.72776	\$10.23277	\$10.80128
46	\$8.84791	\$9.10502	\$9.37694	\$9.94842	\$10.46428	\$11.04504
47	\$9.04931	\$9.31144	\$9.58877	\$10.17408	\$10.70102	\$11.29431
48	\$9.25530	\$9.52252	\$9.80538	\$10.40485	\$10.94309	\$11.54918
49	\$9.46597	\$9.73841	\$10.02689	\$10.64087	\$11.19067	\$11.80982
50	\$9.68146	\$9.95917	\$10.25340	\$10.88224	\$11.44383	\$12.07634
51	\$9.90185	\$10.18496	\$10.48502	\$11.12906	\$11.70274	\$12.34887
52	\$10.12726	\$10.41584	\$10.72188	\$11.38151	\$11.96747	\$12.62755
53	\$10.35778	\$10.65198	\$10.96408	\$11.63967	\$12.23823	\$12.91252
54	\$10.59356	\$10.89347	\$11.21177	\$11.90370	\$12.51510	\$13.20392
55	\$10.83471	\$11.14041	\$11.46505	\$12.17370	\$12.79822	\$13.50190
56	\$10.96920	\$11.27583	\$11.60177	\$12.31891	\$12.94793	\$13.65760
57	\$11.10533	\$11.41290	\$11.74010	\$12.46587	\$13.09940	\$13.81508
58	\$11.24317	\$11.55162	\$11.88009	\$12.61455	\$13.25263	\$13.97439
59	\$11.38271	\$11.69203	\$12.02176	\$12.76504	\$13.40766	\$14.13552
60	\$11.52400	\$11.83415	\$12.16512	\$12.91730	\$13.56450	\$14.29852
61	\$11.66704	\$11.97800	\$12.31016	\$13.07139	\$13.72319	\$14.46340
62	\$11.81184	\$12.12359	\$12.45696	\$13.22730	\$13.88371	\$14.63017
63	\$11.91761	\$12.22737	\$12.55920	\$13.33583	\$13.99271	\$14.74128
64	\$12.02435	\$12.33207	\$12.66227	\$13.44524	\$14.10254	\$14.85322
65	\$12.13204	\$12.43764	\$12.76617	\$13.55555	\$14.21324	\$14.96602
66	\$12.24070	\$12.54412	\$12.87095	\$13.66677	\$14.32481	\$15.07968
67	\$12.35032	\$12.65151	\$12.97658	\$13.77890	\$14.43725	\$15.19420
68	\$12.48587	\$12.78252	\$13.10374	\$13.91421	\$14.57097	\$15.32869
69	\$12.62291	\$12.91490	\$13.23212	\$14.05083	\$14.70590	\$15.46436
70	\$12.76147	\$13.04864	\$13.36177	\$14.18881	\$14.84210	\$15.60124
71	\$12.90153	\$13.18377	\$13.49268	\$14.32814	\$14.97956	\$15.73933
72	\$13.04313	\$13.32030	\$13.62489	\$14.46882	\$15.11829	\$15.87863
73	\$13.33144	\$13.60341	\$13.90399	\$14.76752	\$15.41833	\$16.18373
74	\$13.62614	\$13.89252	\$14.18882	\$15.07239	\$15.72431	\$16.49466
75	\$13.92733	\$14.18780	\$14.47949	\$15.38352	\$16.03639	\$16.81160
76	\$14.23519	\$14.48934	\$14.77609	\$15.70111	\$16.35465	\$17.13460
77	\$14.54985	\$14.79730	\$15.07879	\$16.02523	\$16.67921	\$17.46381
78	\$14.55065	\$14.77506	\$15.03438	\$15.97268	\$16.59604	\$17.35575
79	\$14.55145	\$14.75286	\$14.99009	\$15.92032	\$16.51328	\$17.24837
80	\$14.55225	\$14.73068	\$14.94595	\$15.86812	\$16.43094	\$17.14167
81	\$14.55306	\$14.70856	\$14.90192	\$15.81609	\$16.34900	\$17.03561
82	\$14.55386	\$14.68646	\$14.85803	\$15.76423	\$16.26747	\$16.93019
83	\$14.49807	\$14.59571	\$14.73277	\$15.61450	\$16.06572	\$16.68833
84	\$14.44248	\$14.50551	\$14.60856	\$15.46621	\$15.86647	\$16.44991

Plan: **LTC2007-3AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **3% Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$9.08000	\$9.72475	\$9.87752	\$9.97134	\$10.09930	\$10.22327	\$10.34686
31	\$9.15780	\$9.80713	\$9.96104	\$10.05539	\$10.18429	\$10.30918	\$10.43369
32	\$9.23584	\$9.88973	\$10.04472	\$10.13963	\$10.26945	\$10.39526	\$10.52069
33	\$9.31407	\$9.97250	\$10.12860	\$10.22403	\$10.35479	\$10.48151	\$10.60785
34	\$9.39252	\$10.05545	\$10.21263	\$10.30857	\$10.44027	\$10.56789	\$10.69514
35	\$9.47117	\$10.13855	\$10.29684	\$10.39329	\$10.52587	\$10.65439	\$10.78253
36	\$9.66395	\$10.34342	\$10.50248	\$10.59996	\$10.73481	\$10.86572	\$10.99622
37	\$9.86068	\$10.55242	\$10.71223	\$10.81076	\$10.94789	\$11.08122	\$11.21416
38	\$10.06139	\$10.76565	\$10.92619	\$11.02576	\$11.16521	\$11.30102	\$11.43641
39	\$10.26619	\$10.98320	\$11.14440	\$11.24500	\$11.38684	\$11.52516	\$11.66306
40	\$10.47516	\$11.20513	\$11.36697	\$11.46863	\$11.61288	\$11.75375	\$11.89421
41	\$10.68840	\$11.43156	\$11.59400	\$11.69669	\$11.84338	\$11.98687	\$12.12993
42	\$10.90598	\$11.66255	\$11.82555	\$11.92930	\$12.07848	\$12.22462	\$12.37033
43	\$11.12796	\$11.89820	\$12.06172	\$12.16652	\$12.31823	\$12.46709	\$12.61550
44	\$11.35447	\$12.13864	\$12.30261	\$12.40848	\$12.56276	\$12.71437	\$12.86551
45	\$11.58560	\$12.38392	\$12.54832	\$12.65523	\$12.81214	\$12.96654	\$13.12049
46	\$11.84482	\$12.65801	\$12.82401	\$12.93202	\$13.09208	\$13.24978	\$13.40700
47	\$12.10982	\$12.93818	\$13.10577	\$13.21487	\$13.37817	\$13.53921	\$13.69978
48	\$12.38076	\$13.22453	\$13.39371	\$13.50391	\$13.67048	\$13.83495	\$13.99893
49	\$12.65776	\$13.51724	\$13.68798	\$13.79926	\$13.96919	\$14.13716	\$14.30462
50	\$12.94094	\$13.81641	\$13.98873	\$14.10109	\$14.27443	\$14.44598	\$14.61700
51	\$13.23046	\$14.12222	\$14.29608	\$14.40950	\$14.58634	\$14.76154	\$14.93621
52	\$13.52647	\$14.43477	\$14.61016	\$14.72466	\$14.90506	\$15.08398	\$15.26236
53	\$13.82911	\$14.75424	\$14.93117	\$15.04671	\$15.23074	\$15.41347	\$15.59565
54	\$14.13850	\$15.08081	\$15.25921	\$15.37582	\$15.56355	\$15.75017	\$15.93622
55	\$14.45483	\$15.41460	\$15.59448	\$15.71211	\$15.90363	\$16.09420	\$16.28422
56	\$14.61640	\$15.58146	\$15.76065	\$15.87764	\$16.07112	\$16.26373	\$16.45577
57	\$14.77979	\$15.75011	\$15.92859	\$16.04489	\$16.24037	\$16.43504	\$16.62913
58	\$14.94501	\$15.92061	\$16.09833	\$16.21390	\$16.41139	\$16.60816	\$16.80433
59	\$15.11205	\$16.09294	\$16.26986	\$16.38469	\$16.58422	\$16.78308	\$16.98136
60	\$15.28099	\$16.26715	\$16.44324	\$16.55729	\$16.75887	\$16.95987	\$17.16026
61	\$15.45181	\$16.44324	\$16.61845	\$16.73168	\$16.93538	\$17.13852	\$17.34105
62	\$15.62453	\$16.62122	\$16.79554	\$16.90794	\$17.11371	\$17.31903	\$17.52374
63	\$15.73468	\$16.73038	\$16.90201	\$17.01209	\$17.21924	\$17.42610	\$17.63234
64	\$15.84560	\$16.84026	\$17.00915	\$17.11688	\$17.32544	\$17.53382	\$17.74161
65	\$15.95730	\$16.95086	\$17.11697	\$17.22232	\$17.43227	\$17.64223	\$17.85156
66	\$16.06978	\$17.06217	\$17.22547	\$17.32840	\$17.53977	\$17.75130	\$17.96219
67	\$16.18307	\$17.17423	\$17.33465	\$17.43515	\$17.64793	\$17.86103	\$18.07351
68	\$16.31120	\$17.29535	\$17.44783	\$17.54343	\$17.75780	\$17.97277	\$18.18708
69	\$16.44036	\$17.41734	\$17.56173	\$17.65239	\$17.86837	\$18.08521	\$18.30140
70	\$16.57054	\$17.54019	\$17.67639	\$17.76202	\$17.97961	\$18.19834	\$18.41643
71	\$16.70174	\$17.66391	\$17.79179	\$17.87234	\$18.09155	\$18.31219	\$18.53218
72	\$16.83400	\$17.78849	\$17.90795	\$17.98333	\$18.20419	\$18.42675	\$18.64865
73	\$17.13034	\$18.07297	\$18.17400	\$18.24040	\$18.46570	\$18.69302	\$18.91967
74	\$17.43190	\$18.36201	\$18.44404	\$18.50113	\$18.73096	\$18.96315	\$19.19464
75	\$17.73878	\$18.65566	\$18.71807	\$18.76560	\$19.00003	\$19.23717	\$19.47360
76	\$18.05106	\$18.95401	\$18.99616	\$19.03383	\$19.27298	\$19.51515	\$19.75660
77	\$18.36883	\$19.25714	\$19.27839	\$19.30592	\$19.54983	\$19.79715	\$20.04373
78	\$18.20990	\$19.05050	\$19.05350	\$19.05643	\$19.29889	\$19.54509	\$19.79054
79	\$18.05235	\$18.84608	\$18.90797	\$18.96896	\$19.05118	\$19.29623	\$19.54054
80	\$17.89616	\$18.64385	\$18.69297	\$18.74139	\$18.80665	\$19.05054	\$19.29372
81	\$17.74132	\$18.44379	\$18.48045	\$18.51655	\$18.56523	\$18.80799	\$19.05000
82	\$17.58781	\$18.24588	\$18.27034	\$18.29444	\$18.32694	\$18.56851	\$18.80936
83	\$17.28064	\$17.88978	\$17.90361	\$17.91724	\$17.93559	\$18.17432	\$18.41233
84	\$16.97883	\$17.54063	\$17.54425	\$17.54782	\$17.55260	\$17.78849	\$18.02368

Plan: LTC2007-5SIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 5% Automatic Simple Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
30 and under	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
31	\$3.51227	\$3.63701	\$3.92109	\$4.16539	\$4.39042	\$4.66829
32	\$3.53959	\$3.66513	\$3.95162	\$4.19767	\$4.42391	\$4.70400
33	\$3.56699	\$3.69328	\$3.98217	\$4.23002	\$4.45739	\$4.73975
34	\$3.59441	\$3.72147	\$4.01279	\$4.26238	\$4.49090	\$4.77549
35	\$3.62191	\$3.74971	\$4.04346	\$4.29479	\$4.52442	\$4.81125
36	\$3.64944	\$3.77798	\$4.07414	\$4.32721	\$4.55791	\$4.84696
37	\$3.78514	\$3.91851	\$4.22658	\$4.48968	\$4.72895	\$5.02964
38	\$3.92587	\$4.06428	\$4.38470	\$4.65825	\$4.90640	\$5.21919
39	\$4.07186	\$4.21546	\$4.54875	\$4.83313	\$5.09052	\$5.41589
40	\$4.22327	\$4.37226	\$4.71893	\$5.01459	\$5.28156	\$5.62000
41	\$4.38030	\$4.53491	\$4.89548	\$5.20286	\$5.47973	\$5.83180
42	\$4.54318	\$4.70360	\$5.07864	\$5.39821	\$5.68537	\$6.05159
43	\$4.71211	\$4.87855	\$5.26864	\$5.60087	\$5.89871	\$6.27966
44	\$4.88731	\$5.06004	\$5.46576	\$5.81116	\$6.12006	\$6.51632
45	\$5.06905	\$5.24826	\$5.67024	\$6.02934	\$6.34972	\$6.76192
46	\$5.25753	\$5.44349	\$5.88238	\$6.25572	\$6.58799	\$7.01677
47	\$5.46518	\$5.65819	\$6.11567	\$6.50465	\$6.84911	\$7.29590
48	\$5.68105	\$5.88135	\$6.35817	\$6.76349	\$7.12057	\$7.58617
49	\$5.90543	\$6.11333	\$6.61033	\$7.03263	\$7.40280	\$7.88797
50	\$6.13869	\$6.35445	\$6.87247	\$7.31247	\$7.69621	\$8.20178
51	\$6.38114	\$6.60510	\$7.14501	\$7.60347	\$8.00126	\$8.52807
52	\$6.63318	\$6.86561	\$7.42836	\$7.90603	\$8.31839	\$8.86735
53	\$6.89518	\$7.13640	\$7.72295	\$8.22063	\$8.64808	\$9.22013
54	\$7.16752	\$7.41788	\$8.02919	\$8.54776	\$8.99085	\$9.58694
55	\$7.45061	\$7.71046	\$8.34761	\$8.88791	\$9.34721	\$9.96833
56	\$7.74489	\$8.01457	\$8.67865	\$9.24158	\$9.71770	\$10.36490
57	\$7.97198	\$8.24794	\$8.93292	\$9.51305	\$9.99880	\$10.66576
58	\$8.20572	\$8.48810	\$9.19465	\$9.79249	\$10.28804	\$10.97532
59	\$8.44632	\$8.73526	\$9.46407	\$10.08012	\$10.58567	\$11.29388
60	\$8.69398	\$8.98961	\$9.74135	\$10.37622	\$10.89187	\$11.62168
61	\$8.94889	\$9.25137	\$10.02678	\$10.68100	\$11.20695	\$11.95900
62	\$9.21128	\$9.52074	\$10.32056	\$10.99475	\$11.53114	\$12.30611
63	\$9.48137	\$9.79797	\$10.62296	\$11.31772	\$11.86472	\$12.66329
64	\$9.72621	\$10.04794	\$10.89683	\$11.61065	\$12.16397	\$12.98457
65	\$9.97736	\$10.30432	\$11.17775	\$11.91118	\$12.47078	\$13.31400
66	\$10.23501	\$10.56723	\$11.46593	\$12.21949	\$12.78533	\$13.65178
67	\$10.49931	\$10.83683	\$11.76153	\$12.53576	\$13.10781	\$13.99815
68	\$10.77043	\$11.11333	\$12.06476	\$12.86023	\$13.43843	\$14.35329
69	\$11.07142	\$11.41883	\$12.40225	\$13.22249	\$13.80370	\$14.74762
70	\$11.38081	\$11.73274	\$12.74919	\$13.59494	\$14.17894	\$15.15279
71	\$11.69886	\$12.05527	\$13.10583	\$13.97788	\$14.56437	\$15.56911
72	\$12.02579	\$12.38667	\$13.47243	\$14.37161	\$14.96026	\$15.99684
73	\$12.36184	\$12.72718	\$13.84931	\$14.77643	\$15.36692	\$16.43632
74	\$12.83627	\$13.20879	\$14.38548	\$15.35510	\$15.95076	\$17.07061
75	\$13.32887	\$13.70862	\$14.94241	\$15.95645	\$16.55677	\$17.72937
76	\$13.84040	\$14.22736	\$15.52092	\$16.58134	\$17.18581	\$18.41355
77	\$14.37155	\$14.76573	\$16.12181	\$17.23070	\$17.83875	\$19.12414
78	\$14.92309	\$15.32448	\$16.74597	\$17.90549	\$18.51649	\$19.86215
79	\$15.20841	\$15.59971	\$17.05872	\$18.24275	\$18.82536	\$20.20049
80	\$15.49921	\$15.87986	\$17.37731	\$18.58639	\$19.13938	\$20.54459
81	\$15.79556	\$16.16506	\$17.70186	\$18.93648	\$19.45864	\$20.89458
82	\$16.09758	\$16.45539	\$18.03247	\$19.29318	\$19.78323	\$21.25050
83	\$16.40535	\$16.75092	\$18.36925	\$19.65659	\$20.11322	\$21.61249
84	\$16.70786	\$17.03017	\$18.68466	\$19.99109	\$20.39526	\$21.91432
85	\$17.01595	\$17.31406	\$19.00550	\$20.33126	\$20.68123	\$22.22034

Plan: **LTC2007-5SIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Simple Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$4.81240	\$4.94809	\$5.09161	\$5.39249	\$5.66417	\$5.97329
31	\$4.84892	\$4.98542	\$5.12983	\$5.43282	\$5.70629	\$6.01753
32	\$4.88547	\$5.02276	\$5.16803	\$5.47310	\$5.74836	\$6.06169
33	\$4.92201	\$5.06006	\$5.20618	\$5.51331	\$5.79034	\$6.10577
34	\$4.95853	\$5.09734	\$5.24429	\$5.55349	\$5.83223	\$6.14972
35	\$4.99502	\$5.13456	\$5.28236	\$5.59358	\$5.87401	\$6.19353
36	\$5.18346	\$5.32832	\$5.48174	\$5.80532	\$6.09661	\$6.42831
37	\$5.37902	\$5.52938	\$5.68863	\$6.02509	\$6.32762	\$6.67200
38	\$5.58195	\$5.73802	\$5.90336	\$6.25314	\$6.56738	\$6.92490
39	\$5.79252	\$5.95454	\$6.12617	\$6.48985	\$6.81625	\$7.18741
40	\$6.01106	\$6.17923	\$6.35740	\$6.73553	\$7.07452	\$7.45986
41	\$6.23781	\$6.41241	\$6.59735	\$6.99050	\$7.34261	\$7.74264
42	\$6.47314	\$6.65437	\$6.84636	\$7.25512	\$7.62084	\$8.03615
43	\$6.71735	\$6.90546	\$7.10476	\$7.52977	\$7.90960	\$8.34076
44	\$6.97076	\$7.16603	\$7.37293	\$7.81478	\$8.20933	\$8.65694
45	\$7.23373	\$7.43644	\$7.65122	\$8.11062	\$8.52039	\$8.98509
46	\$7.52173	\$7.73219	\$7.95523	\$8.43372	\$8.85969	\$9.34276
47	\$7.82122	\$8.03970	\$8.27132	\$8.76971	\$9.21249	\$9.71467
48	\$8.13262	\$8.35944	\$8.59995	\$9.11906	\$9.57934	\$10.10136
49	\$8.45641	\$8.69190	\$8.94165	\$9.48235	\$9.96079	\$10.50348
50	\$8.79309	\$9.03757	\$9.29694	\$9.86010	\$10.35744	\$10.92158
51	\$9.14318	\$9.39699	\$9.66634	\$10.25289	\$10.76988	\$11.35633
52	\$9.50723	\$9.77072	\$10.05040	\$10.66135	\$11.19875	\$11.80839
53	\$9.88575	\$10.15931	\$10.44972	\$11.08606	\$11.64469	\$12.27844
54	\$10.27935	\$10.56333	\$10.86494	\$11.52771	\$12.10839	\$12.76719
55	\$10.68861	\$10.98345	\$11.29664	\$11.98694	\$12.59056	\$13.27542
56	\$10.99857	\$11.30029	\$11.62096	\$12.33172	\$12.95112	\$13.65470
57	\$11.31750	\$11.62626	\$11.95458	\$12.68642	\$13.32201	\$14.04484
58	\$11.64568	\$11.96163	\$12.29778	\$13.05132	\$13.70351	\$14.44612
59	\$11.98337	\$12.30668	\$12.65085	\$13.42671	\$14.09594	\$14.85887
60	\$12.33086	\$12.66169	\$13.01404	\$13.81291	\$14.49961	\$15.28341
61	\$12.68843	\$13.02694	\$13.38767	\$14.21020	\$14.91485	\$15.72007
62	\$13.05636	\$13.40271	\$13.77201	\$14.61894	\$15.34197	\$16.16920
63	\$13.38705	\$13.73922	\$14.11507	\$14.98432	\$15.72272	\$16.56910
64	\$13.72611	\$14.08418	\$14.46669	\$15.35884	\$16.11292	\$16.97889
65	\$14.07376	\$14.43781	\$14.82705	\$15.74271	\$16.51281	\$17.39884
66	\$14.43021	\$14.80030	\$15.19639	\$16.13618	\$16.92261	\$17.82916
67	\$14.79569	\$15.17190	\$15.57494	\$16.53950	\$17.34259	\$18.27011
68	\$15.20135	\$15.58295	\$15.99237	\$16.98562	\$17.80608	\$18.75636
69	\$15.61816	\$16.00514	\$16.42099	\$17.44377	\$18.28195	\$19.25556
70	\$16.04636	\$16.43875	\$16.86111	\$17.91428	\$18.77054	\$19.76803
71	\$16.48632	\$16.88414	\$17.31301	\$18.39748	\$19.27218	\$20.29417
72	\$16.93833	\$17.34156	\$17.77704	\$18.89372	\$19.78723	\$20.83428
73	\$17.59249	\$18.00492	\$18.45121	\$19.61771	\$20.54028	\$21.62516
74	\$18.27189	\$18.69363	\$19.15097	\$20.36946	\$21.32198	\$22.44605
75	\$18.97755	\$19.40870	\$19.87726	\$21.15001	\$22.13344	\$23.29810
76	\$19.71046	\$20.15111	\$20.63108	\$21.96048	\$22.97576	\$24.18249
77	\$20.47167	\$20.92193	\$21.41350	\$22.80199	\$23.85015	\$25.10046
78	\$20.81541	\$21.25728	\$21.74169	\$23.15311	\$24.19921	\$25.45949
79	\$21.16493	\$21.59799	\$22.07490	\$23.50963	\$24.55336	\$25.82368
80	\$21.52032	\$21.94416	\$22.41322	\$23.87165	\$24.91273	\$26.19306
81	\$21.88168	\$22.29589	\$22.75672	\$24.23923	\$25.27732	\$26.56774
82	\$22.24910	\$22.65324	\$23.10549	\$24.61249	\$25.64727	\$26.94777
83	\$22.54753	\$22.93091	\$23.36307	\$24.87606	\$25.88685	\$27.18229
84	\$22.84994	\$23.21194	\$23.62350	\$25.14246	\$26.12867	\$27.41884

Plan: **LTC2007-5SIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Simple Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$6.40679	\$6.85319	\$6.96961	\$7.03312	\$7.12232	\$7.20888	\$7.29517
31	\$6.45372	\$6.90280	\$7.01843	\$7.08214	\$7.17187	\$7.25898	\$7.34583
32	\$6.50052	\$6.95225	\$7.06701	\$7.13097	\$7.22119	\$7.30885	\$7.39624
33	\$6.54716	\$7.00150	\$7.11537	\$7.17951	\$7.27025	\$7.35842	\$7.44634
34	\$6.59364	\$7.05053	\$7.16346	\$7.22780	\$7.31905	\$7.40773	\$7.49617
35	\$6.63996	\$7.09935	\$7.21129	\$7.27582	\$7.36752	\$7.45672	\$7.54568
36	\$6.68110	\$7.14668	\$7.25819	\$7.32299	\$7.41471	\$7.50391	\$7.59347
37	\$6.72422	\$7.19440	\$7.30631	\$7.37187	\$7.46359	\$7.55331	\$7.64363
38	\$6.76999	\$7.24319	\$7.35520	\$7.42151	\$7.51323	\$7.60395	\$7.69427
39	\$6.81717	\$7.29306	\$7.40526	\$7.47187	\$7.56359	\$7.65331	\$7.74363
40	\$6.86537	\$7.34401	\$7.45637	\$7.52299	\$7.61471	\$7.70395	\$7.79427
41	\$6.91457	\$7.39606	\$7.50853	\$7.57471	\$7.66643	\$7.75567	\$7.84601
42	\$6.96477	\$7.44921	\$7.56164	\$7.62743	\$7.71925	\$7.80849	\$7.89883
43	\$7.01597	\$7.50346	\$7.61575	\$7.68057	\$7.77239	\$7.86163	\$7.95197
44	\$7.06817	\$7.55801	\$7.66986	\$7.73512	\$7.82694	\$7.91520	\$8.00554
45	\$7.12137	\$7.61361	\$7.72586	\$7.79068	\$7.88250	\$7.97076	\$8.06110
46	\$7.17557	\$7.66946	\$7.78201	\$7.84683	\$7.93865	\$8.02691	\$8.11725
47	\$7.23077	\$7.72591	\$7.83840	\$7.90322	\$7.99504	\$8.08330	\$8.17364
48	\$7.28697	\$7.78296	\$7.89545	\$7.96027	\$8.05209	\$8.14035	\$8.23069
49	\$7.34417	\$7.84061	\$7.95310	\$8.01802	\$8.10984	\$8.19710	\$8.28744
50	\$7.40237	\$7.89906	\$8.01155	\$8.07643	\$8.16825	\$8.25551	\$8.34585
51	\$7.46157	\$7.95831	\$8.07100	\$8.13782	\$8.22964	\$8.31690	\$8.40724
52	\$7.52177	\$8.01856	\$8.13105	\$8.19787	\$8.28969	\$8.37695	\$8.46729
53	\$7.58297	\$8.07931	\$8.19180	\$8.25862	\$8.35044	\$8.43770	\$8.52804
54	\$7.64517	\$8.14056	\$8.25305	\$8.31987	\$8.41169	\$8.49895	\$8.58929
55	\$7.70837	\$8.20231	\$8.31480	\$8.38062	\$8.47244	\$8.55970	\$8.65004
56	\$7.77257	\$8.26456	\$8.37705	\$8.44287	\$8.53469	\$8.62195	\$8.71229
57	\$7.83777	\$8.32731	\$8.44020	\$8.50562	\$8.59744	\$8.68470	\$8.77504
58	\$7.90397	\$8.39056	\$8.50345	\$8.56843	\$8.66025	\$8.74751	\$8.83785
59	\$7.97117	\$8.45431	\$8.56720	\$8.63122	\$8.72304	\$8.81030	\$8.90164
60	\$8.03937	\$8.51856	\$8.63175	\$8.69507	\$8.78689	\$8.87415	\$8.96449
61	\$8.10857	\$8.58331	\$8.69650	\$8.76032	\$8.85214	\$8.93940	\$9.02974
62	\$8.17877	\$8.64856	\$8.76175	\$8.82657	\$8.91839	\$9.00565	\$9.09599
63	\$8.24997	\$8.71431	\$8.82750	\$8.89332	\$8.98514	\$9.07240	\$9.16274
64	\$8.32217	\$8.78056	\$8.89375	\$8.95957	\$9.05139	\$9.13865	\$9.22899
65	\$8.39537	\$8.84731	\$8.96050	\$9.02932	\$9.12114	\$9.20840	\$9.29874
66	\$8.46957	\$8.91456	\$9.02775	\$9.09657	\$9.18839	\$9.27565	\$9.36599
67	\$8.54477	\$8.98231	\$9.09550	\$9.16432	\$9.25614	\$9.34340	\$9.43374
68	\$8.62097	\$9.05056	\$9.16375	\$9.23257	\$9.32439	\$9.41165	\$9.50199
69	\$8.69817	\$9.11931	\$9.23250	\$9.30132	\$9.39314	\$9.48040	\$9.57074
70	\$8.77637	\$9.18906	\$9.30225	\$9.37107	\$9.46289	\$9.55015	\$9.64049
71	\$8.85557	\$9.25931	\$9.37250	\$9.44132	\$9.53314	\$9.62040	\$9.71074
72	\$8.93577	\$9.33006	\$9.44375	\$9.51257	\$9.60439	\$9.69165	\$9.78199
73	\$9.01697	\$9.40131	\$9.51450	\$9.58532	\$9.67714	\$9.76440	\$9.85474
74	\$9.09917	\$9.47306	\$9.58625	\$9.65707	\$9.74889	\$9.83615	\$9.92649
75	\$9.18237	\$9.54531	\$9.65950	\$9.73032	\$9.82214	\$9.90940	\$10.00074
76	\$9.26657	\$9.61806	\$9.73175	\$9.80257	\$9.89439	\$9.98165	\$10.07208
77	\$9.35177	\$9.69131	\$9.80500	\$9.87582	\$9.96764	\$10.05490	\$10.14344
78	\$9.43797	\$9.76506	\$9.87875	\$9.94957	\$10.04139	\$10.12915	\$10.21478
79	\$9.52517	\$9.83931	\$9.95350	\$10.02432	\$10.11614	\$10.20340	\$10.29374
80	\$9.61337	\$9.91456	\$10.02875	\$10.10017	\$10.19199	\$10.27925	\$10.36959
81	\$9.70257	\$9.99031	\$10.10450	\$10.17602	\$10.26784	\$10.35510	\$10.44544
82	\$9.79277	\$10.06656	\$10.17975	\$10.24887	\$10.34069	\$10.42795	\$10.51729
83	\$9.88397	\$10.14331	\$10.25500	\$10.32402	\$10.41584	\$10.50310	\$10.59344
84	\$9.97617	\$10.22056	\$10.33225	\$10.40127	\$10.49309	\$10.58035	\$10.67069

Plan: LTC2007-GAIP

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Graded Automatic Compound Inflation Protection - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
Issue Age	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$9.01159	\$9.35419	\$10.08076	\$10.71487	\$11.35227	\$12.07532
31	\$9.06722	\$9.41172	\$10.14293	\$10.78093	\$11.42161	\$12.14910
32	\$9.12290	\$9.46928	\$10.20512	\$10.84703	\$11.49093	\$12.22290
33	\$9.17862	\$9.52684	\$10.26733	\$10.91311	\$11.56021	\$12.29663
34	\$9.23437	\$9.58441	\$10.32955	\$10.97919	\$11.62947	\$12.37033
35	\$9.29013	\$9.64199	\$10.39177	\$11.04526	\$11.69867	\$12.44396
36	\$9.29185	\$9.64371	\$10.39608	\$11.05134	\$11.70446	\$12.45230
37	\$9.29356	\$9.64541	\$10.40041	\$11.05742	\$11.71027	\$12.46065
38	\$9.29529	\$9.64713	\$10.40472	\$11.06352	\$11.71606	\$12.46899
39	\$9.29701	\$9.64885	\$10.40906	\$11.06961	\$11.72186	\$12.47734
40	\$9.29872	\$9.65057	\$10.41338	\$11.07570	\$11.72768	\$12.48572
41	\$9.30045	\$9.65229	\$10.41771	\$11.08181	\$11.73348	\$12.49407
42	\$9.30217	\$9.65399	\$10.42203	\$11.08790	\$11.73929	\$12.50244
43	\$9.30388	\$9.65572	\$10.42637	\$11.09401	\$11.74511	\$12.51082
44	\$9.30561	\$9.65744	\$10.43071	\$11.10013	\$11.75093	\$12.51922
45	\$9.30733	\$9.65915	\$10.43503	\$11.10623	\$11.75674	\$12.52760
46	\$9.29432	\$9.64418	\$10.42165	\$11.09323	\$11.73865	\$12.51036
47	\$9.28132	\$9.62922	\$10.40829	\$11.08024	\$11.72060	\$12.49314
48	\$9.26834	\$9.61429	\$10.39495	\$11.06729	\$11.70255	\$12.47595
49	\$9.25537	\$9.59939	\$10.38162	\$11.05433	\$11.68455	\$12.45878
50	\$9.24243	\$9.58451	\$10.36830	\$11.04139	\$11.66656	\$12.44164
51	\$9.22951	\$9.56965	\$10.35500	\$11.02847	\$11.64861	\$12.42453
52	\$9.21660	\$9.55482	\$10.34171	\$11.01556	\$11.63069	\$12.40743
53	\$9.20371	\$9.54000	\$10.32846	\$11.00268	\$11.61280	\$12.39036
54	\$9.19084	\$9.52520	\$10.31522	\$10.98979	\$11.59493	\$12.37331
55	\$9.17799	\$9.51044	\$10.30199	\$10.97694	\$11.57708	\$12.35629
56	\$9.08812	\$9.41324	\$10.19987	\$10.86828	\$11.45149	\$12.22389
57	\$8.99911	\$9.31701	\$10.09877	\$10.76069	\$11.32728	\$12.09292
58	\$8.91100	\$9.22177	\$9.99866	\$10.65416	\$11.20442	\$11.96336
59	\$8.82374	\$9.12750	\$9.89955	\$10.54870	\$11.08288	\$11.83517
60	\$8.73733	\$9.03421	\$9.80143	\$10.44428	\$10.96266	\$11.70838
61	\$8.65177	\$8.94186	\$9.70426	\$10.34089	\$10.84373	\$11.58293
62	\$8.56704	\$8.85047	\$9.60807	\$10.23851	\$10.72611	\$11.45882
63	\$8.65421	\$8.93602	\$9.70443	\$10.34155	\$10.82226	\$11.56342
64	\$8.74225	\$9.02240	\$9.80175	\$10.44558	\$10.91925	\$11.66899
65	\$8.83119	\$9.10960	\$9.90005	\$10.55068	\$11.01714	\$11.77552
66	\$8.92104	\$9.19767	\$9.99934	\$10.65685	\$11.11588	\$11.88301
67	\$9.01180	\$9.28657	\$10.09960	\$10.76407	\$11.21553	\$11.99149
68	\$9.12635	\$9.39733	\$10.22654	\$10.90018	\$11.33811	\$12.12641
69	\$9.24234	\$9.50940	\$10.35506	\$11.03802	\$11.46204	\$12.26288
70	\$9.35981	\$9.62279	\$10.48520	\$11.17760	\$11.58733	\$12.40086
71	\$9.47876	\$9.73755	\$10.61699	\$11.31893	\$11.71399	\$12.54041
72	\$9.59925	\$9.85366	\$10.75040	\$11.46206	\$11.84202	\$12.68152
73	\$9.82669	\$10.07672	\$11.00617	\$11.73804	\$12.09956	\$12.96582
74	\$10.05953	\$10.30484	\$11.26803	\$12.02065	\$12.36268	\$13.25652
75	\$10.29787	\$10.53810	\$11.53614	\$12.31008	\$12.63153	\$13.55372
76	\$10.54187	\$10.77667	\$11.81059	\$12.60648	\$12.90622	\$13.85759
77	\$10.79166	\$11.02061	\$12.09159	\$12.91001	\$13.18689	\$14.16826
78	\$10.84892	\$11.05662	\$12.14541	\$12.96654	\$13.19168	\$14.18022
79	\$10.90649	\$11.09276	\$12.19947	\$13.02331	\$13.19648	\$14.19217
80	\$10.96436	\$11.12900	\$12.25376	\$13.08033	\$13.20127	\$14.20416
81	\$11.02254	\$11.16537	\$12.30832	\$13.13761	\$13.20607	\$14.21613
82	\$11.08103	\$11.20187	\$12.36310	\$13.19512	\$13.21087	\$14.22812
83	\$11.14009	\$11.22655	\$12.40552	\$13.23490	\$13.25071	\$14.19227
84	\$11.19947	\$11.25131	\$12.44809	\$13.27481	\$13.29067	\$14.15651

Plan: **LTC2007-GAIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$12.46195	\$12.84037	\$13.23852	\$14.03418	\$14.77485	\$15.60755
31	\$12.53795	\$12.91841	\$13.31873	\$14.11911	\$14.86392	\$15.70135
32	\$12.61395	\$12.99640	\$13.39883	\$14.20394	\$14.95288	\$15.79503
33	\$12.68989	\$13.07432	\$13.47888	\$14.28868	\$15.04173	\$15.88857
34	\$12.76578	\$13.15218	\$13.55883	\$14.37331	\$15.13042	\$15.98191
35	\$12.84159	\$13.22992	\$13.63867	\$14.45781	\$15.21895	\$16.07506
36	\$12.85060	\$13.23916	\$13.64820	\$14.46987	\$15.23260	\$16.09015
37	\$12.85962	\$13.24841	\$13.65774	\$14.48194	\$15.24626	\$16.10525
38	\$12.86864	\$13.25767	\$13.66728	\$14.49402	\$15.25992	\$16.12037
39	\$12.87767	\$13.26694	\$13.67685	\$14.50613	\$15.27360	\$16.13551
40	\$12.88672	\$13.27621	\$13.68640	\$14.51823	\$15.28729	\$16.15066
41	\$12.89576	\$13.28548	\$13.69598	\$14.53034	\$15.30099	\$16.16583
42	\$12.90481	\$13.29476	\$13.70556	\$14.54247	\$15.31471	\$16.18101
43	\$12.91386	\$13.30405	\$13.71515	\$14.55461	\$15.32845	\$16.19620
44	\$12.92292	\$13.31335	\$13.72474	\$14.56675	\$15.34217	\$16.21140
45	\$12.93200	\$13.32266	\$13.73433	\$14.57890	\$15.35593	\$16.22662
46	\$12.91386	\$13.30230	\$13.71183	\$14.55575	\$15.32966	\$16.19710
47	\$12.89575	\$13.28196	\$13.68937	\$14.53263	\$15.30341	\$16.16761
48	\$12.87766	\$13.26167	\$13.66696	\$14.50956	\$15.27723	\$16.13820
49	\$12.85960	\$13.24140	\$13.64457	\$14.48652	\$15.25108	\$16.10882
50	\$12.84157	\$13.22118	\$13.62222	\$14.46350	\$15.22498	\$16.07950
51	\$12.82356	\$13.20097	\$13.59993	\$14.44054	\$15.19893	\$16.05023
52	\$12.80559	\$13.18080	\$13.57765	\$14.41762	\$15.17293	\$16.02101
53	\$12.78762	\$13.16065	\$13.55540	\$14.39471	\$15.14696	\$15.99186
54	\$12.76969	\$13.14054	\$13.53321	\$14.37185	\$15.12103	\$15.96276
55	\$12.75177	\$13.12046	\$13.51105	\$14.34903	\$15.09516	\$15.93370
56	\$12.61305	\$12.97319	\$13.35517	\$14.18314	\$14.91583	\$15.74061
57	\$12.47584	\$12.82756	\$13.20109	\$14.01916	\$14.73863	\$15.54984
58	\$12.34012	\$12.68357	\$13.04880	\$13.85709	\$14.56354	\$15.36139
59	\$12.20588	\$12.54120	\$12.89826	\$13.69689	\$14.39052	\$15.17524
60	\$12.07308	\$12.40042	\$12.74944	\$13.53854	\$14.21956	\$14.99133
61	\$11.94176	\$12.26123	\$12.60235	\$13.38200	\$14.05064	\$14.80965
62	\$11.81184	\$12.12359	\$12.45696	\$13.22730	\$13.88371	\$14.63017
63	\$11.91761	\$12.22737	\$12.55920	\$13.33583	\$13.99271	\$14.74128
64	\$12.02435	\$12.33207	\$12.66227	\$13.44524	\$14.10254	\$14.85322
65	\$12.13204	\$12.43764	\$12.76617	\$13.55555	\$14.21324	\$14.96602
66	\$12.24070	\$12.54412	\$12.87095	\$13.66677	\$14.32481	\$15.07968
67	\$12.35032	\$12.65151	\$12.97658	\$13.77890	\$14.43725	\$15.19420
68	\$12.48587	\$12.78252	\$13.10374	\$13.91421	\$14.57097	\$15.32869
69	\$12.62291	\$12.91490	\$13.23212	\$14.05083	\$14.70590	\$15.46436
70	\$12.76147	\$13.04864	\$13.36177	\$14.18881	\$14.84210	\$15.60124
71	\$12.90153	\$13.18377	\$13.49268	\$14.32814	\$14.97956	\$15.73933
72	\$13.04313	\$13.32030	\$13.62489	\$14.46882	\$15.11829	\$15.87863
73	\$13.33144	\$13.60341	\$13.90399	\$14.76752	\$15.41833	\$16.18373
74	\$13.62614	\$13.89252	\$14.18882	\$15.07239	\$15.72431	\$16.49466
75	\$13.92733	\$14.18780	\$14.47949	\$15.38352	\$16.03639	\$16.81160
76	\$14.23519	\$14.48934	\$14.77609	\$15.70111	\$16.35465	\$17.13460
77	\$14.54985	\$14.79730	\$15.07879	\$16.02523	\$16.67921	\$17.46381
78	\$14.55065	\$14.77506	\$15.03438	\$15.97268	\$16.59604	\$17.35575
79	\$14.55145	\$14.75286	\$14.99009	\$15.92032	\$16.51328	\$17.24837
80	\$14.55225	\$14.73068	\$14.94595	\$15.86812	\$16.43094	\$17.14167
81	\$14.55306	\$14.70856	\$14.90192	\$15.81609	\$16.34900	\$17.03561
82	\$14.55386	\$14.68646	\$14.85803	\$15.76423	\$16.26747	\$16.93019
83	\$14.49807	\$14.59571	\$14.73277	\$15.61450	\$16.06572	\$16.68833
84	\$14.44248	\$14.50551	\$14.60856	\$15.46621	\$15.86647	\$16.44991

Plan: **LTC2007-GAIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$16.78829	\$18.00133	\$18.30611	\$18.48799	\$18.72834	\$18.96038	\$19.19173
31	\$16.88866	\$18.10843	\$18.41492	\$18.59769	\$18.83939	\$19.07276	\$19.30542
32	\$16.98884	\$18.21533	\$18.52349	\$18.70710	\$18.95017	\$19.18488	\$19.41886
33	\$17.08883	\$18.32196	\$18.63177	\$18.81626	\$19.06067	\$19.29669	\$19.53198
34	\$17.18857	\$18.42831	\$18.73978	\$18.92510	\$19.17084	\$19.40817	\$19.64477
35	\$17.28807	\$18.53434	\$18.84747	\$19.03361	\$19.28068	\$19.51929	\$19.75719
36	\$17.30319	\$18.54782	\$18.85689	\$19.04155	\$19.28787	\$19.52610	\$19.76365
37	\$17.31834	\$18.56129	\$18.86632	\$19.04948	\$19.29507	\$19.53295	\$19.77013
38	\$17.33349	\$18.57479	\$18.87573	\$19.05741	\$19.30226	\$19.53979	\$19.77659
39	\$17.34866	\$18.58828	\$18.88516	\$19.06535	\$19.30946	\$19.54662	\$19.78307
40	\$17.36382	\$18.60178	\$18.89459	\$19.07329	\$19.31665	\$19.55346	\$19.78955
41	\$17.37902	\$18.61531	\$18.90404	\$19.08124	\$19.32386	\$19.56030	\$19.79603
42	\$17.39423	\$18.62883	\$18.91349	\$19.08917	\$19.33107	\$19.56713	\$19.80250
43	\$17.40944	\$18.64238	\$18.92293	\$19.09712	\$19.33828	\$19.57398	\$19.80898
44	\$17.42467	\$18.65592	\$18.93237	\$19.10509	\$19.34548	\$19.58083	\$19.81547
45	\$17.43991	\$18.66947	\$18.94184	\$19.11303	\$19.35270	\$19.58769	\$19.82196
46	\$17.40392	\$18.62595	\$18.89394	\$19.06252	\$19.30098	\$19.53510	\$19.76851
47	\$17.36802	\$18.58251	\$18.84615	\$19.01215	\$19.24942	\$19.48266	\$19.71520
48	\$17.33218	\$18.53918	\$18.79851	\$18.96191	\$19.19798	\$19.43035	\$19.66205
49	\$17.29642	\$18.49595	\$18.75098	\$18.91179	\$19.14668	\$19.37819	\$19.60901
50	\$17.26073	\$18.45283	\$18.70354	\$18.86181	\$19.09551	\$19.32617	\$19.55614
51	\$17.22511	\$18.40980	\$18.65627	\$18.81197	\$19.04448	\$19.27430	\$19.50341
52	\$17.18957	\$18.36687	\$18.60907	\$18.76226	\$18.99360	\$19.22255	\$19.45082
53	\$17.15409	\$18.32403	\$18.56202	\$18.71268	\$18.94285	\$19.17094	\$19.39836
54	\$17.11870	\$18.28130	\$18.51509	\$18.66321	\$18.89222	\$19.11949	\$19.34606
55	\$17.08337	\$18.23867	\$18.46827	\$18.61390	\$18.84175	\$19.06816	\$19.29388
56	\$16.86692	\$17.99831	\$18.21948	\$18.36003	\$18.58460	\$18.80786	\$19.03046
57	\$16.65318	\$17.76112	\$17.97403	\$18.10964	\$18.33095	\$18.55112	\$18.77064
58	\$16.44218	\$17.52704	\$17.73191	\$17.86265	\$18.08077	\$18.29789	\$18.51435
59	\$16.23383	\$17.29607	\$17.49302	\$17.61904	\$17.83399	\$18.04810	\$18.26156
60	\$16.02814	\$17.06813	\$17.25737	\$17.37875	\$17.59060	\$17.80174	\$18.01223
61	\$15.82504	\$16.84319	\$17.02489	\$17.14173	\$17.35052	\$17.55872	\$17.76630
62	\$15.62453	\$16.62122	\$16.79554	\$16.90794	\$17.11371	\$17.31903	\$17.52374
63	\$15.73468	\$16.73038	\$16.90201	\$17.01209	\$17.21924	\$17.42610	\$17.63234
64	\$15.84560	\$16.84026	\$17.00915	\$17.11688	\$17.32544	\$17.53382	\$17.74161
65	\$15.95730	\$16.95086	\$17.11697	\$17.22232	\$17.43227	\$17.64223	\$17.85156
66	\$16.06978	\$17.06217	\$17.22547	\$17.32840	\$17.53977	\$17.75130	\$17.96219
67	\$16.18307	\$17.17423	\$17.33465	\$17.43515	\$17.64793	\$17.86103	\$18.07351
68	\$16.31120	\$17.29535	\$17.44783	\$17.54343	\$17.75780	\$17.97277	\$18.18708
69	\$16.44036	\$17.41734	\$17.56173	\$17.65239	\$17.86837	\$18.08521	\$18.30140
70	\$16.57054	\$17.54019	\$17.67639	\$17.76202	\$17.97961	\$18.19834	\$18.41643
71	\$16.70174	\$17.66391	\$17.79179	\$17.87234	\$18.09155	\$18.31219	\$18.53218
72	\$16.83400	\$17.78849	\$17.90795	\$17.98333	\$18.20419	\$18.42675	\$18.64865
73	\$17.13034	\$18.07297	\$18.17400	\$18.24040	\$18.46570	\$18.69302	\$18.91967
74	\$17.43190	\$18.36201	\$18.44404	\$18.50113	\$18.73096	\$18.96315	\$19.19464
75	\$17.73878	\$18.65566	\$18.71807	\$18.76560	\$19.00003	\$19.23717	\$19.47360
76	\$18.05106	\$18.95401	\$18.99616	\$19.03383	\$19.27298	\$19.51515	\$19.75660
77	\$18.36883	\$19.25714	\$19.27839	\$19.30592	\$19.54983	\$19.79715	\$20.04373
78	\$18.20990	\$19.05050	\$19.05350	\$19.05643	\$19.29889	\$19.54509	\$19.79054
79	\$18.05235	\$18.84608	\$18.90797	\$18.96896	\$19.05118	\$19.29623	\$19.54054
80	\$17.89616	\$18.64385	\$18.69297	\$18.74139	\$18.80665	\$19.05054	\$19.29372
81	\$17.74132	\$18.44379	\$18.48045	\$18.51655	\$18.56523	\$18.80799	\$19.05000
82	\$17.58781	\$18.24588	\$18.27034	\$18.29444	\$18.32694	\$18.56851	\$18.80936
83	\$17.28064	\$17.88978	\$17.90361	\$17.91724	\$17.93559	\$18.17432	\$18.41233
84	\$16.97883	\$17.54063	\$17.54425	\$17.54782	\$17.55260	\$17.78849	\$18.02368

Plan: LTC2007-GAIP75

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Graded Automatic Compound Inflation Protection Through Age 75 - Reimbursement - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
Issue Age	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$6.10707	\$6.32675	\$6.80362	\$7.26414	\$7.71316	\$8.18639
31	\$6.13589	\$6.35632	\$6.83555	\$7.29836	\$7.74890	\$8.22430
32	\$6.16453	\$6.38566	\$6.86720	\$7.33230	\$7.78431	\$8.26183
33	\$6.19292	\$6.41475	\$6.89859	\$7.36594	\$7.81937	\$8.29899
34	\$6.22112	\$6.44361	\$6.92970	\$7.39926	\$7.85410	\$8.33580
35	\$6.24904	\$6.47218	\$6.96053	\$7.43229	\$7.88845	\$8.37216
36	\$6.21204	\$6.43307	\$6.91985	\$7.39015	\$7.84216	\$8.32393
37	\$6.17528	\$6.39419	\$6.87941	\$7.34823	\$7.79614	\$8.27599
38	\$6.13871	\$6.35553	\$6.83921	\$7.30657	\$7.75041	\$8.22832
39	\$6.10238	\$6.31712	\$6.79925	\$7.26514	\$7.70493	\$8.18092
40	\$6.06626	\$6.27893	\$6.75951	\$7.22394	\$7.65972	\$8.13379
41	\$6.03034	\$6.24098	\$6.72000	\$7.18298	\$7.61477	\$8.08694
42	\$5.99466	\$6.20326	\$6.68072	\$7.14224	\$7.57010	\$8.04036
43	\$5.95917	\$6.16576	\$6.64168	\$7.10174	\$7.52568	\$7.99405
44	\$5.92389	\$6.12849	\$6.60287	\$7.06148	\$7.48152	\$7.94800
45	\$5.88882	\$6.09145	\$6.56428	\$7.02143	\$7.43762	\$7.90221
46	\$5.79262	\$5.98891	\$6.45537	\$6.90659	\$7.30994	\$7.76684
47	\$5.69798	\$5.88809	\$6.34826	\$6.79361	\$7.18446	\$7.63377
48	\$5.60488	\$5.78898	\$6.24293	\$6.68250	\$7.06112	\$7.50297
49	\$5.51331	\$5.69152	\$6.13933	\$6.57319	\$6.93989	\$7.37443
50	\$5.42323	\$5.59571	\$6.03747	\$6.46566	\$6.82076	\$7.24808
51	\$5.33464	\$5.50152	\$5.93730	\$6.35991	\$6.70367	\$7.12390
52	\$5.24748	\$5.40891	\$5.83877	\$6.25588	\$6.58860	\$7.00184
53	\$5.16174	\$5.31785	\$5.74189	\$6.15355	\$6.47550	\$6.88189
54	\$5.07742	\$5.22835	\$5.64663	\$6.05290	\$6.36433	\$6.76398
55	\$4.99447	\$5.14033	\$5.55292	\$5.95389	\$6.25507	\$6.64809
56	\$4.76468	\$4.89547	\$5.29082	\$5.67530	\$5.94574	\$6.31845
57	\$4.54546	\$4.66227	\$5.04109	\$5.40974	\$5.65169	\$6.00516
58	\$4.33633	\$4.44016	\$4.80313	\$5.15662	\$5.37220	\$5.70740
59	\$4.13682	\$4.22865	\$4.57642	\$4.91533	\$5.10651	\$5.42439
60	\$3.94649	\$4.02723	\$4.36041	\$4.68533	\$4.85399	\$5.15543
61	\$3.76492	\$3.83537	\$4.15458	\$4.46609	\$4.61394	\$4.89980
62	\$3.59170	\$3.65268	\$3.95848	\$4.25712	\$4.38576	\$4.65686
63	\$3.41002	\$3.45516	\$3.74798	\$4.03416	\$4.13054	\$4.38433
64	\$3.23755	\$3.26833	\$3.54868	\$3.82286	\$3.89021	\$4.12775
65	\$3.07380	\$3.09159	\$3.35995	\$3.62263	\$3.66383	\$3.88618
66	\$2.91833	\$2.92441	\$3.18128	\$3.43291	\$3.45063	\$3.65876
67	\$2.77072	\$2.77650	\$3.02038	\$3.25927	\$3.27609	\$3.47370
68	\$2.31550	\$2.32034	\$2.52415	\$2.72379	\$2.73786	\$2.90301
69	\$1.93509	\$1.93913	\$2.10945	\$2.27631	\$2.28805	\$2.42607
70	\$1.61718	\$1.62054	\$1.76289	\$1.90231	\$1.91214	\$2.02748
71	\$1.35150	\$1.35430	\$1.47326	\$1.58979	\$1.59800	\$1.69439
72	\$1.12945	\$1.13180	\$1.23122	\$1.32860	\$1.33545	\$1.41600
73	\$0.97472	\$0.97676	\$1.06255	\$1.14658	\$1.15251	\$1.22203
74	\$0.78862	\$0.79027	\$0.85969	\$0.92769	\$0.93246	\$0.98871

Plan: **LTC2007-GAIP75** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection Through Age 75 - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs <= X <	3.93 yrs <= X <	4.16 yrs <= X <	4.62 yrs <= X <	5.08 yrs <= X <	5.55 yrs <= X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$8.50312	\$8.76071	\$9.01721	\$9.60462	\$10.08918	\$10.70436
31	\$8.54258	\$8.80107	\$9.05843	\$9.64865	\$10.13499	\$10.75290
32	\$8.58169	\$8.84106	\$9.09922	\$9.69222	\$10.18029	\$10.80090
33	\$8.62039	\$8.88063	\$9.13956	\$9.73531	\$10.22507	\$10.84833
34	\$8.65870	\$8.91975	\$9.17946	\$9.77790	\$10.26929	\$10.89514
35	\$8.69660	\$8.95842	\$9.21886	\$9.81997	\$10.31293	\$10.94132
36	\$8.64742	\$8.90705	\$9.16507	\$9.76429	\$10.25346	\$10.87904
37	\$8.59852	\$8.85599	\$9.11160	\$9.70892	\$10.19431	\$10.81711
38	\$8.54989	\$8.80521	\$9.05843	\$9.65386	\$10.13552	\$10.75554
39	\$8.50154	\$8.75474	\$9.00559	\$9.59913	\$10.07706	\$10.69430
40	\$8.45347	\$8.70454	\$8.95304	\$9.54469	\$10.01894	\$10.63343
41	\$8.40566	\$8.65463	\$8.90080	\$9.49058	\$9.96116	\$10.57290
42	\$8.35813	\$8.60502	\$8.84888	\$9.43675	\$9.90371	\$10.51272
43	\$8.31087	\$8.55567	\$8.79725	\$9.38325	\$9.84659	\$10.45287
44	\$8.26386	\$8.50662	\$8.74591	\$9.33003	\$9.78980	\$10.39337
45	\$8.21713	\$8.45785	\$8.69488	\$9.27713	\$9.73333	\$10.33421
46	\$8.07759	\$8.31130	\$8.54073	\$9.11463	\$9.55841	\$10.14859
47	\$7.94044	\$8.16727	\$8.38931	\$8.95500	\$9.38663	\$9.96631
48	\$7.80561	\$8.02575	\$8.24058	\$8.79815	\$9.21795	\$9.78730
49	\$7.67308	\$7.88667	\$8.09448	\$8.64406	\$9.05229	\$9.61152
50	\$7.54279	\$7.75003	\$7.95096	\$8.49265	\$8.88961	\$9.43889
51	\$7.41471	\$7.61574	\$7.80999	\$8.34390	\$8.72984	\$9.26934
52	\$7.28882	\$7.48377	\$7.67153	\$8.19777	\$8.57297	\$9.10287
53	\$7.16505	\$7.35410	\$7.53552	\$8.05417	\$8.41889	\$8.93936
54	\$7.04339	\$7.22667	\$7.40193	\$7.91311	\$8.26759	\$8.77880
55	\$6.92380	\$7.10144	\$7.27069	\$7.77451	\$8.11902	\$8.62112
56	\$6.58247	\$6.74311	\$6.89411	\$7.37502	\$7.68920	\$8.16355
57	\$6.25798	\$6.40284	\$6.53704	\$6.99605	\$7.28214	\$7.73026
58	\$5.94947	\$6.07976	\$6.19846	\$6.63656	\$6.89663	\$7.31997
59	\$5.65618	\$5.77298	\$5.87740	\$6.29554	\$6.53152	\$6.93146
60	\$5.37736	\$5.48167	\$5.57298	\$5.97204	\$6.18574	\$6.56357
61	\$5.11226	\$5.20507	\$5.28433	\$5.66515	\$5.85828	\$6.21519
62	\$4.86025	\$4.94242	\$5.01063	\$5.37405	\$5.54815	\$5.88533
63	\$4.57864	\$4.64312	\$4.69181	\$5.03673	\$5.17948	\$5.49199
64	\$4.31333	\$4.36194	\$4.39327	\$4.72057	\$4.83531	\$5.12495
65	\$4.06342	\$4.09779	\$4.11373	\$4.42428	\$4.51403	\$4.78244
66	\$3.82796	\$3.84962	\$3.85198	\$4.14656	\$4.21408	\$4.46281
67	\$3.63434	\$3.65491	\$3.65715	\$3.93684	\$4.00093	\$4.23708
68	\$3.03725	\$3.05444	\$3.05632	\$3.29004	\$3.34360	\$3.54097
69	\$2.53826	\$2.55263	\$2.55418	\$2.74951	\$2.79428	\$2.95922
70	\$2.12125	\$2.13324	\$2.13455	\$2.29779	\$2.33520	\$2.47303
71	\$1.77274	\$1.78276	\$1.78385	\$1.92028	\$1.95156	\$2.06674
72	\$1.48149	\$1.48988	\$1.49079	\$1.60480	\$1.63092	\$1.72719
73	\$1.27855	\$1.28577	\$1.28656	\$1.38496	\$1.40750	\$1.49057
74	\$1.03443	\$1.04029	\$1.04093	\$1.12053	\$1.13878	\$1.20600

Plan: **LTC2007-GAIP75** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection Through Age 75 - Reimbursement - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$11.52955	\$12.38143	\$12.63083	\$12.75996	\$12.92917	\$13.09175	\$13.25384
31	\$11.58138	\$12.43666	\$12.68724	\$12.81678	\$12.98667	\$13.14996	\$13.31273
32	\$11.63257	\$12.49118	\$12.74294	\$12.87283	\$13.04342	\$13.20738	\$13.37084
33	\$11.68310	\$12.54497	\$12.79785	\$12.92811	\$13.09939	\$13.26401	\$13.42813
34	\$11.73294	\$12.59798	\$12.85200	\$12.98259	\$13.15453	\$13.31978	\$13.48454
35	\$11.78208	\$12.65020	\$12.90534	\$13.03624	\$13.20883	\$13.37471	\$13.54009
36	\$11.71342	\$12.57414	\$12.82524	\$12.95372	\$13.12442	\$13.28885	\$13.45277
37	\$11.64516	\$12.49855	\$12.74565	\$12.87171	\$13.04058	\$13.20354	\$13.36600
38	\$11.57731	\$12.42343	\$12.66656	\$12.79021	\$12.95727	\$13.11877	\$13.27979
39	\$11.50984	\$12.34873	\$12.58794	\$12.70925	\$12.87449	\$13.03455	\$13.19413
40	\$11.44278	\$12.27451	\$12.50982	\$12.62878	\$12.79223	\$12.95088	\$13.10904
41	\$11.37611	\$12.20073	\$12.43218	\$12.54883	\$12.71049	\$12.86773	\$13.02448
42	\$11.30982	\$12.12736	\$12.35503	\$12.46940	\$12.62929	\$12.78511	\$12.94049
43	\$11.24391	\$12.05446	\$12.27835	\$12.39046	\$12.54861	\$12.70303	\$12.85701
44	\$11.17840	\$11.98200	\$12.20215	\$12.31202	\$12.46843	\$12.62149	\$12.77408
45	\$11.11326	\$11.90996	\$12.12641	\$12.23407	\$12.38877	\$12.54045	\$12.69170
46	\$10.90813	\$11.68449	\$11.89373	\$11.99654	\$12.14752	\$12.29583	\$12.44371
47	\$10.70682	\$11.46330	\$11.66550	\$11.76364	\$11.91097	\$12.05598	\$12.20058
48	\$10.50920	\$11.24629	\$11.44165	\$11.53525	\$11.67903	\$11.82083	\$11.96219
49	\$10.31523	\$11.03338	\$11.22210	\$11.31129	\$11.45160	\$11.59024	\$11.72847
50	\$10.12484	\$10.82452	\$11.00676	\$11.09169	\$11.22861	\$11.36416	\$11.49930
51	\$9.93797	\$10.61958	\$10.79555	\$10.87633	\$11.00995	\$11.14248	\$11.27462
52	\$9.75456	\$10.41855	\$10.58840	\$10.66517	\$10.79555	\$10.92513	\$11.05432
53	\$9.57452	\$10.22132	\$10.38523	\$10.45812	\$10.58533	\$10.71202	\$10.83834
54	\$9.39780	\$10.02783	\$10.18595	\$10.25506	\$10.37921	\$10.50306	\$10.62655
55	\$9.22435	\$9.83799	\$9.99049	\$10.05597	\$10.17709	\$10.29818	\$10.41893
56	\$8.71973	\$9.28560	\$9.42207	\$9.47799	\$9.59139	\$9.70508	\$9.81843
57	\$8.24271	\$8.76422	\$8.88600	\$8.93324	\$9.03939	\$9.14611	\$9.25251
58	\$7.79178	\$8.27214	\$8.38044	\$8.41979	\$8.51917	\$8.61935	\$8.71924
59	\$7.36553	\$7.80766	\$7.90363	\$7.93586	\$8.02888	\$8.12293	\$8.21669
60	\$6.96259	\$7.36928	\$7.45395	\$7.47975	\$7.56679	\$7.65509	\$7.74312
61	\$6.58170	\$6.95550	\$7.02985	\$7.04983	\$7.13133	\$7.21420	\$7.29684
62	\$6.22164	\$6.56497	\$6.62988	\$6.64464	\$6.72090	\$6.79870	\$6.87627
63	\$5.78075	\$6.07579	\$6.12222	\$6.12607	\$6.19506	\$6.26599	\$6.33671
64	\$5.37109	\$5.62306	\$5.65342	\$5.67769	\$5.71036	\$5.77502	\$5.83949
65	\$4.99047	\$5.20407	\$5.22053	\$5.23886	\$5.26360	\$5.32251	\$5.38128
66	\$4.63682	\$4.81631	\$4.82079	\$4.83398	\$4.85178	\$4.90547	\$4.95902
67	\$4.40228	\$4.57269	\$4.57694	\$4.58949	\$4.60637	\$4.65736	\$4.70819
68	\$3.67902	\$3.82143	\$3.82501	\$3.83547	\$3.84958	\$3.89219	\$3.93468
69	\$3.07459	\$3.19361	\$3.19657	\$3.20534	\$3.21713	\$3.25273	\$3.28823
70	\$2.56945	\$2.66893	\$2.67141	\$2.67872	\$2.68858	\$2.71835	\$2.74802
71	\$2.14732	\$2.23044	\$2.23251	\$2.23862	\$2.24687	\$2.27173	\$2.29653
72	\$1.79453	\$1.86399	\$1.86573	\$1.87084	\$1.87772	\$1.89851	\$1.91923
73	\$1.54870	\$1.60865	\$1.61014	\$1.61456	\$1.62049	\$1.63844	\$1.65630
74	\$1.25301	\$1.30151	\$1.30273	\$1.30630	\$1.31110	\$1.32562	\$1.34009

Plan: LTC2007-CB-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: No Inflation - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$1.06711	\$1.13236	\$1.21716	\$1.30156	\$1.40653	\$1.51096
31	\$1.09641	\$1.16347	\$1.25062	\$1.33734	\$1.44524	\$1.55255
32	\$1.12645	\$1.19533	\$1.28488	\$1.37405	\$1.48491	\$1.59522
33	\$1.15721	\$1.22800	\$1.32002	\$1.41168	\$1.52560	\$1.63897
34	\$1.18872	\$1.26145	\$1.35602	\$1.45023	\$1.56731	\$1.68384
35	\$1.22100	\$1.29573	\$1.39293	\$1.48975	\$1.61007	\$1.72983
36	\$1.29545	\$1.37461	\$1.47756	\$1.58040	\$1.70796	\$1.83497
37	\$1.37369	\$1.45756	\$1.56667	\$1.67589	\$1.81110	\$1.94580
38	\$1.45595	\$1.54478	\$1.66042	\$1.77639	\$1.91976	\$2.06266
39	\$1.54239	\$1.63649	\$1.75907	\$1.88223	\$2.03423	\$2.18581
40	\$1.63323	\$1.73291	\$1.86283	\$1.99361	\$2.15483	\$2.31559
41	\$1.72864	\$1.83423	\$1.97196	\$2.11086	\$2.28180	\$2.45236
42	\$1.82887	\$1.94071	\$2.08672	\$2.23423	\$2.41552	\$2.59643
43	\$1.93411	\$2.05261	\$2.20736	\$2.36400	\$2.55631	\$2.74818
44	\$2.04464	\$2.17014	\$2.33423	\$2.50054	\$2.70450	\$2.90803
45	\$2.16067	\$2.29361	\$2.46754	\$2.64412	\$2.86046	\$3.07638
46	\$2.31040	\$2.45234	\$2.63811	\$2.82716	\$3.05832	\$3.28913
47	\$2.46956	\$2.62111	\$2.81954	\$3.02195	\$3.26899	\$3.51572
48	\$2.63864	\$2.80051	\$3.01248	\$3.22917	\$3.49321	\$3.75701
49	\$2.81827	\$2.99114	\$3.21763	\$3.44962	\$3.73190	\$4.01391
50	\$3.00909	\$3.19372	\$3.43572	\$3.68413	\$3.98587	\$4.28741
51	\$3.21174	\$3.40893	\$3.66754	\$3.93353	\$4.25613	\$4.57854
52	\$3.42690	\$3.63751	\$3.91390	\$4.19871	\$4.54365	\$4.88840
53	\$3.65531	\$3.88029	\$4.17570	\$4.48068	\$4.84950	\$5.21813
54	\$3.89778	\$4.13809	\$4.45382	\$4.78041	\$5.17481	\$5.56899
55	\$4.15511	\$4.41180	\$4.74932	\$5.09898	\$5.52077	\$5.94230
56	\$4.43759	\$4.71174	\$5.07223	\$5.44623	\$5.89688	\$6.34720
57	\$4.73871	\$5.03151	\$5.41655	\$5.81661	\$6.29810	\$6.77917
58	\$5.05974	\$5.37242	\$5.78373	\$6.21164	\$6.72605	\$7.24000
59	\$5.40191	\$5.73587	\$6.17521	\$6.63293	\$7.18253	\$7.73159
60	\$5.76660	\$6.12329	\$6.59259	\$7.08214	\$7.66938	\$8.25596
61	\$6.15528	\$6.53623	\$7.03752	\$7.56119	\$8.18863	\$8.81526
62	\$6.56950	\$6.97636	\$7.51187	\$8.07195	\$8.74235	\$9.41181
63	\$7.05189	\$7.48880	\$8.06397	\$8.66651	\$9.38687	\$10.10579
64	\$7.56817	\$8.03737	\$8.65513	\$9.30331	\$10.07744	\$10.84946
65	\$8.12068	\$8.62451	\$9.28807	\$9.98534	\$10.81720	\$11.64627
66	\$8.71186	\$9.25290	\$9.96564	\$10.71572	\$11.60963	\$12.49994
67	\$9.34434	\$9.92533	\$10.69091	\$11.49778	\$12.45839	\$13.41447
68	\$10.15580	\$10.78750	\$11.62053	\$12.49920	\$13.54505	\$14.58625
69	\$11.03768	\$11.72449	\$12.63094	\$13.58781	\$14.72647	\$15.86039
70	\$11.99606	\$12.74283	\$13.72913	\$14.77120	\$16.01093	\$17.24582
71	\$13.05581	\$13.86890	\$14.94364	\$16.08006	\$17.43173	\$18.77847
72	\$14.20909	\$15.09442	\$16.26554	\$17.50487	\$18.97861	\$20.44733
73	\$15.77664	\$16.76141	\$18.06721	\$19.44800	\$21.09363	\$22.73367
74	\$17.51101	\$18.60627	\$20.06208	\$21.60034	\$23.43769	\$25.26876
75	\$19.42948	\$20.64753	\$22.27039	\$23.98397	\$26.03508	\$28.07915
76	\$21.55112	\$22.90562	\$24.71449	\$26.62323	\$28.91258	\$31.19415
77	\$23.89694	\$25.40304	\$27.41905	\$29.54494	\$32.09989	\$34.64614
78	\$26.40286	\$28.06816	\$30.29887	\$32.64241	\$35.47308	\$38.29096
79	\$29.16142	\$31.00226	\$33.46969	\$36.05258	\$39.18756	\$42.30512
80	\$32.19742	\$34.23173	\$36.96015	\$39.80618	\$43.27696	\$46.72506
81	\$35.53806	\$37.78560	\$40.80165	\$43.93699	\$47.77822	\$51.59081
82	\$39.21312	\$41.69561	\$45.02863	\$48.48195	\$52.73175	\$56.94625
83	\$43.79798	\$46.56822	\$50.29176	\$54.12580	\$58.88002	\$63.59583
84	\$48.87591	\$51.96489	\$56.12073	\$60.37428	\$65.68728	\$70.95886
85	\$54.49743	\$57.93938	\$62.57356	\$67.28921	\$73.22086	\$79.10835
86	\$60.71815	\$64.55082	\$69.71402	\$74.93849	\$81.55481	\$88.12455
87	\$67.59920	\$71.86419	\$77.61224	\$83.39678	\$90.77045	\$98.09562
88	\$73.75080	\$78.40132	\$84.66288	\$90.92926	\$98.96930	\$106.95244
89	\$80.40971	\$85.47675	\$92.29088	\$99.07306	\$107.83010	\$116.52113
90	\$87.61559	\$93.13252	\$100.54110	\$107.87519	\$117.40338	\$126.85573
91	\$95.41115	\$101.41385	\$109.46164	\$117.38606	\$127.74337	\$138.01420
92	\$103.84235	\$110.36943	\$119.10428	\$127.65988	\$138.90829	\$150.05876
93	\$111.04764	\$118.03312	\$127.35917	\$136.41345	\$148.42152	\$160.28484
94	\$118.70541	\$126.17710	\$136.12661	\$145.70183	\$158.50996	\$171.12194
95	\$126.84269	\$134.82992	\$145.43679	\$155.55592	\$169.20647	\$182.60445
96	\$135.48797	\$144.02180	\$155.32154	\$166.00834	\$180.54564	\$194.76861
97	\$144.67147	\$153.78467	\$165.81456	\$177.09356	\$192.56402	\$207.65269
98	\$152.47441	\$162.07882	\$174.72403	\$186.49706	\$202.75290	\$218.56812
99	\$159.02597	\$169.04207	\$182.20049	\$194.38212	\$211.29233	\$227.71147
100	\$164.47446	\$174.83247	\$188.41540	\$200.93268	\$218.38365	\$235.30093

Plan: **LTC2007-CB-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **No Inflation - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$1.56832	\$1.62447	\$1.68478	\$1.80474	\$1.90610	\$2.03155
31	\$1.61152	\$1.66923	\$1.73122	\$1.85453	\$1.95873	\$2.08767
32	\$1.65582	\$1.71513	\$1.77884	\$1.90560	\$2.01273	\$2.14526
33	\$1.70126	\$1.76222	\$1.82768	\$1.95800	\$2.06812	\$2.20436
34	\$1.74784	\$1.81050	\$1.87781	\$2.01176	\$2.12496	\$2.26498
35	\$1.79563	\$1.86001	\$1.92919	\$2.06691	\$2.18327	\$2.32719
36	\$1.90490	\$1.97321	\$2.04664	\$2.19286	\$2.31631	\$2.46895
37	\$2.02013	\$2.09265	\$2.17057	\$2.32587	\$2.45682	\$2.61873
38	\$2.14165	\$2.21863	\$2.30133	\$2.46624	\$2.60520	\$2.77697
39	\$2.26977	\$2.35149	\$2.43928	\$2.61442	\$2.76189	\$2.94408
40	\$2.40484	\$2.49159	\$2.58478	\$2.77079	\$2.92731	\$3.12060
41	\$2.54721	\$2.63931	\$2.73825	\$2.93579	\$3.10191	\$3.30700
42	\$2.69724	\$2.79504	\$2.90007	\$3.10987	\$3.28622	\$3.50380
43	\$2.85536	\$2.95918	\$3.07072	\$3.29352	\$3.48072	\$3.71158
44	\$3.02192	\$3.13221	\$3.25060	\$3.48722	\$3.68594	\$3.93095
45	\$3.19741	\$3.31451	\$3.44024	\$3.69152	\$3.90250	\$4.16248
46	\$3.41887	\$3.54406	\$3.67853	\$3.94762	\$4.17326	\$4.45126
47	\$3.65479	\$3.78867	\$3.93248	\$4.22067	\$4.46199	\$4.75928
48	\$3.90607	\$4.04927	\$4.20309	\$4.51172	\$4.76984	\$5.08779
49	\$4.17370	\$4.32688	\$4.49143	\$4.82196	\$5.09806	\$5.43813
50	\$4.45872	\$4.62256	\$4.79858	\$5.15258	\$5.44797	\$5.81168
51	\$4.76217	\$4.93744	\$5.12578	\$5.50492	\$5.82094	\$6.20997
52	\$5.08525	\$5.27277	\$5.47427	\$5.88032	\$6.21845	\$6.63461
53	\$5.42917	\$5.62979	\$5.84539	\$6.28028	\$6.64209	\$7.08727
54	\$5.79521	\$6.00987	\$6.24057	\$6.70636	\$7.09352	\$7.56974
55	\$6.18478	\$6.41448	\$6.66136	\$7.16019	\$7.57450	\$8.08399
56	\$6.60664	\$6.85221	\$7.11607	\$7.64971	\$8.09300	\$8.63783
57	\$7.05675	\$7.31927	\$7.60131	\$8.17218	\$8.64645	\$9.22911
58	\$7.53700	\$7.81764	\$8.11911	\$8.72981	\$9.23722	\$9.86032
59	\$8.04936	\$8.34939	\$8.67162	\$9.32492	\$9.86779	\$10.53414
60	\$8.59594	\$8.91670	\$9.26113	\$9.95999	\$10.54080	\$11.25339
61	\$9.17903	\$9.52193	\$9.89011	\$10.63767	\$11.25908	\$12.02113
62	\$9.80101	\$10.16760	\$10.56112	\$11.36082	\$12.02565	\$12.84059
63	\$10.52486	\$10.91888	\$11.34207	\$12.20258	\$12.91796	\$13.79548
64	\$11.30068	\$11.72418	\$12.17924	\$13.10519	\$13.87494	\$14.81984
65	\$12.13211	\$12.58729	\$13.07663	\$14.07297	\$14.90123	\$15.91861
66	\$13.02303	\$13.51228	\$14.03849	\$15.11053	\$16.00173	\$17.09717
67	\$13.97763	\$14.50352	\$15.06935	\$16.22283	\$17.18174	\$18.36116
68	\$15.20038	\$15.77378	\$16.39064	\$17.64915	\$18.69656	\$19.98472
69	\$16.53008	\$17.15533	\$17.82782	\$19.20087	\$20.34492	\$21.75181
70	\$17.97609	\$18.65784	\$19.39099	\$20.88901	\$22.13857	\$23.67513
71	\$19.57592	\$20.32033	\$21.12073	\$22.75736	\$24.12408	\$25.80454
72	\$21.31812	\$22.13095	\$23.00476	\$24.79281	\$26.28763	\$28.12545
73	\$23.70814	\$24.61830	\$25.59682	\$27.60096	\$29.28084	\$31.34715
74	\$26.35906	\$27.37804	\$28.47361	\$30.71952	\$32.60689	\$34.92946
75	\$29.29882	\$30.43941	\$31.66582	\$34.18217	\$36.30213	\$38.91209
76	\$32.55833	\$33.83480	\$35.20743	\$38.02622	\$40.40685	\$43.33901
77	\$36.17171	\$37.59998	\$39.13600	\$42.29297	\$44.96567	\$48.25900
78	\$39.97639	\$41.56352	\$43.27295	\$46.77866	\$49.76493	\$53.45139
79	\$44.16670	\$45.92955	\$47.83112	\$51.72272	\$55.05743	\$59.18143
80	\$48.78070	\$50.73797	\$52.85227	\$57.17081	\$60.89259	\$65.50337
81	\$53.86027	\$56.03248	\$58.38227	\$63.17311	\$67.32467	\$72.47679
82	\$59.45118	\$61.86106	\$64.47148	\$69.78461	\$74.41325	\$80.16725
83	\$66.38578	\$69.09885	\$72.04030	\$78.00303	\$83.25796	\$89.79494
84	\$74.06371	\$77.11399	\$80.42392	\$87.10871	\$93.06420	\$100.47829
85	\$82.56097	\$85.98603	\$89.70588	\$97.19298	\$103.93149	\$112.32746
86	\$91.96109	\$95.80247	\$99.97816	\$108.35615	\$115.96933	\$125.46370
87	\$102.35579	\$106.65943	\$111.34167	\$120.70866	\$129.29814	\$140.02051
88	\$111.56959	\$116.27069	\$121.38983	\$131.58115	\$140.99367	\$152.74923
89	\$121.51998	\$126.64856	\$132.23811	\$143.31484	\$153.61486	\$166.48685
90	\$132.26248	\$137.85061	\$143.94653	\$155.97386	\$167.23055	\$181.30845
91	\$143.85670	\$149.93870	\$156.57941	\$169.62705	\$181.91452	\$197.29453
92	\$156.36659	\$162.97913	\$170.20574	\$184.34814	\$197.74588	\$214.53138
93	\$166.92787	\$173.95937	\$181.65329	\$196.67374	\$210.99598	\$228.96920
94	\$178.11214	\$185.58238	\$193.76651	\$209.70705	\$225.00215	\$244.22936
95	\$189.95400	\$197.88355	\$206.58179	\$223.48620	\$239.80481	\$260.35574
96	\$202.48991	\$210.90009	\$220.13745	\$238.05126	\$255.44647	\$277.39448
97	\$215.75825	\$224.67128	\$234.47375	\$253.44447	\$271.97186	\$295.39411
98	\$226.99124	\$236.32503	\$246.60129	\$266.45709	\$285.93683	\$310.60335
99	\$236.39522	\$246.07785	\$256.74760	\$277.33786	\$297.61068	\$323.31632
100	\$244.19739	\$254.16721	\$265.16133	\$286.35659	\$307.28461	\$333.85068

Plan: **LTC2007-CB-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **No Inflation - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$2.21431	\$2.40286	\$2.46511	\$2.51538	\$2.56798	\$2.61218	\$2.65625
31	\$2.27553	\$2.46936	\$2.53201	\$2.58363	\$2.63765	\$2.68306	\$2.72832
32	\$2.33837	\$2.53761	\$2.60064	\$2.65367	\$2.70913	\$2.75579	\$2.80230
33	\$2.40285	\$2.60766	\$2.67106	\$2.72551	\$2.78248	\$2.83041	\$2.87819
34	\$2.46902	\$2.67956	\$2.74331	\$2.79925	\$2.85776	\$2.90698	\$2.95604
35	\$2.53695	\$2.75336	\$2.81747	\$2.87491	\$2.93498	\$2.98554	\$3.03594
36	\$2.69155	\$2.92116	\$2.98955	\$3.05049	\$3.11420	\$3.16782	\$3.22126
37	\$2.85494	\$3.09858	\$3.17156	\$3.23622	\$3.30377	\$3.36060	\$3.41728
38	\$3.02765	\$3.28619	\$3.36404	\$3.43264	\$3.50424	\$3.56452	\$3.62462
39	\$3.21016	\$3.48455	\$3.56757	\$3.64035	\$3.71628	\$3.78017	\$3.84387
40	\$3.40303	\$3.69422	\$3.78276	\$3.85999	\$3.94044	\$4.00820	\$4.07576
41	\$3.60682	\$3.91584	\$4.01027	\$4.09219	\$4.17746	\$4.24931	\$4.32093
42	\$3.82207	\$4.15008	\$4.25075	\$4.33765	\$4.42805	\$4.50423	\$4.58018
43	\$4.04948	\$4.39763	\$4.50494	\$4.59712	\$4.69293	\$4.77368	\$4.85420
44	\$4.28966	\$4.65922	\$4.77360	\$4.87137	\$4.97291	\$5.05852	\$5.14389
45	\$4.54333	\$4.93561	\$5.05750	\$5.16121	\$5.26881	\$5.35959	\$5.45011
46	\$4.85885	\$5.27890	\$5.41319	\$5.52412	\$5.63920	\$5.73634	\$5.83317
47	\$5.19551	\$5.64529	\$5.79306	\$5.91173	\$6.03480	\$6.13873	\$6.24236
48	\$5.55470	\$6.03637	\$6.19874	\$6.32566	\$6.45729	\$6.56850	\$6.67938
49	\$5.93788	\$6.45370	\$6.63194	\$6.76771	\$6.90847	\$7.02746	\$7.14610
50	\$6.34664	\$6.89904	\$7.09449	\$7.23971	\$7.39022	\$7.51754	\$7.64447
51	\$6.78263	\$7.37423	\$7.58833	\$7.74362	\$7.90458	\$8.04080	\$8.17662
52	\$7.24763	\$7.88120	\$8.11552	\$8.28162	\$8.45373	\$8.59946	\$8.74478
53	\$7.74353	\$8.42207	\$8.67829	\$8.85592	\$9.03995	\$9.19588	\$9.35135
54	\$8.27232	\$8.99904	\$9.27896	\$9.46893	\$9.66569	\$9.83253	\$9.99886
55	\$8.83616	\$9.61449	\$9.92005	\$10.12320	\$10.33357	\$10.51206	\$10.69001
56	\$9.44327	\$10.27718	\$10.61445	\$10.83173	\$11.05684	\$11.24799	\$11.43860
57	\$10.09158	\$10.98505	\$11.35678	\$11.58922	\$11.83006	\$12.03481	\$12.23894
58	\$10.78383	\$11.74112	\$12.15038	\$12.39898	\$12.65667	\$12.87596	\$13.09459
59	\$11.52300	\$12.54862	\$12.99871	\$13.26462	\$13.54031	\$13.77517	\$14.00931
60	\$12.31223	\$13.41103	\$13.90549	\$14.18992	\$14.48490	\$14.73642	\$14.98718
61	\$13.15486	\$14.33206	\$14.87474	\$15.17896	\$15.49456	\$15.76393	\$16.03248
62	\$14.05449	\$15.31566	\$15.91073	\$16.23610	\$16.57375	\$16.86224	\$17.14987
63	\$15.10391	\$16.46495	\$17.12504	\$17.47541	\$17.83966	\$18.15099	\$18.46136
64	\$16.23011	\$17.69884	\$18.43010	\$18.80735	\$19.20030	\$19.53624	\$19.87119
65	\$17.43863	\$19.02350	\$19.83258	\$20.23879	\$20.66262	\$21.02513	\$21.38657
66	\$18.73535	\$20.44546	\$21.33962	\$21.77696	\$22.23414	\$22.62530	\$23.01527
67	\$20.12666	\$21.97180	\$22.95892	\$23.42980	\$23.92287	\$24.34491	\$24.76570
68	\$21.91760	\$23.94055	\$25.04864	\$25.56260	\$26.10177	\$26.56483	\$27.02650
69	\$23.86782	\$26.08562	\$27.32835	\$27.88935	\$28.47896	\$28.98695	\$29.49344
70	\$25.99156	\$28.42281	\$29.81537	\$30.42766	\$31.07240	\$31.62970	\$32.18531
71	\$28.34378	\$31.01260	\$32.57396	\$33.24320	\$33.94918	\$34.56136	\$35.17171
72	\$30.90884	\$33.83828	\$35.58755	\$36.31901	\$37.09202	\$37.76446	\$38.43488
73	\$34.48142	\$37.78914	\$39.80679	\$40.62667	\$41.49421	\$42.25267	\$43.00886
74	\$38.45788	\$42.19136	\$44.51470	\$45.43356	\$46.40699	\$47.26221	\$48.11487
75	\$42.88308	\$47.09574	\$49.76692	\$50.79654	\$51.88859	\$52.85264	\$53.81380
76	\$47.80691	\$52.55859	\$55.62532	\$56.77890	\$58.00381	\$59.09022	\$60.17339
77	\$53.28463	\$58.64256	\$62.15878	\$63.45098	\$64.82467	\$66.04865	\$67.26898
78	\$59.08978	\$65.13064	\$69.11370	\$70.55150	\$72.09326	\$73.47401	\$74.85061
79	\$65.50312	\$72.30827	\$76.81545	\$78.41483	\$80.14436	\$81.70084	\$83.25267
80	\$72.58668	\$80.24682	\$85.34204	\$87.12077	\$89.06001	\$90.81340	\$92.56155
81	\$80.40875	\$89.02485	\$94.77950	\$96.75719	\$98.93060	\$100.90457	\$102.87263
82	\$89.04440	\$98.72888	\$105.22261	\$107.42106	\$109.85583	\$112.07674	\$114.29103
83	\$99.89740	\$110.98125	\$118.29768	\$120.77585	\$123.53501	\$126.07110	\$128.59958
84	\$111.95577	\$124.61697	\$132.85400	\$135.64500	\$138.76877	\$141.66071	\$144.54398
85	\$125.34686	\$139.78445	\$149.05120	\$152.19188	\$155.72526	\$159.01868	\$162.30224
86	\$140.21098	\$156.64753	\$167.06561	\$170.59695	\$174.59024	\$178.33630	\$182.07112
87	\$156.70275	\$175.38709	\$187.09190	\$191.05958	\$195.56895	\$199.82501	\$204.06830
88	\$171.08103	\$191.78650	\$204.33933	\$208.61350	\$213.54122	\$218.24823	\$222.94114
89	\$186.60464	\$209.51238	\$222.97002	\$227.57198	\$232.95355	\$238.15312	\$243.33710
90	\$203.35921	\$228.66537	\$243.08824	\$248.04066	\$253.91445	\$259.65174	\$265.37185
91	\$221.43653	\$249.35350	\$264.80583	\$270.13290	\$276.54038	\$282.86444	\$289.16956
92	\$240.93502	\$271.69265	\$288.24278	\$293.97025	\$300.95624	\$307.92031	\$314.86352
93	\$257.33452	\$290.39961	\$307.31325	\$313.33569	\$320.76078	\$328.23449	\$335.68584
94	\$274.67123	\$310.18523	\$327.45070	\$333.78056	\$341.66958	\$349.68516	\$357.67674
95	\$292.99531	\$331.10778	\$348.71120	\$355.36140	\$363.74049	\$372.33201	\$380.89782
96	\$312.35950	\$353.22858	\$371.15360	\$378.13760	\$387.03428	\$396.23787	\$405.41392
97	\$332.81933	\$376.61222	\$394.83989	\$402.17153	\$411.61485	\$421.46878	\$431.29320
98	\$350.11038	\$396.38373	\$414.83601	\$422.45732	\$432.36245	\$442.76901	\$453.14444
99	\$364.56549	\$412.91887	\$431.53813	\$439.39876	\$449.68986	\$460.56051	\$471.39861
100	\$376.54477	\$426.62619	\$445.36996	\$453.42712	\$464.03800	\$475.29461	\$486.51751

Plan: LTC2007-CIP

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Convertible Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
30 and under	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
31	\$6.27056	\$6.60723	\$7.09705	\$7.57476	\$8.19039	\$8.74792
32	\$6.28146	\$6.61872	\$7.10946	\$7.58806	\$8.20479	\$8.76334
33	\$6.29150	\$6.62936	\$7.12093	\$7.60030	\$8.21808	\$8.77752
34	\$6.30072	\$6.63907	\$7.13140	\$7.61147	\$8.23019	\$8.79044
35	\$6.30906	\$6.64790	\$7.14084	\$7.62157	\$8.24107	\$8.80203
36	\$6.31651	\$6.65571	\$7.14922	\$7.63051	\$8.25071	\$8.81227
37	\$6.17914	\$6.51131	\$6.99504	\$7.46701	\$8.07504	\$8.62577
38	\$6.04476	\$6.37005	\$6.84415	\$7.30703	\$7.90310	\$8.44322
39	\$5.91331	\$6.23185	\$6.69654	\$7.15047	\$7.73483	\$8.26452
40	\$5.78469	\$6.09665	\$6.55211	\$6.99726	\$7.57016	\$8.08960
41	\$5.65889	\$5.96437	\$6.41078	\$6.84735	\$7.40897	\$7.91840
42	\$5.53583	\$5.83497	\$6.27251	\$6.70063	\$7.25121	\$7.75082
43	\$5.41544	\$5.70838	\$6.13722	\$6.55706	\$7.09683	\$7.58678
44	\$5.29766	\$5.58453	\$6.00486	\$6.41657	\$6.94572	\$7.42621
45	\$5.18245	\$5.46337	\$5.87533	\$6.27911	\$6.79785	\$7.26905
46	\$5.06973	\$5.34484	\$5.74862	\$6.14456	\$6.65310	\$7.11520
47	\$4.94338	\$5.21763	\$5.61763	\$6.00435	\$6.51567	\$6.97403
48	\$4.81895	\$5.08867	\$5.48867	\$5.87435	\$6.38118	\$6.84054
49	\$4.69542	\$4.96542	\$5.35118	\$5.74118	\$6.24869	\$6.70805
50	\$4.57297	\$4.84297	\$5.21869	\$5.60869	\$6.11620	\$6.57551
51	\$4.45103	\$4.72103	\$5.08620	\$5.47620	\$5.98402	\$6.44297
52	\$4.32979	\$4.59979	\$4.95371	\$5.34371	\$5.85153	\$6.31043
53	\$4.20901	\$4.47901	\$4.82122	\$5.21122	\$5.71904	\$6.17789
54	\$4.08867	\$4.35867	\$4.68867	\$5.07904	\$5.58655	\$6.04535
55	\$3.96833	\$4.23833	\$4.55833	\$4.94703	\$5.45402	\$5.91281
56	\$3.84735	\$4.11735	\$4.43735	\$4.81503	\$5.32153	\$5.78027
57	\$3.72620	\$4.00020	\$4.31620	\$4.69371	\$5.18904	\$5.64773
58	\$3.60505	\$3.87905	\$4.19505	\$4.57235	\$5.05655	\$5.51519
59	\$3.48389	\$3.75789	\$4.07389	\$4.45095	\$4.92402	\$5.38265
60	\$3.36274	\$3.63674	\$3.95289	\$4.32935	\$4.79153	\$5.25011
61	\$3.24158	\$3.51558	\$3.83189	\$4.20775	\$4.65904	\$5.11757
62	\$3.12043	\$3.39443	\$3.71089	\$4.08615	\$4.52655	\$4.98503
63	\$3.00020	\$3.27420	\$3.59089	\$3.96455	\$4.39402	\$4.85249
64	\$2.87905	\$3.15305	\$3.46935	\$3.84297	\$4.26153	\$4.71995
65	\$2.75789	\$3.03189	\$3.34775	\$3.72135	\$4.12904	\$4.58741
66	\$2.63674	\$2.91074	\$3.22615	\$3.60020	\$3.99655	\$4.45487
67	\$2.51558	\$2.78958	\$3.10455	\$3.47865	\$3.86402	\$4.32233
68	\$2.39443	\$2.66843	\$2.98295	\$3.35705	\$3.73153	\$4.18979
69	\$2.27327	\$2.54727	\$2.86135	\$3.23545	\$3.59904	\$4.05725
70	\$2.15212	\$2.42612	\$2.73975	\$3.11385	\$3.46655	\$3.92471
71	\$2.03097	\$2.30497	\$2.61815	\$2.99225	\$3.33402	\$3.79217
72	\$1.90981	\$2.18381	\$2.49655	\$2.87065	\$3.20153	\$3.65963
73	\$1.78866	\$2.06266	\$2.37495	\$2.74905	\$3.06904	\$3.52709
74	\$1.66750	\$1.94150	\$2.25325	\$2.62745	\$2.93655	\$3.39455
75	\$1.54635	\$1.82035	\$2.13165	\$2.50585	\$2.80402	\$3.26201
76	\$1.42519	\$1.70019	\$2.01005	\$2.38425	\$2.67153	\$3.12947
77	\$1.30404	\$1.57904	\$1.88845	\$2.26265	\$2.53904	\$2.99693
78	\$1.18289	\$1.45789	\$1.76685	\$2.14105	\$2.40655	\$2.86439
79	\$1.06173	\$1.33673	\$1.64525	\$2.01945	\$2.27402	\$2.73185
80	\$0.94058	\$1.21558	\$1.52365	\$1.89785	\$2.14153	\$2.59931
81	\$0.81942	\$1.09442	\$1.40205	\$1.77625	\$2.00904	\$2.46677
82	\$0.69827	\$0.97327	\$1.28045	\$1.65465	\$1.87655	\$2.33423
83	\$0.57711	\$0.85211	\$1.15865	\$1.53305	\$1.74402	\$2.20169
84	\$0.45596	\$0.73096	\$1.03705	\$1.41145	\$1.61153	\$2.06915

Plan: **LTC2007-CIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Convertible Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$9.07725	\$9.41617	\$9.77248	\$10.42592	\$11.04181	\$11.74943
31	\$9.09330	\$9.43282	\$9.78980	\$10.44441	\$11.06140	\$11.77027
32	\$9.10806	\$9.44815	\$9.80571	\$10.46137	\$11.07933	\$11.78936
33	\$9.12149	\$9.46208	\$9.82015	\$10.47676	\$11.09561	\$11.80661
34	\$9.13355	\$9.47455	\$9.83308	\$10.49052	\$11.11011	\$11.82200
35	\$9.14417	\$9.48556	\$9.84447	\$10.50259	\$11.12283	\$11.83544
36	\$8.95149	\$9.28636	\$9.63843	\$10.28428	\$10.89278	\$11.59176
37	\$8.76287	\$9.09136	\$9.43671	\$10.07052	\$10.66751	\$11.35308
38	\$8.57821	\$8.90044	\$9.23920	\$9.86120	\$10.44687	\$11.11934
39	\$8.39746	\$8.71353	\$9.04584	\$9.65623	\$10.23080	\$10.89041
40	\$8.22050	\$8.53055	\$8.85651	\$9.45551	\$10.01922	\$10.66619
41	\$8.04729	\$8.35143	\$8.67116	\$9.25898	\$9.81200	\$10.44658
42	\$7.87772	\$8.17605	\$8.48968	\$9.06654	\$9.60907	\$10.23150
43	\$7.71173	\$8.00436	\$8.31200	\$8.87808	\$9.41034	\$10.02083
44	\$7.54924	\$7.83626	\$8.13804	\$8.69354	\$9.21571	\$9.81451
45	\$7.39016	\$7.67171	\$7.96771	\$8.51285	\$9.02512	\$9.61245
46	\$6.83892	\$7.10010	\$7.37466	\$7.87983	\$8.35514	\$8.89981
47	\$6.32879	\$6.57111	\$6.82573	\$7.29391	\$7.73488	\$8.23997
48	\$5.85673	\$6.08151	\$6.31767	\$6.75153	\$7.16069	\$7.62907
49	\$5.41987	\$5.62840	\$5.84744	\$6.24949	\$6.62911	\$7.06347
50	\$5.01559	\$5.20904	\$5.41219	\$5.78480	\$6.13699	\$6.53979
51	\$4.64147	\$4.82093	\$5.00934	\$5.35463	\$5.68141	\$6.05493
52	\$4.29527	\$4.46174	\$4.63648	\$4.95648	\$5.25965	\$5.60604
53	\$3.97486	\$4.12932	\$4.29138	\$4.58791	\$4.86920	\$5.19042
54	\$3.67837	\$3.82164	\$3.97195	\$4.24676	\$4.50773	\$4.80561
55	\$3.40400	\$3.53691	\$3.67631	\$3.93098	\$4.17310	\$4.44932
56	\$3.09968	\$3.21855	\$3.34324	\$3.57174	\$3.78823	\$4.03543
57	\$2.82258	\$2.92884	\$3.04035	\$3.24532	\$3.43885	\$3.66003
58	\$2.57023	\$2.66519	\$2.76489	\$2.94873	\$3.12168	\$3.31955
59	\$2.34045	\$2.42530	\$2.51438	\$2.67926	\$2.83377	\$3.01073
60	\$2.13121	\$2.20699	\$2.28658	\$2.43441	\$2.57241	\$2.73067
61	\$1.94069	\$2.00834	\$2.07942	\$2.21193	\$2.33515	\$2.47664
62	\$1.76719	\$1.82756	\$1.89103	\$2.00979	\$2.11979	\$2.24625
63	\$1.88055	\$1.94521	\$2.01322	\$2.14061	\$2.25854	\$2.39421
64	\$2.00117	\$2.07044	\$2.14331	\$2.27995	\$2.40637	\$2.55192
65	\$2.12952	\$2.20372	\$2.28180	\$2.42835	\$2.56390	\$2.71999
66	\$2.26613	\$2.34560	\$2.42925	\$2.58643	\$2.73172	\$2.89916
67	\$2.41148	\$2.49660	\$2.58623	\$2.75478	\$2.91052	\$3.09013
68	\$2.62488	\$2.71738	\$2.81477	\$2.99818	\$3.16767	\$3.36320
69	\$2.85715	\$2.95767	\$3.06353	\$3.26310	\$3.44752	\$3.66040
70	\$3.11000	\$3.21923	\$3.33427	\$3.55143	\$3.75211	\$3.98386
71	\$3.38521	\$3.50392	\$3.62893	\$3.86522	\$4.08359	\$4.33591
72	\$3.68478	\$3.81376	\$3.94962	\$4.20675	\$4.44437	\$4.71908
73	\$4.04625	\$4.18946	\$4.34036	\$4.62651	\$4.89110	\$5.19732
74	\$4.44314	\$4.60216	\$4.76976	\$5.08816	\$5.38273	\$5.72404
75	\$4.87900	\$5.05551	\$5.24165	\$5.59588	\$5.92378	\$6.30413
76	\$5.35760	\$5.55354	\$5.76021	\$6.15427	\$6.51920	\$6.94301
77	\$5.88315	\$6.10061	\$6.33008	\$6.76836	\$7.17448	\$7.64664
78	\$6.41285	\$6.65092	\$6.90247	\$7.38332	\$7.82978	\$8.35015
79	\$6.99024	\$7.25089	\$7.52663	\$8.05415	\$8.54493	\$9.11838
80	\$7.61960	\$7.90497	\$8.20723	\$8.78594	\$9.32540	\$9.95729
81	\$8.30565	\$8.61804	\$8.94935	\$9.58421	\$10.17715	\$10.87339
82	\$9.05345	\$9.39546	\$9.75859	\$10.45500	\$11.10670	\$11.87377
83	\$9.88852	\$10.26354	\$10.66224	\$11.42696	\$12.14579	\$12.99437
84	\$10.80062	\$11.21181	\$11.64955	\$12.48929	\$13.28207	\$14.22072

Plan: **LTC2007-CIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Convertible Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$12.79212	\$13.86282	\$14.18627	\$14.42025	\$14.66757	\$14.88760	\$15.10700
31	\$12.81482	\$13.88742	\$14.21291	\$14.44737	\$14.69515	\$14.91564	\$15.13545
32	\$12.83556	\$13.90988	\$14.23740	\$14.47229	\$14.72054	\$14.94142	\$15.16160
33	\$12.85430	\$13.93015	\$14.25972	\$14.49500	\$14.74365	\$14.96486	\$15.18539
34	\$12.87097	\$13.94812	\$14.27977	\$14.51538	\$14.76439	\$14.98592	\$15.20676
35	\$12.88548	\$13.96373	\$14.29747	\$14.53336	\$14.78269	\$15.00447	\$15.22561
36	\$12.62185	\$13.67934	\$14.00677	\$14.23772	\$14.48134	\$14.69824	\$14.91450
37	\$12.36362	\$13.40075	\$13.72200	\$13.94809	\$14.18613	\$14.39825	\$14.60977
38	\$12.11067	\$13.12782	\$13.44301	\$13.66434	\$13.89693	\$14.10439	\$14.31123
39	\$11.86290	\$12.86047	\$13.16968	\$13.38638	\$13.61364	\$13.81654	\$14.01882
40	\$11.62019	\$12.59854	\$12.90193	\$13.11406	\$13.33611	\$13.53454	\$13.73237
41	\$11.38245	\$12.34196	\$12.63961	\$12.84727	\$13.06427	\$13.25832	\$13.45178
42	\$11.14957	\$12.09059	\$12.38262	\$12.58592	\$12.79792	\$12.98770	\$13.17692
43	\$10.92147	\$11.84437	\$12.13086	\$12.32990	\$12.53704	\$12.72263	\$12.90767
44	\$10.69804	\$11.60312	\$11.88422	\$12.07908	\$12.28148	\$12.46297	\$12.64394
45	\$10.47915	\$11.36682	\$11.64260	\$11.83335	\$12.03111	\$12.20861	\$12.38558
46	\$9.70371	\$10.52637	\$10.78168	\$10.95786	\$11.14010	\$11.30390	\$11.46720
47	\$8.98567	\$9.74805	\$9.98442	\$10.14713	\$10.31509	\$10.46625	\$10.61694
48	\$8.32076	\$9.02727	\$9.24613	\$9.39639	\$9.55118	\$9.69064	\$9.82971
49	\$7.70504	\$8.35981	\$8.56242	\$8.70119	\$8.84384	\$8.97252	\$9.10085
50	\$7.13488	\$7.74169	\$7.92928	\$8.05743	\$8.18887	\$8.30762	\$8.42603
51	\$6.60692	\$7.16928	\$7.34293	\$7.46130	\$7.58242	\$7.69200	\$7.80125
52	\$6.11802	\$6.63918	\$6.79996	\$6.90927	\$7.02087	\$7.12199	\$7.22279
53	\$5.66529	\$6.14829	\$6.29714	\$6.39809	\$6.50092	\$6.59421	\$6.68724
54	\$5.24608	\$5.69368	\$5.83150	\$5.92472	\$6.01947	\$6.10556	\$6.19139
55	\$4.85789	\$5.27270	\$5.40028	\$5.48637	\$5.57368	\$5.65312	\$5.73230
56	\$4.40147	\$4.77382	\$4.89287	\$4.97012	\$5.04880	\$5.12038	\$5.19174
57	\$3.98796	\$4.32216	\$4.43315	\$4.50243	\$4.57334	\$4.63785	\$4.70216
58	\$3.61326	\$3.91322	\$4.01662	\$4.07875	\$4.14265	\$4.20078	\$4.25874
59	\$3.27379	\$3.54297	\$3.63921	\$3.69494	\$3.75252	\$3.80491	\$3.85715
60	\$2.96622	\$3.20777	\$3.29728	\$3.34725	\$3.39913	\$3.44634	\$3.49341
61	\$2.68753	\$2.90428	\$2.98746	\$3.03229	\$3.07903	\$3.12157	\$3.16398
62	\$2.43503	\$2.62948	\$2.70676	\$2.74695	\$2.78907	\$2.82740	\$2.86562
63	\$2.59688	\$2.80587	\$2.89044	\$2.93358	\$2.97887	\$3.02009	\$3.06120
64	\$2.76952	\$2.99407	\$3.08659	\$3.13290	\$3.18158	\$3.22592	\$3.27012
65	\$2.95362	\$3.19491	\$3.29604	\$3.34577	\$3.39811	\$3.44578	\$3.49331
66	\$3.14995	\$3.40922	\$3.51970	\$3.57309	\$3.62936	\$3.68061	\$3.73172
67	\$3.35934	\$3.63790	\$3.75854	\$3.81585	\$3.87634	\$3.93146	\$3.98641
68	\$3.65676	\$3.96086	\$4.09484	\$4.15725	\$4.22324	\$4.28349	\$4.34355
69	\$3.98051	\$4.31249	\$4.46123	\$4.52920	\$4.60119	\$4.66703	\$4.73269
70	\$4.33293	\$4.69535	\$4.86040	\$4.93443	\$5.01294	\$5.08492	\$5.15669
71	\$4.71655	\$5.11218	\$5.29530	\$5.37592	\$5.46155	\$5.54023	\$5.61866
72	\$5.13412	\$5.56603	\$5.76910	\$5.85691	\$5.95031	\$6.03629	\$6.12203
73	\$5.60662	\$6.14371	\$6.37473	\$6.47252	\$6.57661	\$6.67280	\$6.76871
74	\$6.24112	\$6.78135	\$7.04395	\$7.15280	\$7.26884	\$7.37642	\$7.48369
75	\$6.88116	\$7.48515	\$7.78343	\$7.90462	\$8.03392	\$8.15424	\$8.27418
76	\$7.58682	\$8.26200	\$8.60053	\$8.73545	\$8.87954	\$9.01407	\$9.14819
77	\$8.36485	\$9.11948	\$9.50341	\$9.65362	\$9.81415	\$9.96456	\$10.11451
78	\$9.14327	\$9.98000	\$10.40958	\$10.57524	\$10.75356	\$10.92109	\$11.08812
79	\$9.99414	\$10.92171	\$11.40213	\$11.58484	\$11.78288	\$11.96943	\$12.15542
80	\$10.92419	\$11.95228	\$12.48935	\$12.69083	\$12.91071	\$13.11841	\$13.32549
81	\$11.94078	\$13.08012	\$13.68021	\$13.90240	\$14.14652	\$14.37770	\$14.60817
82	\$13.05198	\$14.31436	\$14.98463	\$15.22964	\$15.50060	\$15.75786	\$16.01432
83	\$14.30027	\$15.70706	\$16.45213	\$16.72363	\$17.02587	\$17.31403	\$17.60132
84	\$15.66795	\$17.23524	\$18.06333	\$18.36416	\$18.70121	\$19.02389	\$19.34560

Plan: LTC2007-5AIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 5% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs ≤ X <	2.21 yrs ≤ X <	2.49 yrs ≤ X <	2.77 yrs ≤ X <	3.12 yrs ≤ X <	3.46 yrs ≤ X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$27.16464	\$28.67287	\$30.88165	\$33.08273	\$35.87079	\$38.38623
31	\$27.36841	\$28.88809	\$31.11366	\$33.33154	\$36.14077	\$38.67529
32	\$27.57316	\$29.10433	\$31.34672	\$33.58146	\$36.41196	\$38.96564
33	\$27.77885	\$29.32152	\$31.58085	\$33.83250	\$36.68436	\$39.25727
34	\$27.98548	\$29.53975	\$31.81602	\$34.08466	\$36.95792	\$39.55012
35	\$28.19305	\$29.75892	\$32.05223	\$34.33792	\$37.23269	\$39.84424
36	\$28.32815	\$29.90406	\$32.21548	\$34.52202	\$37.43982	\$40.07365
37	\$28.46387	\$30.04990	\$32.37954	\$34.70709	\$37.64809	\$40.30440
38	\$28.60027	\$30.19645	\$32.54446	\$34.89316	\$37.85750	\$40.53646
39	\$28.73730	\$30.34370	\$32.71022	\$35.08023	\$38.06810	\$40.76986
40	\$28.87500	\$30.49169	\$32.87682	\$35.26831	\$38.27986	\$41.00460
41	\$29.01335	\$30.64039	\$33.04426	\$35.45739	\$38.49281	\$41.24069
42	\$29.15237	\$30.78983	\$33.21257	\$35.64749	\$38.70694	\$41.47814
43	\$29.29205	\$30.93998	\$33.38172	\$35.83859	\$38.92225	\$41.71697
44	\$29.43241	\$31.09088	\$33.55175	\$36.03074	\$39.13878	\$41.95717
45	\$29.57343	\$31.24250	\$33.72262	\$36.22390	\$39.35649	\$42.19875
46	\$29.82712	\$31.51221	\$34.01929	\$36.55231	\$39.72032	\$42.59598
47	\$30.08300	\$31.78425	\$34.31855	\$36.88371	\$40.08750	\$42.99696
48	\$30.34107	\$32.05862	\$34.62045	\$37.21810	\$40.45808	\$43.40171
49	\$30.60135	\$32.33537	\$34.92501	\$37.55554	\$40.83207	\$43.81026
50	\$30.86388	\$32.61451	\$35.23226	\$37.89601	\$41.20954	\$44.22268
51	\$31.12865	\$32.89605	\$35.54219	\$38.23961	\$41.59049	\$44.63897
52	\$31.39568	\$33.18003	\$35.85485	\$38.58628	\$41.97497	\$45.05917
53	\$31.66501	\$33.46646	\$36.17026	\$38.93613	\$42.36298	\$45.48333
54	\$31.93665	\$33.75537	\$36.48845	\$39.28912	\$42.75460	\$45.91149
55	\$32.21062	\$34.04675	\$36.80943	\$39.64533	\$43.14983	\$46.34367
56	\$32.23449	\$34.07396	\$36.84243	\$39.68850	\$43.20059	\$46.40195
57	\$32.25836	\$34.10120	\$36.87545	\$39.73173	\$43.25140	\$46.46028
58	\$32.28226	\$34.12846	\$36.90849	\$39.77498	\$43.30226	\$46.51870
59	\$32.30618	\$34.15576	\$36.94157	\$39.81830	\$43.35319	\$46.57720
60	\$32.33011	\$34.18305	\$36.97467	\$39.86167	\$43.40419	\$46.63576
61	\$32.35407	\$34.21037	\$37.00781	\$39.90507	\$43.45522	\$46.69439
62	\$32.37803	\$34.23772	\$37.04097	\$39.94853	\$43.50633	\$46.75310
63	\$32.33288	\$34.19312	\$36.99959	\$39.91628	\$43.47957	\$46.73275
64	\$32.28779	\$34.14857	\$36.95825	\$39.88407	\$43.45283	\$46.71241
65	\$32.24275	\$34.10409	\$36.91693	\$39.85188	\$43.42611	\$46.69207
66	\$32.19780	\$34.05965	\$36.87569	\$39.81970	\$43.39940	\$46.67175
67	\$32.15289	\$34.01528	\$36.83448	\$39.78757	\$43.37271	\$46.65144
68	\$32.21343	\$34.08497	\$36.92286	\$39.90332	\$43.51415	\$46.81783
69	\$32.27408	\$34.15478	\$37.01145	\$40.01941	\$43.65604	\$46.98481
70	\$32.33486	\$34.22475	\$37.10023	\$40.13584	\$43.79840	\$47.15239
71	\$32.39573	\$34.29485	\$37.18926	\$40.25262	\$43.94123	\$47.32058
72	\$32.45673	\$34.36511	\$37.27849	\$40.36973	\$44.08451	\$47.48934
73	\$32.86253	\$34.80533	\$37.78293	\$40.95650	\$44.75771	\$48.24728
74	\$33.27337	\$35.25118	\$38.29421	\$41.55178	\$45.44119	\$49.01731
75	\$33.68938	\$35.70274	\$38.81240	\$42.15575	\$46.13510	\$49.79964
76	\$34.11057	\$36.16009	\$39.33760	\$42.76847	\$46.83960	\$50.59445
77	\$34.53703	\$36.62329	\$39.86991	\$43.39011	\$47.55487	\$51.40195
78	\$34.36795	\$36.45587	\$39.71462	\$43.25921	\$47.44204	\$51.31396
79	\$34.19969	\$36.28920	\$39.55993	\$43.12869	\$47.32947	\$51.22610
80	\$34.03228	\$36.12328	\$39.40584	\$42.99858	\$47.21717	\$51.13841
81	\$33.86565	\$35.95814	\$39.25237	\$42.86885	\$47.10515	\$51.05087
82	\$33.69986	\$35.79374	\$39.09947	\$42.73951	\$46.99338	\$50.96348
83	\$34.26141	\$36.38758	\$39.74766	\$43.41003	\$47.71335	\$51.75606
84	\$34.83231	\$36.99128	\$40.40659	\$44.09106	\$48.44435	\$52.56095

Plan: **LTC2007-5AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$39.90219	\$41.43115	\$43.03659	\$45.99798	\$48.75948	\$51.93069
31	\$40.20283	\$41.74337	\$43.36100	\$46.34487	\$49.12729	\$52.32250
32	\$40.50480	\$42.05701	\$43.68685	\$46.69328	\$49.49667	\$52.71597
33	\$40.80808	\$42.37198	\$44.01409	\$47.04317	\$49.86763	\$53.11108
34	\$41.11269	\$42.68830	\$44.34270	\$47.39451	\$50.24008	\$53.50780
35	\$41.41855	\$43.00595	\$44.67270	\$47.74731	\$50.61406	\$53.90610
36	\$41.66418	\$43.26620	\$44.94813	\$48.05347	\$50.94741	\$54.26928
37	\$41.91124	\$43.52804	\$45.22527	\$48.36161	\$51.28295	\$54.63492
38	\$42.15979	\$43.79146	\$45.50412	\$48.67172	\$51.62069	\$55.00300
39	\$42.40979	\$44.05647	\$45.78469	\$48.98380	\$51.96067	\$55.37356
40	\$42.66130	\$44.32307	\$46.06699	\$49.29791	\$52.30288	\$55.74664
41	\$42.91428	\$44.59132	\$46.35102	\$49.61402	\$52.64734	\$56.12222
42	\$43.16877	\$44.86117	\$46.63681	\$49.93215	\$52.99407	\$56.50033
43	\$43.42477	\$45.13266	\$46.92436	\$50.25234	\$53.34309	\$56.88098
44	\$43.68228	\$45.40579	\$47.21369	\$50.57456	\$53.69441	\$57.26422
45	\$43.94132	\$45.68055	\$47.50479	\$50.89886	\$54.04804	\$57.65002
46	\$44.36323	\$46.12415	\$47.97097	\$51.41033	\$54.59963	\$58.24730
47	\$44.78918	\$46.57204	\$48.44171	\$51.92695	\$55.15687	\$58.85076
48	\$45.21923	\$47.02427	\$48.91707	\$52.44875	\$55.71980	\$59.46047
49	\$45.65340	\$47.48090	\$49.39711	\$52.97578	\$56.28847	\$60.07650
50	\$46.09175	\$47.94197	\$49.88184	\$53.50812	\$56.86293	\$60.69893
51	\$46.53428	\$48.40750	\$50.37134	\$54.04581	\$57.44327	\$61.32779
52	\$46.98110	\$48.87757	\$50.86564	\$54.58891	\$58.02953	\$61.96317
53	\$47.43218	\$49.35220	\$51.36478	\$55.13745	\$58.62176	\$62.60512
54	\$47.88759	\$49.83144	\$51.86883	\$55.69152	\$59.22004	\$63.25374
55	\$48.34739	\$50.31532	\$52.37782	\$56.25115	\$59.82443	\$63.90907
56	\$48.41459	\$50.38808	\$52.45697	\$56.34806	\$59.93457	\$64.03361
57	\$48.48186	\$50.46094	\$52.53624	\$56.44515	\$60.04493	\$64.15839
58	\$48.54924	\$50.53391	\$52.61562	\$56.54242	\$60.15549	\$64.28341
59	\$48.61672	\$50.60697	\$52.69513	\$56.63984	\$60.26625	\$64.40869
60	\$48.68427	\$50.68015	\$52.77477	\$56.73743	\$60.37720	\$64.53422
61	\$48.75194	\$50.75343	\$52.85451	\$56.83519	\$60.48837	\$64.65997
62	\$48.81968	\$50.82681	\$52.93438	\$56.93312	\$60.59974	\$64.78598
63	\$48.80866	\$50.82140	\$52.93419	\$56.94981	\$60.62648	\$64.82730
64	\$48.79761	\$50.81600	\$52.93399	\$56.96651	\$60.65324	\$64.86865
65	\$48.78657	\$50.81058	\$52.93381	\$56.98322	\$60.68000	\$64.91004
66	\$48.77553	\$50.80518	\$52.93362	\$56.99994	\$60.70679	\$64.95144
67	\$48.76449	\$50.79978	\$52.93344	\$57.01665	\$60.73358	\$64.99289
68	\$48.95443	\$51.00635	\$53.15727	\$57.28157	\$61.03391	\$65.33547
69	\$49.14512	\$51.21374	\$53.38206	\$57.54772	\$61.33572	\$65.67984
70	\$49.33655	\$51.42198	\$53.60780	\$57.81509	\$61.63902	\$66.02605
71	\$49.52871	\$51.63107	\$53.83449	\$58.08371	\$61.94382	\$66.37407
72	\$49.72163	\$51.84102	\$54.06214	\$58.35359	\$62.25013	\$66.72393
73	\$50.54994	\$52.72804	\$55.01203	\$59.43495	\$63.45015	\$68.05863
74	\$51.39204	\$53.63025	\$55.97863	\$60.53633	\$64.67331	\$69.42000
75	\$52.24819	\$54.54788	\$56.96220	\$61.65813	\$65.92003	\$70.80862
76	\$53.11858	\$55.48123	\$57.96306	\$62.80073	\$67.19080	\$72.22500
77	\$54.00348	\$56.43054	\$58.98149	\$63.96448	\$68.48607	\$73.66974
78	\$53.94147	\$56.38659	\$58.95465	\$63.98896	\$68.55121	\$73.79220
79	\$53.87953	\$56.34269	\$58.92782	\$64.01346	\$68.61642	\$73.91486
80	\$53.81765	\$56.29882	\$58.90099	\$64.03796	\$68.68168	\$74.03773
81	\$53.75586	\$56.25499	\$58.87419	\$64.06247	\$68.74702	\$74.16081
82	\$53.69413	\$56.21119	\$58.84738	\$64.08700	\$68.81241	\$74.28408
83	\$54.50540	\$57.05017	\$59.70952	\$65.04250	\$69.83896	\$75.41970
84	\$55.32893	\$57.90169	\$60.58431	\$66.01226	\$70.88081	\$76.57266

Plan: **LTC2007-5AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.02 yrs ≤ X <	9.75 yrs ≤ X <	10.48 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.02 yrs</u>	<u>9.75 yrs</u>	<u>10.48 yrs</u>	<u>Unlimited</u>
30 and under	\$56.61771	\$61.41811	\$62.74947	\$63.79636	\$64.88897	\$65.87120	\$66.85047
31	\$57.04501	\$61.88176	\$63.22447	\$64.27932	\$65.38023	\$66.36992	\$67.35665
32	\$57.47411	\$62.34731	\$63.70146	\$64.76432	\$65.87355	\$66.87073	\$67.86492
33	\$57.90497	\$62.81479	\$64.18043	\$65.25135	\$66.36892	\$67.37362	\$68.37530
34	\$58.33756	\$63.28408	\$64.66137	\$65.74031	\$66.86628	\$67.87852	\$68.88773
35	\$58.77183	\$63.75516	\$65.14421	\$66.23122	\$67.36561	\$68.38542	\$69.40216
36	\$59.18146	\$64.20956	\$65.60533	\$66.70164	\$67.84344	\$68.87043	\$69.89434
37	\$59.59396	\$64.66718	\$66.06970	\$67.17539	\$68.32467	\$69.35890	\$70.39001
38	\$60.00933	\$65.12808	\$66.53736	\$67.65250	\$68.80931	\$69.85081	\$70.88919
39	\$60.42759	\$65.59225	\$67.00833	\$68.13300	\$69.29738	\$70.34623	\$71.39192
40	\$60.84877	\$66.05974	\$67.48263	\$68.61692	\$69.78893	\$70.84515	\$71.89822
41	\$61.27290	\$66.53056	\$67.96030	\$69.10426	\$70.28395	\$71.34762	\$72.40809
42	\$61.69996	\$67.00471	\$68.44134	\$69.59508	\$70.78249	\$71.85365	\$72.92160
43	\$62.13002	\$67.48227	\$68.92580	\$70.08938	\$71.28457	\$72.36326	\$73.43873
44	\$62.56306	\$67.96322	\$69.41367	\$70.58719	\$71.79021	\$72.87650	\$73.95954
45	\$62.99912	\$68.44761	\$69.90500	\$71.08854	\$72.29942	\$73.39336	\$74.48404
46	\$63.66664	\$69.18601	\$70.69192	\$71.89081	\$73.11561	\$74.22257	\$75.32621
47	\$64.34125	\$69.93237	\$71.48771	\$72.70214	\$73.94101	\$75.06112	\$76.17790
48	\$65.02300	\$70.68677	\$72.29244	\$73.52263	\$74.77575	\$75.90917	\$77.03921
49	\$65.71196	\$71.44933	\$73.10625	\$74.35237	\$75.61988	\$76.76680	\$77.91027
50	\$66.40824	\$72.22011	\$73.92922	\$75.19147	\$76.47356	\$77.63410	\$78.79117
51	\$67.11188	\$72.99920	\$74.76144	\$76.04005	\$77.33687	\$78.51120	\$79.68203
52	\$67.82298	\$73.78670	\$75.60302	\$76.89820	\$78.20992	\$79.39823	\$80.58297
53	\$68.54162	\$74.58270	\$76.45410	\$77.76604	\$79.09284	\$80.29527	\$81.49410
54	\$69.26787	\$75.38728	\$77.31475	\$78.64367	\$79.98572	\$81.20244	\$82.41552
55	\$70.00182	\$76.20053	\$78.18507	\$79.53121	\$80.88867	\$82.11986	\$83.34736
56	\$70.75586	\$76.98602	\$78.92951	\$79.78334	\$81.14851	\$82.38679	\$83.62136
57	\$70.51023	\$76.57194	\$78.67470	\$80.03627	\$81.40919	\$82.65457	\$83.89623
58	\$70.46493	\$76.75832	\$78.92067	\$80.28999	\$81.67069	\$82.92323	\$84.17202
59	\$70.61998	\$76.94516	\$79.16740	\$80.54453	\$81.93304	\$83.19276	\$84.44870
60	\$70.77536	\$77.13245	\$79.41491	\$80.79987	\$82.19623	\$83.46317	\$84.72630
61	\$70.93111	\$77.32019	\$79.66318	\$81.05602	\$82.46027	\$83.73445	\$85.00482
62	\$71.08717	\$77.50839	\$79.91224	\$81.31299	\$82.72516	\$84.00661	\$85.28425
63	\$71.15593	\$77.61165	\$80.07582	\$81.48511	\$82.90459	\$84.19396	\$85.47947
64	\$71.22474	\$77.71504	\$80.23976	\$81.65758	\$83.08441	\$84.38171	\$85.67513
65	\$71.29363	\$77.81859	\$80.40401	\$81.83043	\$83.26463	\$84.56988	\$85.87124
66	\$71.36259	\$77.92225	\$80.56860	\$82.00364	\$83.44524	\$84.75848	\$86.06780
67	\$71.43160	\$78.02607	\$80.73353	\$82.17721	\$83.62623	\$84.94751	\$86.26481
68	\$71.84774	\$78.52198	\$81.33012	\$82.79316	\$84.26146	\$85.60082	\$86.93619
69	\$72.26628	\$79.02103	\$81.93109	\$83.41371	\$84.90151	\$86.25917	\$87.61278
70	\$72.68729	\$79.52326	\$82.53651	\$84.03893	\$85.54642	\$86.92259	\$88.29465
71	\$73.11074	\$80.02868	\$83.14640	\$84.66881	\$86.19622	\$87.59111	\$88.98182
72	\$73.53666	\$80.53731	\$83.76079	\$85.30343	\$86.85098	\$88.26478	\$89.67434
73	\$75.09344	\$82.32865	\$85.74597	\$87.34153	\$88.93698	\$90.39685	\$91.85236
74	\$76.68316	\$84.15984	\$87.77819	\$89.42834	\$91.07310	\$92.58043	\$94.08325
75	\$78.30655	\$86.03177	\$89.85858	\$91.56500	\$93.26053	\$94.81677	\$96.36834
76	\$79.96430	\$87.94532	\$91.98827	\$93.75271	\$95.50048	\$97.10709	\$98.70892
77	\$81.65716	\$89.90145	\$94.16844	\$95.99269	\$97.79423	\$99.45278	\$101.10637
78	\$81.87344	\$90.23187	\$94.61842	\$96.46817	\$98.29435	\$99.97978	\$101.66015
79	\$82.09028	\$90.56352	\$95.07054	\$96.94600	\$98.79704	\$100.50957	\$102.21698
80	\$82.30770	\$90.89639	\$95.52483	\$97.42620	\$99.30228	\$101.04218	\$102.77687
81	\$82.52570	\$91.23047	\$95.98128	\$97.90876	\$99.81011	\$101.57761	\$103.33981
82	\$82.74427	\$91.56579	\$96.43992	\$98.39374	\$100.32055	\$102.11588	\$103.90584
83	\$84.04307	\$93.08805	\$98.36758	\$100.35456	\$102.34983	\$104.22639	\$106.09732
84	\$85.36225	\$94.63560	\$100.33376	\$102.35446	\$104.42017	\$106.38053	\$108.33504

Plan: LTC2007-3AIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 3% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$8.79679	\$9.28122	\$9.98714	\$10.69036	\$11.57847	\$12.37924
31	\$8.87715	\$9.36572	\$10.07767	\$10.78696	\$11.68265	\$12.49023
32	\$8.95791	\$9.45062	\$10.16862	\$10.88398	\$11.78726	\$12.60166
33	\$9.03908	\$9.53593	\$10.25996	\$10.98142	\$11.89229	\$12.71351
34	\$9.12063	\$9.62163	\$10.35172	\$11.07926	\$11.99773	\$12.82575
35	\$9.20257	\$9.70771	\$10.44386	\$11.17749	\$12.10355	\$12.93838
36	\$9.38280	\$9.89855	\$10.65106	\$11.40200	\$12.34896	\$13.20308
37	\$9.56659	\$10.09311	\$10.86239	\$11.63101	\$12.59936	\$13.47320
38	\$9.75396	\$10.29151	\$11.07791	\$11.86462	\$12.85483	\$13.74884
39	\$9.94500	\$10.49382	\$11.29770	\$12.10293	\$13.11547	\$14.03014
40	\$10.13978	\$10.70009	\$11.52185	\$12.34603	\$13.38142	\$14.31717
41	\$10.33837	\$10.91042	\$11.75047	\$12.59399	\$13.65274	\$14.61009
42	\$10.54087	\$11.12490	\$11.98360	\$12.84695	\$13.92957	\$14.90898
43	\$10.74732	\$11.34357	\$12.22138	\$13.10498	\$14.21201	\$15.21402
44	\$10.95782	\$11.56654	\$12.46386	\$13.36820	\$14.50019	\$15.52528
45	\$11.17244	\$11.79390	\$12.71114	\$13.63671	\$14.79420	\$15.84291
46	\$11.42574	\$12.06215	\$13.00244	\$13.95289	\$15.13977	\$16.21549
47	\$11.68478	\$12.33648	\$13.30043	\$14.27641	\$15.49341	\$16.59684
48	\$11.94970	\$12.61705	\$13.60523	\$14.60742	\$15.85532	\$16.98715
49	\$12.22060	\$12.90401	\$13.91702	\$14.94612	\$16.22568	\$17.38666
50	\$12.49767	\$13.19749	\$14.23597	\$15.29266	\$16.60469	\$17.79554
51	\$12.78102	\$13.49763	\$14.56220	\$15.64725	\$16.99254	\$18.21405
52	\$13.07077	\$13.80461	\$14.89593	\$16.01006	\$17.38946	\$18.64240
53	\$13.36711	\$14.11857	\$15.23730	\$16.38126	\$17.79566	\$19.08083
54	\$13.67017	\$14.43967	\$15.58650	\$16.76109	\$18.21134	\$19.52956
55	\$13.98009	\$14.76808	\$15.94370	\$17.14972	\$18.63673	\$19.98885
56	\$14.17749	\$14.97738	\$16.17136	\$17.39890	\$18.90968	\$20.28373
57	\$14.37770	\$15.18965	\$16.40229	\$17.65170	\$19.18664	\$20.58296
58	\$14.58071	\$15.40492	\$16.63651	\$17.90817	\$19.46765	\$20.88660
59	\$14.78661	\$15.62326	\$16.87407	\$18.16837	\$19.75277	\$21.19473
60	\$14.99540	\$15.84467	\$17.11502	\$18.43235	\$20.04206	\$21.50739
61	\$15.20715	\$16.06924	\$17.35941	\$18.70017	\$20.33560	\$21.82467
62	\$15.42188	\$16.29697	\$17.60729	\$18.97187	\$20.63344	\$22.14663
63	\$15.60249	\$16.48942	\$17.81849	\$19.20535	\$20.89134	\$22.42742
64	\$15.78521	\$16.68413	\$18.03224	\$19.44171	\$21.15249	\$22.71179
65	\$15.97006	\$16.88113	\$18.24854	\$19.68099	\$21.41689	\$22.99976
66	\$16.15710	\$17.08048	\$18.46742	\$19.92320	\$21.68458	\$23.29136
67	\$16.34632	\$17.28217	\$18.68894	\$20.16839	\$21.95563	\$23.58667
68	\$16.59698	\$17.54995	\$18.98466	\$20.49757	\$22.32154	\$23.98678
69	\$16.85146	\$17.82188	\$19.28506	\$20.83212	\$22.69355	\$24.39366
70	\$17.10988	\$18.09801	\$19.59023	\$21.17215	\$23.07177	\$24.80746
71	\$17.37222	\$18.37843	\$19.90019	\$21.51771	\$23.45627	\$25.22826
72	\$17.63861	\$18.66320	\$20.21509	\$21.86891	\$23.84718	\$25.65621
73	\$18.12030	\$19.17810	\$20.78530	\$22.50825	\$24.56034	\$26.43883
74	\$18.61514	\$19.70723	\$21.37156	\$23.16627	\$25.29485	\$27.24533
75	\$19.12349	\$20.25095	\$21.97439	\$23.84354	\$26.05130	\$28.07644
76	\$19.64572	\$20.80968	\$22.59420	\$24.54061	\$26.83038	\$28.93288
77	\$20.18222	\$21.38381	\$23.23152	\$25.25806	\$27.63275	\$29.81545
78	\$20.44171	\$21.66404	\$23.54947	\$25.62076	\$28.04475	\$30.28031
79	\$20.70456	\$21.94797	\$23.87180	\$25.98869	\$28.46288	\$30.75243
80	\$20.97078	\$22.23560	\$24.19851	\$26.36189	\$28.88723	\$31.23188
81	\$21.24041	\$22.52699	\$24.52971	\$26.74046	\$29.31792	\$31.71883
82	\$21.51352	\$22.82221	\$24.86544	\$27.12445	\$29.75503	\$32.21337
83	\$21.86861	\$23.20882	\$25.30279	\$27.60865	\$30.30626	\$32.82786
84	\$22.22954	\$23.60198	\$25.74785	\$28.10152	\$30.86768	\$33.45405

Plan: **LTC2007-3AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **3% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$12.86182	\$13.34777	\$13.85809	\$14.80183	\$15.68016	\$16.68831
31	\$12.97699	\$13.46708	\$13.98174	\$14.93351	\$15.81927	\$16.83592
32	\$13.09259	\$13.58682	\$14.10581	\$15.06564	\$15.95880	\$16.98398
33	\$13.20862	\$13.70699	\$14.23031	\$15.19818	\$16.09878	\$17.13247
34	\$13.32506	\$13.82756	\$14.35519	\$15.33114	\$16.23916	\$17.28135
35	\$13.44187	\$13.94852	\$14.48049	\$15.46446	\$16.37989	\$17.43059
36	\$13.71906	\$14.23767	\$14.78242	\$15.79107	\$16.72877	\$17.80466
37	\$14.00195	\$14.53281	\$15.09061	\$16.12455	\$17.08510	\$18.18676
38	\$14.29067	\$14.83407	\$15.40525	\$16.46509	\$17.44900	\$18.57707
39	\$14.58536	\$15.14159	\$15.72646	\$16.81283	\$17.82066	\$18.97574
40	\$14.88610	\$15.45546	\$16.05434	\$17.16790	\$18.20023	\$19.38298
41	\$15.19307	\$15.77585	\$16.38907	\$17.53046	\$18.58789	\$19.79897
42	\$15.50635	\$16.10288	\$16.73077	\$17.90069	\$18.98381	\$20.22387
43	\$15.82609	\$16.43668	\$17.07960	\$18.27875	\$19.38818	\$20.65788
44	\$16.15244	\$16.77742	\$17.43572	\$18.66478	\$19.80113	\$21.10122
45	\$16.48550	\$17.12522	\$17.79924	\$19.05896	\$20.22289	\$21.55407
46	\$16.87628	\$17.53301	\$18.22458	\$19.51861	\$20.71358	\$22.07992
47	\$17.27633	\$17.95053	\$18.66009	\$19.98935	\$21.21620	\$22.61863
48	\$17.68585	\$18.37798	\$19.10600	\$20.47145	\$21.73101	\$23.17047
49	\$18.10508	\$18.81560	\$19.56256	\$20.96516	\$22.25832	\$23.73576
50	\$18.53425	\$19.26367	\$20.03004	\$21.47080	\$22.79841	\$24.31486
51	\$18.97360	\$19.72239	\$20.50868	\$21.98861	\$23.35161	\$24.90808
52	\$19.42335	\$20.19204	\$20.99877	\$22.51892	\$23.91824	\$25.51577
53	\$19.88376	\$20.67285	\$21.50057	\$23.06203	\$24.49860	\$26.13829
54	\$20.35509	\$21.16513	\$22.01437	\$23.61822	\$25.09306	\$26.77600
55	\$20.83760	\$21.66913	\$22.54043	\$24.18783	\$25.70193	\$27.42926
56	\$21.14869	\$21.99379	\$22.87941	\$24.55567	\$26.09428	\$27.85031
57	\$21.46444	\$22.32330	\$23.22350	\$24.92910	\$26.49262	\$28.27780
58	\$21.78490	\$22.65775	\$23.57277	\$25.30821	\$26.89705	\$28.71188
59	\$22.11014	\$22.99722	\$23.92728	\$25.69309	\$27.30764	\$29.15261
60	\$22.44024	\$23.34178	\$24.28713	\$26.08382	\$27.72451	\$29.60011
61	\$22.77527	\$23.69149	\$24.65240	\$26.48050	\$28.14774	\$30.05448
62	\$23.11531	\$24.04644	\$25.02314	\$26.88319	\$28.57743	\$30.51583
63	\$23.41267	\$24.35828	\$25.35012	\$27.24229	\$28.96358	\$30.93343
64	\$23.71386	\$24.67415	\$25.68136	\$27.60617	\$29.35497	\$31.35674
65	\$24.01892	\$24.99414	\$26.01694	\$27.97491	\$29.75163	\$31.78584
66	\$24.32793	\$25.31825	\$26.35688	\$28.34858	\$30.15367	\$32.22083
67	\$24.64088	\$25.64657	\$26.70130	\$28.72724	\$30.56113	\$32.66175
68	\$25.06697	\$26.09472	\$27.17233	\$29.24823	\$31.12603	\$33.27664
69	\$25.50044	\$26.55070	\$27.65168	\$29.77865	\$31.70138	\$33.90312
70	\$25.94140	\$27.01464	\$28.13947	\$30.31869	\$32.28736	\$34.54139
71	\$26.38996	\$27.48669	\$28.63587	\$30.86853	\$32.88419	\$35.19167
72	\$26.84631	\$27.96699	\$29.14103	\$31.42834	\$33.49203	\$35.85420
73	\$27.68318	\$28.85131	\$30.07632	\$32.46672	\$34.61936	\$37.08906
74	\$28.54614	\$29.76359	\$31.04164	\$33.53939	\$35.78462	\$38.36645
75	\$29.43601	\$30.70471	\$32.03791	\$34.64749	\$36.98913	\$39.68784
76	\$30.35361	\$31.67560	\$33.06619	\$35.79222	\$38.23417	\$41.05474
77	\$31.29981	\$32.67719	\$34.12744	\$36.97477	\$39.52112	\$42.46871
78	\$31.80101	\$33.21169	\$34.69577	\$37.61568	\$40.23534	\$43.25928
79	\$32.31023	\$33.75492	\$35.27357	\$38.26768	\$40.96247	\$44.06457
80	\$32.82761	\$34.30705	\$35.86099	\$38.93099	\$41.70276	\$44.88486
81	\$33.35326	\$34.86820	\$36.45819	\$39.60582	\$42.45642	\$45.72042
82	\$33.88734	\$35.43853	\$37.06532	\$40.29232	\$43.22368	\$46.57152
83	\$34.54403	\$36.13520	\$37.79614	\$41.11409	\$44.12477	\$47.56693
84	\$35.21345	\$36.84555	\$38.54139	\$41.95264	\$45.04464	\$48.58365

Plan: **LTC2007-3AIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **3% Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$18.18292	\$19.71758	\$20.16821	\$20.50397	\$20.85686	\$21.17217	\$21.48654
31	\$18.34322	\$19.89092	\$20.34682	\$20.68547	\$21.04138	\$21.35941	\$21.67650
32	\$18.50395	\$20.06465	\$20.52591	\$20.86747	\$21.22644	\$21.54717	\$21.86695
33	\$18.66510	\$20.23881	\$20.70549	\$21.04994	\$21.41196	\$21.73541	\$22.05788
34	\$18.82664	\$20.41335	\$20.88551	\$21.23286	\$21.59792	\$21.92407	\$22.24926
35	\$18.98850	\$20.58820	\$21.06592	\$21.41617	\$21.78428	\$22.11313	\$22.44104
36	\$19.40055	\$21.03859	\$21.52876	\$21.88702	\$22.26293	\$22.59891	\$22.93386
37	\$19.82157	\$21.49881	\$22.00176	\$22.36822	\$22.75212	\$23.09534	\$23.43754
38	\$20.25170	\$21.96911	\$22.48515	\$22.86000	\$23.25203	\$23.60267	\$23.95226
39	\$20.69117	\$22.44969	\$22.97916	\$23.36258	\$23.76295	\$24.12116	\$24.47829
40	\$21.14018	\$22.94079	\$23.48402	\$23.87623	\$24.28508	\$24.65103	\$25.01588
41	\$21.59895	\$23.44262	\$23.99997	\$24.40115	\$24.81870	\$25.19255	\$25.56527
42	\$22.06764	\$23.95545	\$24.52728	\$24.93762	\$25.36403	\$25.74595	\$26.12674
43	\$22.54653	\$24.47948	\$25.06616	\$25.48590	\$25.92134	\$26.31151	\$26.70052
44	\$23.03580	\$25.01497	\$25.61687	\$26.04621	\$26.49091	\$26.88950	\$27.28691
45	\$23.53569	\$25.56218	\$26.17969	\$26.61884	\$27.07299	\$27.48018	\$27.88616
46	\$24.11549	\$26.19626	\$26.84234	\$27.29341	\$27.75918	\$28.17695	\$28.59349
47	\$24.70955	\$26.84605	\$27.52177	\$27.98506	\$28.46276	\$28.89138	\$29.31875
48	\$25.31825	\$27.51198	\$28.21840	\$28.69424	\$29.18417	\$29.62394	\$30.06240
49	\$25.94197	\$28.19441	\$28.93265	\$29.42138	\$29.92387	\$30.37507	\$30.82492
50	\$26.58102	\$28.89378	\$29.66499	\$30.16697	\$30.68231	\$31.14523	\$31.60677
51	\$27.23583	\$29.61048	\$30.41586	\$30.93142	\$31.45999	\$31.93493	\$32.40847
52	\$27.90679	\$30.34497	\$31.18573	\$31.71528	\$32.25734	\$32.74465	\$33.23050
53	\$28.59425	\$31.09768	\$31.97510	\$32.51898	\$33.07494	\$33.57491	\$34.07338
54	\$29.29866	\$31.86906	\$32.78445	\$33.34306	\$33.91325	\$34.42622	\$34.93764
55	\$30.02041	\$32.65957	\$33.61429	\$34.18801	\$34.77281	\$35.29909	\$35.82382
56	\$30.48621	\$33.17348	\$34.16725	\$34.75190	\$35.34784	\$35.88430	\$36.41915
57	\$30.95923	\$33.69547	\$34.72930	\$35.32509	\$35.93238	\$36.47919	\$37.02434
58	\$31.43960	\$34.22566	\$35.30059	\$35.90773	\$36.52658	\$37.08394	\$37.63963
59	\$31.92742	\$34.76422	\$35.88128	\$36.49998	\$37.13061	\$37.69873	\$38.26513
60	\$32.42279	\$35.31123	\$36.47152	\$37.10201	\$37.74463	\$38.32369	\$38.90103
61	\$32.92586	\$35.86687	\$37.07149	\$37.71394	\$38.36881	\$38.95903	\$39.54748
62	\$33.43674	\$36.43124	\$37.68131	\$38.33600	\$39.00330	\$39.60490	\$40.20468
63	\$33.90882	\$36.96070	\$38.26442	\$38.93215	\$39.61265	\$40.22584	\$40.83720
64	\$34.38757	\$37.49785	\$38.85655	\$39.53758	\$40.23150	\$40.85651	\$41.47965
65	\$34.87307	\$38.04281	\$39.45784	\$40.15241	\$40.86004	\$41.49708	\$42.13222
66	\$35.36542	\$38.59569	\$40.06844	\$40.77681	\$41.49839	\$42.14769	\$42.79506
67	\$35.86474	\$39.15660	\$40.68848	\$41.41092	\$42.14671	\$42.80851	\$43.46832
68	\$36.55759	\$39.93348	\$41.54090	\$42.28252	\$43.03771	\$43.71739	\$44.39505
69	\$37.26386	\$40.72575	\$42.41117	\$43.17247	\$43.94755	\$44.64556	\$45.34152
70	\$37.98374	\$41.53374	\$43.29968	\$44.08113	\$44.87660	\$45.59346	\$46.30816
71	\$38.71754	\$42.35777	\$44.20681	\$45.00894	\$45.82532	\$46.56148	\$47.29543
72	\$39.46552	\$43.19815	\$45.13294	\$45.95626	\$46.79408	\$47.55004	\$48.30374
73	\$40.87161	\$44.77850	\$46.87322	\$47.73654	\$48.61316	\$49.40576	\$50.19597
74	\$42.32780	\$46.41667	\$48.68059	\$49.58579	\$50.50296	\$51.33389	\$52.16235
75	\$43.83587	\$48.11476	\$50.55764	\$51.50668	\$52.46620	\$53.33728	\$54.20576
76	\$45.39767	\$49.87498	\$52.50708	\$53.50197	\$54.50579	\$55.41887	\$56.32921
77	\$47.01511	\$51.69960	\$54.53168	\$55.57456	\$56.62464	\$57.58167	\$58.53584
78	\$47.94110	\$52.78014	\$55.76585	\$56.84336	\$57.93195	\$58.92360	\$59.91226
79	\$48.88532	\$53.88325	\$57.02794	\$58.14110	\$59.26943	\$60.29679	\$61.32107
80	\$49.84815	\$55.00942	\$58.31861	\$59.46848	\$60.63780	\$61.70198	\$62.76298
81	\$50.82994	\$56.15914	\$59.63846	\$60.82615	\$62.03775	\$63.13994	\$64.23883
82	\$51.83106	\$57.33288	\$60.98821	\$62.21482	\$63.47002	\$64.61140	\$65.74936
83	\$52.98392	\$58.64737	\$62.48781	\$63.75052	\$65.03636	\$66.23438	\$67.42884
84	\$54.16244	\$59.99199	\$64.02430	\$65.32412	\$66.64132	\$67.89814	\$69.15121

Plan: LTC2007-5SIP-VA

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: 5% Automatic Simple Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$6.26528	\$6.60490	\$7.09946	\$7.58542	\$8.20602	\$8.76739
31	\$6.31667	\$6.65920	\$7.15807	\$7.64826	\$8.27428	\$8.84060
32	\$6.36810	\$6.71357	\$7.21675	\$7.71119	\$8.34260	\$8.91388
33	\$6.41961	\$6.76800	\$7.27548	\$7.77414	\$8.41099	\$8.98721
34	\$6.47118	\$6.82250	\$7.33426	\$7.83716	\$8.47941	\$9.06055
35	\$6.52281	\$6.87702	\$7.39307	\$7.90019	\$8.54783	\$9.13392
36	\$6.57461	\$6.93043	\$7.45201	\$8.00019	\$8.61625	\$9.20806
37	\$6.62641	\$6.98224	\$7.50996	\$8.05833	\$8.68467	\$9.27630
38	\$6.67821	\$7.03404	\$7.56791	\$8.11641	\$8.75311	\$9.34454
39	\$6.73001	\$7.08584	\$7.62586	\$8.17449	\$8.82159	\$9.41278
40	\$6.78181	\$7.13764	\$7.68381	\$8.23257	\$8.88967	\$9.48102
41	\$6.83361	\$7.18944	\$7.74176	\$8.29065	\$8.95775	\$9.54926
42	\$6.88541	\$7.24124	\$7.79971	\$8.34873	\$9.02583	\$9.61750
43	\$6.93721	\$7.29304	\$7.85766	\$8.40681	\$9.09391	\$9.68574
44	\$6.98901	\$7.34484	\$7.91561	\$8.46489	\$9.16199	\$9.75398
45	\$7.04081	\$7.39664	\$7.97356	\$8.52297	\$9.23007	\$9.82222
46	\$7.09261	\$7.44844	\$8.03151	\$8.58105	\$9.29815	\$9.89046
47	\$7.14441	\$7.49999	\$8.08946	\$8.63913	\$9.36623	\$9.95870
48	\$7.19621	\$7.55179	\$8.14741	\$8.69721	\$9.43431	\$10.02694
49	\$7.24801	\$7.60359	\$8.20536	\$8.75529	\$9.50239	\$10.09518
50	\$7.29981	\$7.65539	\$8.26331	\$8.81337	\$9.57047	\$10.16342
51	\$7.35161	\$7.70719	\$8.32126	\$8.87145	\$9.63855	\$10.23166
52	\$7.40341	\$7.75899	\$8.37921	\$8.92953	\$9.70663	\$10.29990
53	\$7.45521	\$7.81079	\$8.43716	\$8.98761	\$9.77471	\$10.36814
54	\$7.50701	\$7.86259	\$8.49511	\$9.04569	\$9.84279	\$10.43638
55	\$7.55881	\$7.91439	\$8.55306	\$9.10377	\$9.91087	\$10.50462
56	\$7.61061	\$7.96619	\$8.61101	\$9.16185	\$9.97895	\$10.57286
57	\$7.66241	\$8.01799	\$8.66896	\$9.21993	\$10.04703	\$10.64110
58	\$7.71421	\$8.06979	\$8.72691	\$9.27801	\$10.11511	\$10.70934
59	\$7.76601	\$8.12159	\$8.78486	\$9.33609	\$10.18319	\$10.77758
60	\$7.81781	\$8.17339	\$8.84281	\$9.39417	\$10.25127	\$10.84582
61	\$7.86961	\$8.22519	\$8.90076	\$9.45225	\$10.31935	\$10.91406
62	\$7.92141	\$8.27699	\$8.95871	\$9.51033	\$10.38743	\$10.98230
63	\$7.97321	\$8.32879	\$9.01666	\$9.56841	\$10.45551	\$11.05054
64	\$8.02501	\$8.38059	\$9.07461	\$9.62649	\$10.52359	\$11.11878
65	\$8.07681	\$8.43239	\$9.13256	\$9.68457	\$10.59167	\$11.18702
66	\$8.12861	\$8.48419	\$9.19051	\$9.74265	\$10.65975	\$11.25526
67	\$8.18041	\$8.53599	\$9.24846	\$9.80073	\$10.72783	\$11.32350
68	\$8.23221	\$8.58779	\$9.30641	\$9.85881	\$10.79591	\$11.39174
69	\$8.28401	\$8.63959	\$9.36436	\$9.91689	\$10.86409	\$11.46000
70	\$8.33581	\$8.69139	\$9.42231	\$9.97497	\$10.93217	\$11.52824
71	\$8.38761	\$8.74319	\$9.48026	\$10.03305	\$11.00031	\$11.59648
72	\$8.43941	\$8.79499	\$9.53821	\$10.09113	\$11.06839	\$11.66472
73	\$8.49121	\$8.84679	\$9.59616	\$10.14921	\$11.13647	\$11.73296
74	\$8.54301	\$8.89859	\$9.65411	\$10.20729	\$11.20455	\$11.80120
75	\$8.59481	\$8.95039	\$9.71206	\$10.26537	\$11.27263	\$11.86944
76	\$8.64661	\$9.00219	\$9.76991	\$10.32345	\$11.34071	\$11.93768
77	\$8.69841	\$9.05399	\$9.82786	\$10.38153	\$11.40879	\$12.00592
78	\$8.75021	\$9.10579	\$9.88581	\$10.43961	\$11.47687	\$12.07416
79	\$8.80201	\$9.15759	\$9.94376	\$10.49769	\$11.54495	\$12.14240
80	\$8.85381	\$9.20939	\$10.00171	\$10.55577	\$11.61303	\$12.21064
81	\$8.90561	\$9.26119	\$10.05966	\$10.61385	\$11.68111	\$12.27888
82	\$8.95741	\$9.31299	\$10.11761	\$10.67193	\$11.74919	\$12.34712
83	\$9.00921	\$9.36479	\$10.17556	\$10.73001	\$11.81727	\$12.41536
84	\$9.06101	\$9.41659	\$10.23351	\$10.78809	\$11.88535	\$12.48360

Plan: **LTC2007-5SIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Simple Inflation Protection - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$9.10143	\$9.44133	\$9.79875	\$10.45798	\$11.07404	\$11.78242
31	\$9.17753	\$9.52048	\$9.88105	\$10.54599	\$11.16751	\$11.88223
32	\$9.25370	\$9.59969	\$9.96341	\$10.63403	\$11.26098	\$11.98204
33	\$9.32990	\$9.67893	\$10.04580	\$10.72211	\$11.35451	\$12.08187
34	\$9.40615	\$9.75819	\$10.12820	\$10.81018	\$11.44799	\$12.18167
35	\$9.48236	\$9.83744	\$10.21058	\$10.89821	\$11.54144	\$12.28140
36	\$9.84297	\$10.21251	\$10.60082	\$11.31701	\$11.98683	\$12.75720
37	\$10.21731	\$10.60189	\$11.00598	\$11.75192	\$12.44941	\$13.25142
38	\$10.60589	\$11.00609	\$11.42662	\$12.20354	\$12.92984	\$13.76480
39	\$11.00922	\$11.42573	\$11.86332	\$12.67252	\$13.42881	\$14.29805
40	\$11.42792	\$11.86134	\$12.31671	\$13.15950	\$13.94703	\$14.85197
41	\$11.86252	\$12.31357	\$12.78745	\$13.66521	\$14.48527	\$15.42735
42	\$12.31366	\$12.78306	\$13.27617	\$14.19035	\$15.04427	\$16.02504
43	\$12.78197	\$13.27042	\$13.78357	\$14.73568	\$15.62482	\$16.64584
44	\$13.26806	\$13.77640	\$14.31036	\$15.30196	\$16.22779	\$17.29073
45	\$13.77265	\$14.30163	\$14.85729	\$15.89000	\$16.85405	\$17.96059
46	\$14.33121	\$14.88306	\$15.46264	\$16.54120	\$17.54692	\$18.70119
47	\$14.91244	\$15.48814	\$16.09267	\$17.21909	\$18.26825	\$19.47230
48	\$15.51723	\$16.11781	\$16.74836	\$17.92475	\$19.01926	\$20.27522
49	\$16.14656	\$16.77306	\$17.43075	\$18.65934	\$19.80113	\$21.11126
50	\$16.80140	\$17.45498	\$18.14097	\$19.42403	\$20.61514	\$21.98175
51	\$17.48280	\$18.16461	\$18.88011	\$20.22006	\$21.46262	\$22.88814
52	\$18.19184	\$18.90309	\$19.64937	\$21.04872	\$22.34495	\$23.83192
53	\$18.92964	\$19.67159	\$20.44998	\$21.91133	\$23.26352	\$24.81462
54	\$19.69734	\$20.47135	\$21.28321	\$22.80929	\$24.21988	\$25.83783
55	\$20.49621	\$21.30360	\$22.15039	\$23.74406	\$25.21555	\$26.90322
56	\$21.13148	\$21.96498	\$22.83926	\$24.48692	\$26.00581	\$27.74889
57	\$21.78647	\$22.64689	\$23.54955	\$25.25303	\$26.82085	\$28.62115
58	\$22.46172	\$23.34997	\$24.28193	\$26.04310	\$27.66143	\$29.52083
59	\$23.15793	\$24.07488	\$25.03710	\$26.85789	\$28.52833	\$30.44878
60	\$23.87571	\$24.82229	\$25.81574	\$27.69817	\$29.42242	\$31.40592
61	\$24.61575	\$25.59292	\$26.61860	\$28.56474	\$30.34454	\$32.39312
62	\$25.37871	\$26.38746	\$27.44643	\$29.45842	\$31.29554	\$33.41137
63	\$26.09631	\$27.13617	\$28.22776	\$30.30606	\$32.20073	\$34.38530
64	\$26.83420	\$27.90611	\$29.03133	\$31.17810	\$33.13211	\$35.38759
65	\$27.59296	\$28.69790	\$29.85778	\$32.07525	\$34.09043	\$36.41911
66	\$28.37316	\$29.51217	\$30.70775	\$32.99818	\$35.07645	\$37.48070
67	\$29.17543	\$30.34952	\$31.58192	\$33.94770	\$36.09101	\$38.57325
68	\$30.11255	\$31.32963	\$32.60701	\$35.06716	\$37.29312	\$39.87107
69	\$31.07974	\$32.34141	\$33.66538	\$36.22356	\$38.53528	\$41.21257
70	\$32.07803	\$33.38585	\$34.75809	\$37.41807	\$39.81881	\$42.59920
71	\$33.10836	\$34.46401	\$35.88627	\$38.65199	\$41.14509	\$44.03249
72	\$34.17179	\$35.57700	\$37.05108	\$39.92658	\$42.51554	\$45.51400
73	\$35.72412	\$37.20798	\$38.76589	\$41.81326	\$44.55030	\$47.72883
74	\$37.34699	\$38.91374	\$40.56007	\$43.78911	\$46.68243	\$50.05142
75	\$39.04358	\$40.69769	\$42.43727	\$45.85832	\$48.91661	\$52.48706
76	\$40.81723	\$42.56343	\$44.40138	\$48.02529	\$51.25770	\$55.04121
77	\$42.67146	\$44.51470	\$46.45638	\$50.29467	\$53.71085	\$57.71965
78	\$43.92080	\$45.83164	\$47.84368	\$51.83477	\$55.39183	\$59.56326
79	\$45.20673	\$47.18754	\$49.27242	\$53.42203	\$57.12544	\$61.46576
80	\$46.53030	\$48.58357	\$50.74384	\$55.05789	\$58.91329	\$63.42903
81	\$47.89262	\$50.02090	\$52.25918	\$56.74386	\$60.75710	\$65.45501
82	\$49.29484	\$51.50074	\$53.81979	\$58.48142	\$62.65861	\$67.54570
83	\$50.90251	\$53.19241	\$55.59240	\$60.44991	\$64.79612	\$69.89503
84	\$52.56264	\$54.93963	\$57.42340	\$62.48465	\$67.00652	\$72.32607

Plan: **LTC2007-5SIP-VA** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **5% Automatic Simple Inflation Protection - Cash Benefit - Rider Premium**

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$12.82793	\$13.90298	\$14.24696	\$14.48072	\$14.72878	\$14.94963	\$15.16979
31	\$12.93688	\$14.02131	\$14.36310	\$14.59882	\$14.84890	\$15.07155	\$15.29354
32	\$13.04588	\$14.13964	\$14.47912	\$14.71680	\$14.96890	\$15.19335	\$15.41715
33	\$13.15483	\$14.25795	\$14.59498	\$14.83461	\$15.08872	\$15.31498	\$15.54055
34	\$13.26373	\$14.37617	\$14.71065	\$14.95223	\$15.20833	\$15.43639	\$15.66376
35	\$13.37254	\$14.49426	\$14.82609	\$15.06959	\$15.32768	\$15.55752	\$15.78667
36	\$13.89351	\$15.06131	\$15.40789	\$15.66105	\$15.92895	\$16.16765	\$16.40563
37	\$14.43476	\$15.65055	\$16.01250	\$16.27572	\$16.55379	\$16.80168	\$17.04885
38	\$14.99711	\$16.26285	\$16.64086	\$16.91452	\$17.20314	\$17.46059	\$17.71727
39	\$15.58134	\$16.89909	\$17.29387	\$17.57837	\$17.87797	\$18.14534	\$18.41191
40	\$16.18836	\$17.56023	\$17.97249	\$18.26830	\$18.57926	\$18.85694	\$19.13378
41	\$16.81902	\$18.24723	\$18.67774	\$18.98531	\$19.30808	\$19.59645	\$19.88396
42	\$17.47425	\$18.96111	\$19.41068	\$19.73044	\$20.06549	\$20.36496	\$20.66354
43	\$18.15500	\$19.70291	\$20.17238	\$20.50483	\$20.85259	\$21.16361	\$21.47371
44	\$18.86227	\$20.47375	\$20.96397	\$21.30961	\$21.67058	\$21.99357	\$22.31562
45	\$19.59709	\$21.27472	\$21.78662	\$22.14597	\$22.52065	\$22.85609	\$23.19054
46	\$20.40930	\$22.15993	\$22.70247	\$23.07726	\$23.46771	\$23.81738	\$24.16601
47	\$21.25517	\$23.08197	\$23.65679	\$24.04774	\$24.45462	\$24.81909	\$25.18250
48	\$22.13611	\$24.04237	\$24.65125	\$25.05899	\$25.48300	\$25.86294	\$26.24176
49	\$23.05356	\$25.04273	\$25.68749	\$26.11279	\$26.55464	\$26.95070	\$27.34557
50	\$24.00902	\$26.08473	\$26.76731	\$27.21090	\$27.67135	\$28.08420	\$28.49581
51	\$25.00410	\$27.17006	\$27.89252	\$28.35518	\$28.83502	\$29.26537	\$29.69444
52	\$26.04040	\$28.30055	\$29.06502	\$29.54759	\$30.04761	\$30.49623	\$30.94348
53	\$27.11967	\$29.47810	\$30.28684	\$30.79013	\$31.31122	\$31.77885	\$32.24505
54	\$28.24365	\$30.70464	\$31.55998	\$32.08494	\$32.62795	\$33.11540	\$33.60138
55	\$29.41423	\$31.98220	\$32.88666	\$33.43419	\$34.00007	\$34.50818	\$35.01476
56	\$30.34361	\$33.00029	\$33.95575	\$34.52242	\$35.10845	\$35.63462	\$36.15921
57	\$31.30236	\$34.05077	\$35.05958	\$35.64607	\$36.25298	\$36.79783	\$37.34106
58	\$32.29139	\$35.13472	\$36.19931	\$36.80630	\$37.43483	\$37.99902	\$38.56154
59	\$33.31167	\$36.25316	\$37.37608	\$38.00429	\$38.65518	\$39.23943	\$39.82191
60	\$34.36421	\$37.40720	\$38.59108	\$39.24127	\$39.91533	\$40.52031	\$41.12346
61	\$35.44998	\$38.59797	\$39.84562	\$40.51852	\$41.21656	\$41.84300	\$42.46757
62	\$36.57007	\$39.82665	\$41.14093	\$41.83733	\$42.56021	\$43.20889	\$43.85561
63	\$37.65186	\$41.02141	\$42.41160	\$43.13249	\$43.88137	\$44.55291	\$45.22243
64	\$38.76565	\$42.25203	\$43.72153	\$44.46776	\$45.24354	\$45.93874	\$46.63186
65	\$39.91240	\$43.51955	\$45.07191	\$45.84434	\$46.64800	\$47.36768	\$48.08523
66	\$41.09305	\$44.82508	\$46.46399	\$47.26355	\$48.09605	\$48.84108	\$49.58388
67	\$42.30864	\$46.16980	\$47.89909	\$48.72670	\$49.58905	\$50.36030	\$51.12923
68	\$43.75244	\$47.77139	\$49.61318	\$50.47492	\$51.37405	\$52.17814	\$52.97982
69	\$45.24552	\$49.42854	\$51.38859	\$52.28588	\$53.22331	\$54.06161	\$54.89740
70	\$46.78953	\$51.14320	\$53.22752	\$54.16181	\$55.13913	\$56.01306	\$56.88438
71	\$48.38626	\$52.91732	\$55.13228	\$56.10503	\$57.12391	\$58.03495	\$58.94329
72	\$50.03746	\$54.75297	\$57.10519	\$58.11799	\$59.18012	\$60.12984	\$61.07671
73	\$52.52992	\$57.53677	\$60.11814	\$61.19392	\$62.32221	\$63.33211	\$64.33898
74	\$55.14650	\$60.46213	\$63.29006	\$64.43267	\$65.63109	\$66.70490	\$67.77549
75	\$57.89344	\$63.53621	\$66.62933	\$67.84282	\$69.11567	\$70.25733	\$71.39556
76	\$60.77722	\$66.76659	\$70.14477	\$71.43345	\$72.78527	\$73.99894	\$75.20900
77	\$63.80463	\$70.16120	\$73.84571	\$75.21411	\$76.64968	\$77.93983	\$79.22610
78	\$65.91143	\$72.56900	\$76.51405	\$77.94591	\$79.45661	\$80.81287	\$82.16506
79	\$68.08779	\$75.05944	\$79.27880	\$80.77689	\$82.36632	\$83.79182	\$85.21304
80	\$70.33600	\$77.63533	\$82.14346	\$83.71071	\$85.38260	\$86.88059	\$88.37411
81	\$72.65846	\$80.29962	\$85.11162	\$86.75110	\$88.50933	\$90.08323	\$91.65241
82	\$75.05762	\$83.05534	\$88.18703	\$89.90190	\$91.75056	\$93.40393	\$95.05234
83	\$77.73691	\$86.09963	\$91.57359	\$93.36374	\$95.29327	\$97.04992	\$98.80131
84	\$80.51187	\$89.25552	\$95.09021	\$96.95888	\$98.97275	\$100.83825	\$102.69815

Plan: LTC2007-GAIP

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Graded Automatic Compound Inflation Protection - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

Issue Age	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$16.06730	\$16.94661	\$18.22739	\$19.50173	\$21.11297	\$22.56612
31	\$16.16863	\$17.05356	\$18.34258	\$19.62515	\$21.24670	\$22.70911
32	\$16.26997	\$17.16055	\$18.45774	\$19.74853	\$21.38039	\$22.85206
33	\$16.37131	\$17.26748	\$18.57286	\$19.87187	\$21.51400	\$22.99491
34	\$16.47263	\$17.37441	\$18.68793	\$19.99514	\$21.64752	\$23.13764
35	\$16.57391	\$17.48126	\$18.80295	\$20.11831	\$21.78093	\$23.28022
36	\$16.57388	\$17.48241	\$18.80749	\$20.12783	\$21.79547	\$23.30042
37	\$16.57383	\$17.48357	\$18.81202	\$20.13736	\$21.81003	\$23.32063
38	\$16.57381	\$17.48472	\$18.81656	\$20.14688	\$21.82457	\$23.34085
39	\$16.57379	\$17.48587	\$18.82111	\$20.15642	\$21.83915	\$23.36108
40	\$16.57375	\$17.48701	\$18.82565	\$20.16596	\$21.85372	\$23.38135
41	\$16.57371	\$17.48817	\$18.83020	\$20.17549	\$21.86832	\$23.40163
42	\$16.57368	\$17.48932	\$18.83473	\$20.18503	\$21.88291	\$23.42193
43	\$16.57365	\$17.49047	\$18.83928	\$20.19460	\$21.89753	\$23.44224
44	\$16.57361	\$17.49163	\$18.84383	\$20.20414	\$21.91214	\$23.46256
45	\$16.57358	\$17.49278	\$18.84838	\$20.21370	\$21.92677	\$23.48291
46	\$16.55384	\$17.47324	\$18.83060	\$20.20008	\$21.91551	\$23.47394
47	\$16.53412	\$17.45372	\$18.81285	\$20.18648	\$21.90425	\$23.46498
48	\$16.51443	\$17.43421	\$18.79511	\$20.17288	\$21.89302	\$23.45600
49	\$16.49476	\$17.41473	\$18.77739	\$20.15929	\$21.88176	\$23.44703
50	\$16.47512	\$17.39528	\$18.75967	\$20.14570	\$21.87053	\$23.43806
51	\$16.45550	\$17.37585	\$18.74199	\$20.13213	\$21.85930	\$23.42911
52	\$16.43590	\$17.35643	\$18.72432	\$20.11857	\$21.84807	\$23.42015
53	\$16.41633	\$17.33704	\$18.70666	\$20.10501	\$21.83686	\$23.41121
54	\$16.39678	\$17.31768	\$18.68902	\$20.09147	\$21.82565	\$23.40226
55	\$16.37725	\$17.29832	\$18.67140	\$20.07794	\$21.81444	\$23.39331
56	\$16.23723	\$17.15160	\$18.51552	\$19.91607	\$21.64168	\$23.21100
57	\$16.09840	\$17.00611	\$18.36098	\$19.75549	\$21.47027	\$23.03013
58	\$15.96076	\$16.86186	\$18.20770	\$19.59622	\$21.30024	\$22.85065
59	\$15.82430	\$16.71881	\$18.05570	\$19.43823	\$21.13155	\$22.67257
60	\$15.68901	\$16.57701	\$17.90498	\$19.28152	\$20.96418	\$22.49588
61	\$15.55487	\$16.43638	\$17.75552	\$19.12606	\$20.79815	\$22.32057
62	\$15.42188	\$16.29697	\$17.60729	\$18.97187	\$20.63344	\$22.14663
63	\$15.60249	\$16.48942	\$17.81849	\$19.20535	\$20.89134	\$22.42742
64	\$15.78521	\$16.68413	\$18.03224	\$19.44171	\$21.15249	\$22.71179
65	\$15.97006	\$16.88113	\$18.24854	\$19.68099	\$21.41689	\$22.99976
66	\$16.15710	\$17.08048	\$18.46742	\$19.92320	\$21.68458	\$23.29136
67	\$16.34632	\$17.28217	\$18.68894	\$20.16839	\$21.95563	\$23.58667
68	\$16.59698	\$17.54995	\$18.98466	\$20.49757	\$22.32154	\$23.98678
69	\$16.85146	\$17.82188	\$19.28506	\$20.83212	\$22.69355	\$24.39366
70	\$17.10988	\$18.09801	\$19.59023	\$21.17215	\$23.07177	\$24.80746
71	\$17.37222	\$18.37843	\$19.90019	\$21.51771	\$23.45627	\$25.22826
72	\$17.63861	\$18.66320	\$20.21509	\$21.86891	\$23.84718	\$25.65621
73	\$18.12030	\$19.17810	\$20.78530	\$22.50825	\$24.56034	\$26.43883
74	\$18.61514	\$19.70723	\$21.37156	\$23.16627	\$25.29485	\$27.24533
75	\$19.12349	\$20.25095	\$21.97439	\$23.84354	\$26.05130	\$28.07644
76	\$19.64572	\$20.80968	\$22.59420	\$24.54061	\$26.83038	\$28.93288
77	\$20.18222	\$21.38381	\$23.23152	\$25.25806	\$27.63275	\$29.81545
78	\$20.44171	\$21.66404	\$23.54947	\$25.62076	\$28.04475	\$30.28031
79	\$20.70456	\$21.94797	\$23.87180	\$25.98869	\$28.46288	\$30.75243
80	\$20.97078	\$22.23560	\$24.19851	\$26.36189	\$28.88723	\$31.23188
81	\$21.24041	\$22.52699	\$24.52971	\$26.74046	\$29.31792	\$31.71883
82	\$21.51352	\$22.82221	\$24.86544	\$27.12445	\$29.75503	\$32.21337
83	\$21.86861	\$23.20882	\$25.30279	\$27.60865	\$30.30626	\$32.82786
84	\$22.22954	\$23.60198	\$25.74785	\$28.10152	\$30.86768	\$33.45405

Plan: **LTC2007-GAIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs ≤ X <	3.93 yrs ≤ X <	4.16 yrs ≤ X <	4.62 yrs ≤ X <	5.08 yrs ≤ X <	5.55 yrs ≤ X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$23.44095	\$24.32301	\$25.24919	\$26.96679	\$28.56631	\$30.40212
31	\$23.58960	\$24.47729	\$25.40938	\$27.13797	\$28.74768	\$30.59516
32	\$23.73821	\$24.63152	\$25.56950	\$27.30905	\$28.92889	\$30.78802
33	\$23.88670	\$24.78562	\$25.72947	\$27.47998	\$29.10997	\$30.98070
34	\$24.03507	\$24.93957	\$25.88928	\$27.65071	\$29.29078	\$31.17311
35	\$24.18326	\$25.09335	\$26.04891	\$27.82122	\$29.47135	\$31.36519
36	\$24.20849	\$25.12250	\$26.08215	\$27.86307	\$29.52010	\$31.42126
37	\$24.23375	\$25.15169	\$26.11545	\$27.90500	\$29.56891	\$31.47740
38	\$24.25903	\$25.18092	\$26.14879	\$27.94698	\$29.61783	\$31.53366
39	\$24.28433	\$25.21018	\$26.18217	\$27.98902	\$29.66681	\$31.59003
40	\$24.30966	\$25.23948	\$26.21559	\$28.03112	\$29.71588	\$31.64650
41	\$24.33502	\$25.26881	\$26.24906	\$28.07330	\$29.76503	\$31.70305
42	\$24.36040	\$25.29818	\$26.28257	\$28.11554	\$29.81427	\$31.75970
43	\$24.38581	\$25.32757	\$26.31612	\$28.15783	\$29.86357	\$31.81646
44	\$24.41124	\$25.35700	\$26.34973	\$28.20018	\$29.91296	\$31.87334
45	\$24.43671	\$25.38647	\$26.38335	\$28.24261	\$29.96243	\$31.93029
46	\$24.43131	\$25.38339	\$26.38274	\$28.24828	\$29.97282	\$31.94555
47	\$24.42591	\$25.38033	\$26.38211	\$28.25396	\$29.98322	\$31.96081
48	\$24.42050	\$25.37726	\$26.38150	\$28.25963	\$29.99361	\$31.97610
49	\$24.41511	\$25.37420	\$26.38086	\$28.26531	\$30.00402	\$31.99136
50	\$24.40971	\$25.37113	\$26.38025	\$28.27099	\$30.01443	\$32.00665
51	\$24.40430	\$25.36806	\$26.37963	\$28.27667	\$30.02483	\$32.02194
52	\$24.39891	\$25.36499	\$26.37901	\$28.28235	\$30.03523	\$32.03724
53	\$24.39352	\$25.36194	\$26.37839	\$28.28803	\$30.04565	\$32.05254
54	\$24.38813	\$25.35887	\$26.37775	\$28.29370	\$30.05608	\$32.06785
55	\$24.38274	\$25.35581	\$26.37714	\$28.29939	\$30.06649	\$32.08318
56	\$24.19751	\$25.16447	\$26.17932	\$28.09260	\$29.84911	\$31.85444
57	\$24.01368	\$24.97460	\$25.98298	\$27.88733	\$29.63330	\$31.62732
58	\$23.83126	\$24.78615	\$25.78811	\$27.68354	\$29.41905	\$31.40183
59	\$23.65022	\$24.59911	\$25.59471	\$27.48125	\$29.20635	\$31.17795
60	\$23.47054	\$24.41349	\$25.40275	\$27.28043	\$28.99518	\$30.95567
61	\$23.29224	\$24.22927	\$25.21223	\$27.08108	\$28.78555	\$30.73496
62	\$23.11531	\$24.04644	\$25.02314	\$26.88319	\$28.57743	\$30.51583
63	\$23.41267	\$24.35828	\$25.35012	\$27.24229	\$28.96358	\$30.93343
64	\$23.71386	\$24.67415	\$25.68136	\$27.60617	\$29.35497	\$31.35674
65	\$24.01892	\$24.99414	\$26.01694	\$27.97491	\$29.75163	\$31.78584
66	\$24.32793	\$25.31825	\$26.35688	\$28.34858	\$30.15367	\$32.22083
67	\$24.64088	\$25.64657	\$26.70130	\$28.72724	\$30.56113	\$32.66175
68	\$25.06697	\$26.09472	\$27.17233	\$29.24823	\$31.12603	\$33.27664
69	\$25.50044	\$26.55070	\$27.65168	\$29.77865	\$31.70138	\$33.90312
70	\$25.94140	\$27.01464	\$28.13947	\$30.31869	\$32.28736	\$34.54139
71	\$26.38996	\$27.48669	\$28.63587	\$30.86853	\$32.88419	\$35.19167
72	\$26.84631	\$27.96699	\$29.14103	\$31.42834	\$33.49203	\$35.85420
73	\$27.68318	\$28.85131	\$30.07632	\$32.46672	\$34.61936	\$37.08906
74	\$28.54614	\$29.76359	\$31.04164	\$33.53939	\$35.78462	\$38.36645
75	\$29.43601	\$30.70471	\$32.03791	\$34.64749	\$36.98913	\$39.68784
76	\$30.35361	\$31.67560	\$33.06619	\$35.79222	\$38.23417	\$41.05474
77	\$31.29981	\$32.67719	\$34.12744	\$36.97477	\$39.52112	\$42.46871
78	\$31.80101	\$33.21169	\$34.69577	\$37.61568	\$40.23534	\$43.25928
79	\$32.31023	\$33.75492	\$35.27357	\$38.26768	\$40.96247	\$44.06457
80	\$32.82761	\$34.30705	\$35.86099	\$38.93099	\$41.70276	\$44.88486
81	\$33.35326	\$34.86820	\$36.45819	\$39.60582	\$42.45642	\$45.72042
82	\$33.88734	\$35.43853	\$37.06532	\$40.29232	\$43.22368	\$46.57152
83	\$34.54403	\$36.13520	\$37.79614	\$41.11409	\$44.12477	\$47.56693
84	\$35.21345	\$36.84555	\$38.54139	\$41.95264	\$45.04464	\$48.58365

Plan: **LTC2007-GAIP** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$33.12344	\$35.91678	\$36.74483	\$37.35457	\$37.99615	\$38.56916	\$39.14047
31	\$33.33383	\$36.14500	\$36.97975	\$37.59341	\$38.23912	\$38.81581	\$39.39079
32	\$33.54402	\$36.37295	\$37.21444	\$37.83203	\$38.48187	\$39.06225	\$39.64088
33	\$33.75395	\$36.60059	\$37.44888	\$38.07041	\$38.72436	\$39.30840	\$39.89068
34	\$33.96356	\$36.82787	\$37.68303	\$38.30845	\$38.96648	\$39.55418	\$40.14014
35	\$34.17280	\$37.05472	\$37.91677	\$38.54609	\$39.20823	\$39.79959	\$40.38916
36	\$34.24069	\$37.13371	\$37.99865	\$38.62985	\$39.29289	\$39.88529	\$40.47591
37	\$34.30871	\$37.21285	\$38.08071	\$38.71380	\$39.37775	\$39.97119	\$40.56285
38	\$34.37687	\$37.29218	\$38.16295	\$38.79790	\$39.46279	\$40.05726	\$40.64997
39	\$34.44516	\$37.37168	\$38.24537	\$38.88221	\$39.54799	\$40.14353	\$40.73727
40	\$34.51359	\$37.45134	\$38.32795	\$38.96668	\$39.63339	\$40.22997	\$40.82477
41	\$34.58215	\$37.53117	\$38.41073	\$39.05136	\$39.71897	\$40.31661	\$40.91244
42	\$34.65085	\$37.61116	\$38.49368	\$39.13622	\$39.80475	\$40.40343	\$41.00032
43	\$34.71967	\$37.69134	\$38.57681	\$39.22125	\$39.89069	\$40.49044	\$41.08838
44	\$34.78864	\$37.77170	\$38.66011	\$39.30646	\$39.97683	\$40.57762	\$41.17663
45	\$34.85776	\$37.85220	\$38.74361	\$39.39187	\$40.06316	\$40.66502	\$41.26505
46	\$34.88258	\$37.88559	\$38.79821	\$39.44836	\$40.12072	\$40.72376	\$41.32500
47	\$34.90739	\$37.91899	\$38.85289	\$39.50495	\$40.17836	\$40.78261	\$41.38501
48	\$34.93225	\$37.95243	\$38.90766	\$39.56161	\$40.23608	\$40.84151	\$41.44512
49	\$34.95710	\$37.98590	\$38.96249	\$39.61835	\$40.29390	\$40.90052	\$41.50532
50	\$34.98198	\$38.01940	\$39.01742	\$39.67518	\$40.35178	\$40.95961	\$41.56561
51	\$35.00688	\$38.05292	\$39.07241	\$39.73209	\$40.40976	\$41.01878	\$41.62597
52	\$35.03181	\$38.08648	\$39.12748	\$39.78907	\$40.46780	\$41.07804	\$41.68644
53	\$35.05673	\$38.12006	\$39.18262	\$39.84614	\$40.52595	\$41.13738	\$41.74699
54	\$35.08168	\$38.15367	\$39.23786	\$39.90331	\$40.58417	\$41.19683	\$41.80761
55	\$35.10666	\$38.18732	\$39.29316	\$39.96054	\$40.64249	\$41.25633	\$41.86835
56	\$34.86307	\$37.93137	\$39.05875	\$39.72432	\$40.40417	\$41.01625	\$41.62654
57	\$34.62119	\$37.67713	\$38.82572	\$39.48949	\$40.16725	\$40.77758	\$41.38611
58	\$34.38101	\$37.42458	\$38.59409	\$39.25603	\$39.93170	\$40.54030	\$41.14708
59	\$34.14247	\$37.17374	\$38.36384	\$39.02398	\$39.69756	\$40.30440	\$40.90944
60	\$33.90559	\$36.92456	\$38.13497	\$38.79328	\$39.46478	\$40.06986	\$40.67316
61	\$33.67035	\$36.67707	\$37.90747	\$38.56395	\$39.23336	\$39.83670	\$40.43824
62	\$33.43674	\$36.43124	\$37.68131	\$38.33600	\$39.00330	\$39.60490	\$40.20468
63	\$33.90882	\$36.96070	\$38.26442	\$38.93215	\$39.61265	\$40.22584	\$40.83720
64	\$34.38757	\$37.49785	\$38.85655	\$39.53758	\$40.23150	\$40.85651	\$41.47965
65	\$34.87307	\$38.04281	\$39.45784	\$40.15241	\$40.86004	\$41.49708	\$42.13222
66	\$35.36542	\$38.59569	\$40.06844	\$40.77681	\$41.49839	\$42.14769	\$42.79506
67	\$35.86474	\$39.15660	\$40.68848	\$41.41092	\$42.14671	\$42.80851	\$43.46832
68	\$36.55759	\$39.93348	\$41.54090	\$42.28252	\$43.03771	\$43.71739	\$44.39505
69	\$37.26386	\$40.72575	\$42.41117	\$43.17247	\$43.94755	\$44.64556	\$45.34152
70	\$37.98374	\$41.53374	\$43.29968	\$44.08113	\$44.87660	\$45.59346	\$46.30816
71	\$38.71754	\$42.35777	\$44.20681	\$45.00894	\$45.82532	\$46.56148	\$47.29543
72	\$39.46552	\$43.19815	\$45.13294	\$45.95626	\$46.79408	\$47.55004	\$48.30374
73	\$40.87161	\$44.77850	\$46.87322	\$47.73654	\$48.61316	\$49.40576	\$50.19597
74	\$42.32780	\$46.41667	\$48.68059	\$49.58579	\$50.50296	\$51.33389	\$52.16235
75	\$43.83587	\$48.11476	\$50.55764	\$51.50668	\$52.46620	\$53.33728	\$54.20576
76	\$45.39767	\$49.87498	\$52.50708	\$53.50197	\$54.50579	\$55.41887	\$56.32921
77	\$47.01511	\$51.69960	\$54.53168	\$55.57456	\$56.62464	\$57.58167	\$58.53584
78	\$47.94110	\$52.78014	\$55.76585	\$56.84336	\$57.93195	\$58.92360	\$59.91226
79	\$48.88532	\$53.88325	\$57.02794	\$58.14110	\$59.26943	\$60.29679	\$61.32107
80	\$49.84815	\$55.00942	\$58.31861	\$59.46848	\$60.63780	\$61.70198	\$62.76298
81	\$50.82994	\$56.15914	\$59.63846	\$60.82615	\$62.03775	\$63.13994	\$64.23883
82	\$51.83106	\$57.33288	\$60.98821	\$62.21482	\$63.47002	\$64.61140	\$65.74936
83	\$52.98392	\$58.64737	\$62.48781	\$63.75052	\$65.03636	\$66.23438	\$67.42884
84	\$54.16244	\$59.99199	\$64.02430	\$65.32412	\$66.64132	\$67.89814	\$69.15121

Plan: LTC2007-GAIP75

Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12

Inflation Type: Graded Automatic Compound Inflation Protection Through Age 75 - Cash Benefit - Rider Premium

Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	2.00 yrs <= X <	2.21 yrs <= X <	2.49 yrs <= X <	2.77 yrs <= X <	3.12 yrs <= X <	3.46 yrs <= X <
Issue Age	<u>2.21 yrs</u>	<u>2.49 yrs</u>	<u>2.77 yrs</u>	<u>3.12 yrs</u>	<u>3.46 yrs</u>	<u>3.69 yrs</u>
30 and under	\$10.57731	\$11.14593	\$11.97062	\$12.77587	\$13.81176	\$14.74843
31	\$10.62798	\$11.19934	\$12.02804	\$12.83718	\$13.87806	\$14.81926
32	\$10.67815	\$11.25227	\$12.08491	\$12.89790	\$13.94374	\$14.88935
33	\$10.72786	\$11.30467	\$12.14120	\$12.95798	\$14.00869	\$14.95869
34	\$10.77707	\$11.35654	\$12.19691	\$13.01742	\$14.07292	\$15.02723
35	\$10.82576	\$11.40784	\$12.25198	\$13.07619	\$14.13641	\$15.09494
36	\$10.75808	\$11.33712	\$12.17767	\$12.99899	\$14.05496	\$15.00999
37	\$10.69080	\$11.26685	\$12.10382	\$12.92225	\$13.97398	\$14.92553
38	\$10.62394	\$11.19700	\$12.03041	\$12.84597	\$13.89349	\$14.84152
39	\$10.55751	\$11.12759	\$11.95747	\$12.77014	\$13.81344	\$14.75800
40	\$10.49151	\$11.05862	\$11.88495	\$12.69475	\$13.73386	\$14.67494
41	\$10.42589	\$10.99007	\$11.81287	\$12.61982	\$13.65474	\$14.59236
42	\$10.36071	\$10.92194	\$11.74124	\$12.54532	\$13.57607	\$14.51024
43	\$10.29592	\$10.85423	\$11.67003	\$12.47126	\$13.49786	\$14.42859
44	\$10.23153	\$10.78694	\$11.59926	\$12.39763	\$13.42009	\$14.34739
45	\$10.16756	\$10.72008	\$11.52893	\$12.32444	\$13.34278	\$14.26665
46	\$9.99846	\$10.54235	\$11.33910	\$12.12334	\$13.12656	\$14.03691
47	\$9.83218	\$10.36756	\$11.15240	\$11.92550	\$12.91383	\$13.81086
48	\$9.66866	\$10.19567	\$10.96877	\$11.73091	\$12.70455	\$13.58846
49	\$9.50788	\$10.02662	\$10.78816	\$11.53949	\$12.49867	\$13.36964
50	\$9.34974	\$9.86039	\$10.61053	\$11.35118	\$12.29612	\$13.15434
51	\$9.19426	\$9.69691	\$10.43582	\$11.16596	\$12.09687	\$12.94250
52	\$9.04134	\$9.53614	\$10.26399	\$10.98375	\$11.90081	\$12.73409
53	\$8.89097	\$9.37803	\$10.09499	\$10.80451	\$11.70797	\$12.52903
54	\$8.74312	\$9.22255	\$9.92877	\$10.62820	\$11.51823	\$12.32727
55	\$8.59770	\$9.06964	\$9.76530	\$10.45478	\$11.33157	\$12.12875
56	\$8.20127	\$8.65182	\$9.31608	\$9.97475	\$10.81218	\$11.57373
57	\$7.82313	\$8.25323	\$8.88753	\$9.51676	\$10.31660	\$11.04411
58	\$7.46241	\$7.87303	\$8.47870	\$9.07980	\$9.84373	\$10.53872
59	\$7.11834	\$7.51031	\$8.08865	\$8.66290	\$9.39252	\$10.05647
60	\$6.79011	\$7.16433	\$7.71658	\$8.26516	\$8.96200	\$9.59626
61	\$6.47704	\$6.83428	\$7.36161	\$7.88566	\$8.55123	\$9.15713
62	\$6.17839	\$6.51942	\$7.02297	\$7.52360	\$8.15927	\$8.73810
63	\$5.86015	\$6.18416	\$6.66281	\$7.13785	\$7.74214	\$8.29279
64	\$5.55832	\$5.86615	\$6.32113	\$6.77187	\$7.34632	\$7.87017
65	\$5.27204	\$5.56448	\$5.99697	\$6.42467	\$6.97076	\$7.46910
66	\$5.00049	\$5.27832	\$5.68944	\$6.09526	\$6.61437	\$7.08847
67	\$4.74292	\$5.00689	\$5.39766	\$5.78274	\$6.27623	\$6.72722
68	\$3.92366	\$4.14368	\$4.47011	\$4.78684	\$5.19902	\$5.57520
69	\$3.24591	\$3.42928	\$3.70196	\$3.96244	\$4.30671	\$4.62047
70	\$2.68524	\$2.83806	\$3.06580	\$3.28004	\$3.56754	\$3.82923
71	\$2.22139	\$2.34876	\$2.53897	\$2.71515	\$2.95524	\$3.17349
72	\$1.83769	\$1.94382	\$2.10267	\$2.24754	\$2.44802	\$2.63004
73	\$1.60052	\$1.69375	\$1.83336	\$1.96095	\$2.13736	\$2.29771
74	\$1.30685	\$1.38362	\$1.49868	\$1.60401	\$1.74950	\$1.88193

Plan: **LTC2007-GAIP75** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection Through Age 75 - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	3.69 yrs <= X <	3.93 yrs <= X <	4.16 yrs <= X <	4.62 yrs <= X <	5.08 yrs <= X <	5.55 yrs <= X <
Issue Age	<u>3.93 yrs</u>	<u>4.16 yrs</u>	<u>4.62 yrs</u>	<u>5.08 yrs</u>	<u>5.55 yrs</u>	<u>6.24 yrs</u>
30 and under	\$15.30172	\$15.87033	\$16.46813	\$17.56394	\$18.59533	\$19.78080
31	\$15.37523	\$15.94658	\$16.54727	\$17.64832	\$18.68465	\$19.87577
32	\$15.44799	\$16.02206	\$16.62555	\$17.73179	\$18.77297	\$19.96968
33	\$15.51994	\$16.09667	\$16.70295	\$17.81430	\$18.86028	\$20.06247
34	\$15.59108	\$16.17040	\$16.77943	\$17.89581	\$18.94648	\$20.15407
35	\$15.66132	\$16.24323	\$16.85495	\$17.97623	\$19.03154	\$20.24445
36	\$15.7482	\$16.15478	\$16.76445	\$17.88279	\$18.93518	\$20.14446
37	\$15.48880	\$16.06681	\$16.67445	\$17.78983	\$18.83931	\$20.04495
38	\$15.40325	\$15.97933	\$16.58492	\$17.69733	\$18.74393	\$19.94595
39	\$15.31816	\$15.89233	\$16.49587	\$17.60533	\$18.64901	\$19.84742
40	\$15.23356	\$15.80578	\$16.40729	\$17.51381	\$18.55459	\$19.74938
41	\$15.14942	\$15.71971	\$16.31920	\$17.42276	\$18.46063	\$19.65183
42	\$15.06574	\$15.63412	\$16.23158	\$17.33219	\$18.36717	\$19.55478
43	\$14.98253	\$15.54899	\$16.14442	\$17.24207	\$18.27418	\$19.45819
44	\$14.89979	\$15.46433	\$16.05774	\$17.15244	\$18.18165	\$19.36209
45	\$14.81749	\$15.38013	\$15.97152	\$17.06327	\$18.08958	\$19.26644
46	\$14.58042	\$15.13515	\$15.71817	\$16.79455	\$17.80605	\$18.96578
47	\$14.34714	\$14.89408	\$15.46883	\$16.53005	\$17.52695	\$18.66981
48	\$14.11760	\$14.65684	\$15.22345	\$16.26972	\$17.25223	\$18.37844
49	\$13.89172	\$14.42339	\$14.98195	\$16.01350	\$16.98183	\$18.09164
50	\$13.66949	\$14.19367	\$14.74431	\$15.76129	\$16.71565	\$17.80932
51	\$13.45078	\$13.96758	\$14.51042	\$15.51307	\$16.45365	\$17.53139
52	\$13.23558	\$13.74510	\$14.28024	\$15.26875	\$16.19573	\$17.25781
53	\$13.02381	\$13.52618	\$14.05370	\$15.02828	\$15.94189	\$16.98847
54	\$12.81544	\$13.31073	\$13.83077	\$14.79160	\$15.69201	\$16.72336
55	\$12.61041	\$13.09872	\$13.61137	\$14.55865	\$15.44606	\$16.46239
56	\$12.03445	\$12.50085	\$12.99065	\$13.89644	\$14.74454	\$15.71637
57	\$11.48478	\$11.93029	\$12.39823	\$13.26437	\$14.07488	\$15.00417
58	\$10.96022	\$11.38576	\$11.83283	\$12.66104	\$13.43564	\$14.32423
59	\$10.45961	\$10.86607	\$11.29320	\$12.08514	\$12.82544	\$13.67511
60	\$9.98189	\$10.37012	\$10.77820	\$11.53544	\$12.24294	\$13.05542
61	\$9.52598	\$9.89680	\$10.28668	\$11.01076	\$11.68690	\$12.46380
62	\$9.09089	\$9.44508	\$9.81757	\$10.50993	\$11.15611	\$11.89898
63	\$8.62744	\$8.96431	\$9.31845	\$9.97684	\$10.59150	\$11.29826
64	\$8.18764	\$8.50801	\$8.84472	\$9.47080	\$10.05545	\$10.72786
65	\$7.77026	\$8.07493	\$8.39507	\$8.99040	\$9.54653	\$10.18626
66	\$7.37415	\$7.66390	\$7.96826	\$8.53438	\$9.06337	\$9.67200
67	\$6.99823	\$7.27379	\$7.56317	\$8.10150	\$8.60466	\$9.18371
68	\$5.79805	\$6.02758	\$6.26861	\$6.71573	\$7.13659	\$7.62175
69	\$4.80369	\$4.99486	\$5.19566	\$5.56699	\$5.91900	\$6.32545
70	\$3.97986	\$4.13910	\$4.30633	\$4.61474	\$4.90915	\$5.24963
71	\$3.29734	\$3.42994	\$3.56924	\$3.82539	\$4.07158	\$4.35678
72	\$2.73184	\$2.84230	\$2.95831	\$3.17105	\$3.37693	\$3.61578
73	\$2.38766	\$2.48506	\$2.58742	\$2.77556	\$2.95762	\$3.16905
74	\$1.95643	\$2.03696	\$2.12163	\$2.27758	\$2.42847	\$2.60395

Plan: **LTC2007-GAIP75** Benefit Duration (X) = (Total Benefit Amount / Monthly Benefit Amount) / 12
Inflation Type: **Graded Automatic Compound Inflation Protection Through Age 75 - Cash Benefit - Rider Premium**
Annual Rates per \$30 of Monthly Benefit - 100 Day EP After Phase 2 (with Two Increases of 19.72%)

	6.24 yrs ≤ X <	6.93 yrs ≤ X <	7.63 yrs ≤ X <	8.32 yrs ≤ X <	9.25 yrs ≤ X <	10.18 yrs ≤ X <	11.10 yrs ≤ X <
Issue Age	<u>6.93 yrs</u>	<u>7.63 yrs</u>	<u>8.32 yrs</u>	<u>9.25 yrs</u>	<u>10.18 yrs</u>	<u>11.10 yrs</u>	<u>Unlimited</u>
30 and under	\$21.52718	\$23.32557	\$23.86777	\$24.25631	\$24.66707	\$25.03388	\$25.39959
31	\$21.63052	\$23.43754	\$23.98381	\$24.37424	\$24.78698	\$25.15558	\$25.52307
32	\$21.73265	\$23.54817	\$24.09851	\$24.49082	\$24.90554	\$25.27589	\$25.64513
33	\$21.83353	\$23.65741	\$24.21187	\$24.60602	\$25.02267	\$25.39475	\$25.76572
34	\$21.93310	\$23.76520	\$24.32380	\$24.71974	\$25.13830	\$25.51209	\$25.88476
35	\$22.03127	\$23.87145	\$24.43422	\$24.83194	\$25.25240	\$25.62785	\$26.00218
36	\$21.92635	\$23.76041	\$24.32161	\$24.71731	\$25.13496	\$25.50818	\$25.88029
37	\$21.82194	\$23.64988	\$24.20950	\$24.60319	\$25.01807	\$25.38908	\$25.75898
38	\$21.71801	\$23.53987	\$24.09791	\$24.48960	\$24.90172	\$25.27052	\$25.63824
39	\$21.61460	\$23.43038	\$23.98685	\$24.37655	\$24.78593	\$25.15254	\$25.51805
40	\$21.51166	\$23.32137	\$23.87630	\$24.26400	\$24.67066	\$25.03509	\$25.39843
41	\$21.40922	\$23.21288	\$23.76625	\$24.15198	\$24.55594	\$24.91820	\$25.27938
42	\$21.30726	\$23.10492	\$23.65671	\$24.04048	\$24.44175	\$24.80184	\$25.16088
43	\$21.20580	\$22.99743	\$23.54767	\$23.92949	\$24.32807	\$24.68605	\$25.04293
44	\$21.10480	\$22.89045	\$23.43913	\$23.81901	\$24.21494	\$24.57077	\$24.92555
45	\$21.00430	\$22.78397	\$23.33111	\$23.70905	\$24.10233	\$24.45604	\$24.80870
46	\$20.67913	\$22.43391	\$22.97962	\$23.35169	\$23.73840	\$24.08649	\$24.43354
47	\$20.35900	\$22.08921	\$22.63343	\$22.99971	\$23.37998	\$23.72252	\$24.06404
48	\$20.04380	\$21.74981	\$22.29243	\$22.65305	\$23.02697	\$23.36405	\$23.70013
49	\$19.73350	\$21.41565	\$21.95659	\$22.31161	\$22.67929	\$23.01099	\$23.34172
50	\$19.42801	\$21.08658	\$21.62580	\$21.97531	\$22.33684	\$22.66327	\$22.98873
51	\$19.12722	\$20.76261	\$21.30001	\$21.64408	\$21.99958	\$22.32082	\$22.64109
52	\$18.83111	\$20.44359	\$20.97911	\$21.31785	\$21.66742	\$21.98353	\$22.29869
53	\$18.53958	\$20.12948	\$20.66305	\$20.99653	\$21.34025	\$21.65134	\$21.96148
54	\$18.25256	\$19.82020	\$20.35175	\$20.68006	\$21.01804	\$21.32416	\$21.62936
55	\$17.96998	\$19.51566	\$20.04515	\$20.36836	\$20.70069	\$21.00193	\$21.30227
56	\$17.15810	\$18.63668	\$19.14575	\$19.45444	\$19.77188	\$20.05972	\$20.34671
57	\$16.38292	\$17.79729	\$18.28673	\$18.58153	\$18.88474	\$19.15979	\$19.43402
58	\$15.64273	\$16.99571	\$17.46625	\$17.74778	\$18.03740	\$18.30023	\$18.56226
59	\$14.93600	\$16.23022	\$16.68256	\$16.95145	\$17.22809	\$17.47923	\$17.72962
60	\$14.26120	\$15.49921	\$15.93406	\$16.19085	\$16.45507	\$16.69506	\$16.93432
61	\$13.61688	\$14.80114	\$15.21912	\$15.46439	\$15.71676	\$15.94607	\$16.17470
62	\$13.00166	\$14.13450	\$14.53627	\$14.77050	\$15.01157	\$15.23069	\$15.44915
63	\$12.34850	\$13.42796	\$13.81014	\$14.03275	\$14.26153	\$14.46972	\$14.67730
64	\$11.72812	\$12.75674	\$13.12028	\$13.33185	\$13.54895	\$13.74678	\$13.94400
65	\$11.13893	\$12.11906	\$12.46489	\$12.66597	\$12.87200	\$13.05994	\$13.24733
66	\$10.57932	\$11.51326	\$11.84224	\$12.03332	\$12.22886	\$12.40743	\$12.58547
67	\$10.04784	\$10.93775	\$11.25068	\$11.43229	\$11.61784	\$11.78751	\$11.95669
68	\$8.34050	\$9.08366	\$9.31485	\$9.46484	\$9.61614	\$9.75452	\$9.89250
69	\$6.92329	\$7.54387	\$7.71212	\$7.83597	\$7.95933	\$8.07216	\$8.18466
70	\$5.74688	\$6.26509	\$6.38513	\$6.48744	\$6.58798	\$6.67997	\$6.77167
71	\$4.77036	\$5.20308	\$5.28650	\$5.37097	\$5.45290	\$5.52788	\$5.60261
72	\$3.95979	\$4.32109	\$4.37689	\$4.44665	\$4.51340	\$4.57448	\$4.63538
73	\$3.47423	\$3.79533	\$3.84897	\$3.91075	\$3.97002	\$4.02446	\$4.07874
74	\$2.85772	\$3.12525	\$3.17321	\$3.22451	\$3.27383	\$3.31931	\$3.36466

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	Certification of Compliance.pdf
Item Status:	Received & Acknowledged
Status Date:	12/08/2016

Satisfied - Item:	Product Checklist
Comments:	please see the attached signed checklist
Attachment(s):	VA ILTC chk1st.pdf
Item Status:	Received & Acknowledged
Status Date:	08/01/2016

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised L&H Actuarial Memorandum
Attachment(s):	LSAnew_2015_ActMemo_RateStability - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	10/12/2017

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is the revised Long Term Care Insurance Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019

Satisfied - Item:	Filing Letter
Comments:	Attached is the Filing Letter
Attachment(s):	C_Filing Letter_LSA States_No Old Rates_IB Rate Action 2015.pdf
Item Status:	Received & Acknowledged
Status Date:	08/01/2016

Satisfied - Item:	Updated Policyholder Letters
Comments:	Please see attached updated Policyholder Letters
Attachment(s):	VA PH ltr_W_WO LS_Phase 2.pdf VA PH ltr_W_WO LS_W_WO Phase.pdf
Item Status:	Received & Acknowledged

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Status Date:	09/17/2019
Satisfied - Item:	call center scripting
Comments:	please see the attached revised call center scripting
Attachment(s):	Call Center Scripting_IB.pdf
Item Status:	Received & Acknowledged
Status Date:	10/12/2017
Satisfied - Item:	Response Letter 12.01.2016
Comments:	Attached is the Response Letter 12.01.2016
Attachment(s):	VA LSA Response 11-30-16.pdf
Item Status:	Received & Acknowledged
Status Date:	12/08/2016
Satisfied - Item:	Explanation of Variables
Comments:	Attached are the updated Explanation of Variables
Attachment(s):	EOV_VA PH ltr_W_WO LS_W_WO Phase.pdf EOV_VA PH ltr_W_WO LS_Phase 2.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019
Satisfied - Item:	Filing Status Rate Summary
Comments:	Attached is the Filing Status Rate Summary
Attachment(s):	Filing Status Rate Summary LSA NEW RATES-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	12/08/2016
Satisfied - Item:	LTC2007 Policy
Comments:	Attached is the LTC2007 Policy
Attachment(s):	LTC2007-VA Policy (PRINT 11-3-09).pdf
Item Status:	Received & Acknowledged
Status Date:	12/08/2016
Satisfied - Item:	Exhibits and Attachments
Comments:	Attached is the Exhibits and Attachments
Attachment(s):	Objection 8-1-2016 Response - LSA New - Excel.xlsx Objection 8-1-2016 Response - LSA New - Excel.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Item Status:	Received & Acknowledged
Status Date:	12/08/2016

Satisfied - Item:	Future Purchase Option rider
Comments:	please see the attached 09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07)
Attachment(s):	09 LTC2007-FP - Future Purchase Rider (VA) (FINAL 4-20-07).pdf
Item Status:	Received & Acknowledged
Status Date:	10/12/2017

Satisfied - Item:	Coverage Change Form
Comments:	Please see the attached revised Coverage Change Form
Attachment(s):	VA_Cov Chng Form.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019

Satisfied - Item:	VA LSA new Objection 2016-12-08 META-130643303
Comments:	please see the attached VA LSA new Objection 2016-12-08 META-130643303
Attachment(s):	VA LSA new Objection 2016-12-08 META-130643303.pdf
Item Status:	Received & Acknowledged
Status Date:	10/12/2017

Satisfied - Item:	VA LSA new Objection Responses - 04-24-2017
Comments:	please see the attached VA LSA new Objection Responses in both PDF and Excel versions.
Attachment(s):	VA LSA new Objection Responses.pdf VA LSA new Objection Responses.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/12/2017

Satisfied - Item:	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Comments:	please see the attached Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07)
Attachment(s):	Filing Letter - LTC2007 - Approval Filing w-Partnership (VA) (8-40-07).pdf
Item Status:	Received & Acknowledged
Status Date:	10/12/2017

Satisfied - Item:	VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Comments:	Please see the attached VA LSAnew Response to Objection Dated 2017-06-07 (Revised)
Attachment(s):	VA LSAnew Response to Objection Dated 2017-06-07 (Revised).pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Item Status:	Received & Acknowledged
Status Date:	10/12/2017
Satisfied - Item:	VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Comments:	Please see the attached VA LSAnew Objection 2017-06-07 Response attachments (Revised)
Attachment(s):	VA LSAnew Objection 2017-06-07 Response (Revised).xlsx VA LSAnew Objection 2017-06-07 Response (Revised).pdf
Item Status:	Received & Acknowledged
Status Date:	10/12/2017
Satisfied - Item:	Removed
Comments:	Removed
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	09/17/2019
Satisfied - Item:	Removed
Comments:	Removed
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	09/17/2019
Satisfied - Item:	012 LTC2007-NF (VA)
Comments:	Please see the attached 012 LTC2007-NF (VA)
Attachment(s):	012 LTC2007-NF (VA).pdf
Item Status:	Received & Acknowledged
Status Date:	10/12/2017
Satisfied - Item:	Response Letter 1.5.18
Comments:	Attached is the Response Letter 1.5.18
Attachment(s):	VA LSAnew Response to Objection Dated 2017-11-09.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019
Satisfied - Item:	Rate Request Summary
Comments:	Attached is the Rate Request Summary
Attachment(s):	VA LSA new - Rate Request Summary 12-31-14.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Item Status:	Received & Acknowledged
Status Date:	09/17/2019

Satisfied - Item:	Explanation of Variable for the Coverage Change Form
Comments:	Attached is the Explanation of Variable for the Coverage Change Form
Attachment(s):	EOV_Coverage Change Form Revised VA.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019

Satisfied - Item:	Response Letter 1.11.18
Comments:	Attached is the Response Letter 1.11.18
Attachment(s):	VA LSAnew Response to Objection Dated 2018-01-11.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019

Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-08-15 (META-130643303).pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019

Satisfied - Item:	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Comments:	Please see the attached VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303)
Attachment(s):	VA CT15-203 LSA-NEW - Response 2018-12-5 (META-130643303).pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019

Satisfied - Item:	Cost of Care 2016-LD exp 10_19
Comments:	Please see the attached Cost of Care 2016-LD exp 10_19
Attachment(s):	Cost of Care 2016-LD exp 10_19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019

Satisfied - Item:	Removed
Comments:	Removed
Attachment(s):	
Item Status:	Received & Acknowledged

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Status Date:	09/17/2019
Satisfied - Item:	REMOVED VA Insured RA ltr Revised_12-10-18 - John Doe versions - phase 1 & 2
Comments:	REMOVED
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	09/17/2019
Satisfied - Item:	Policyholder Letter FAQs John Doe
Comments:	Please see the attached updated Policyholder Letter FAQs John Doe
Attachment(s):	VA PH ltr_W_WO LS_W_WO Phase- John Doe.pdf VA PH ltr W_WO LS_Phase 2 - John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019
Satisfied - Item:	Response Letter to Objection 4.22.2019
Comments:	Please see the attached Response Letter to Objection 4.22.2019
Attachment(s):	VA VIP1 Response to Objection Dated 2019-4-22.pdf
Item Status:	Received & Acknowledged
Status Date:	09/17/2019

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2015_2016 Rate Increase Filings/CT15-203 LSA-New		

Attachment Objection 8-1-2016 Response - LSA New - Excel.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA LSA new Objection Responses.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA LSAnew Objection 2017-06-07 Response (Revised).xlsx is not a PDF document and cannot be reproduced here.



Metropolitan Life Insurance Company
P.O. Box 937, Westport, CT 06881-0937
Tel 203-221-6555 Fax 203-221-3360
bbigelow@metlife.com

William P. Bigelow

Vice President & Actuary

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.

A handwritten signature in black ink, appearing to read "William P. Bigelow". The signature is written in a cursive, flowing style.

William Bigelow, FSA, MAAA
Vice President and Actuary, Metropolitan Life Insurance Company

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
<i>General Filing Requirements</i>		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	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.
<i>Forms</i>		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability certification	14 VAC 5-110-60	Readability certification is required.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
LTC personal suitability worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
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 or 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	
Renewal provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution notice	14 VAC 5-200-80 C 2	Required language.
30-day free look	§ 38.2-5208 A	
Notice to buyer	14 VAC 5-200-170 A 3	Required language.
<i>Policy Provisions</i>		
<i>General</i>		
Entire contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of claim	§ 38.2-3503 5	
Claim forms	§ 38.2-3503 6	
Proof of loss	§ 38.2-3503 7	
Time payment of claims	§ 38.2-3503 8	The provision specifies when benefits will be paid.
Payment of claims	§ 38.2-3503 9	The provision specifies to whom benefits will be paid
Physical examinations and autopsy	§ 38.2-3503 10	
Legal actions	§ 38.2-3503 11	
Change of beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Long term care incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of occupation	§ 38.2-3504 1	
Misstatement of age	§ 38.2-3504 2	
Other insurance in this company	§ 38.2-3504 3	
Insurance with other company	§ 38.2-3504 4	
Unpaid premiums	§ 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	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
	§ 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.
	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract. Motor vehicle no-fault law as referred in 14 VAC 5-200-60 B may not be part of a policy exclusion.
	§ 38.2-3405 C	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum standards for home health care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of premium for cancellation or termination of policy	§ 38.2-5202.1	Provides for the termination of the policy by the insured and for cancellation of the policy by the insurer .

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Preexisting condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations".
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Required to offer inflation protection	14 VAC 5-200-100 A	
Signed acceptance for riders and amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
Disclosures		
	§ 38.2-5207	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	A tax-qualified plan must be definitively identified as such.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at
<http://www.state.va.us/scc/division/boi/webpages/administrativeltrs.htm>

The Life and Health Division, Forms and Rates Section handles 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

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Gina Jisonna

Signed: _____

Name (please print): **Gina Jisonna**

Company Name: **Metropolitan Life Insurance Company**

Date: **7/7/16** Phone No: (**860**) **656-3809** FAX No: (**860**) **656-3815**

E-Mail Address: **gjisonna@metlife.com**

METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

Actuarial Memorandum for Life Stage Advantage Series

November 30, 2016

Policy Forms

The premium rate schedule increase for which we are seeking approval will apply to the following individual long-term care policy form:

- LTC2007-VA
- LTC2007-3AIP (VA)
- LTC2007-GPO-2 (VA)
- LTC2007-NF (VA)
- LTC2007-SC (VA)
- LTC2007-10YP (VA)
- LTC2007-CB (VA)
- LTC2007-PD
- LTC2007-EPA
- LTC2007-CBUL (AP) (VA)
- LTC2007-5AIP (VA)
- LTC2007-FP-VA

This form was developed as part of a nationwide series and was issued in VA from 2009 to 2011, but is no longer being marketed in any state. Nationwide, the last policies under this series were issued in 2011.

Policy form LTC2007 is an existing individual tax-qualified policy form and was previously approved in 2009, along with any rider or endorsement forms that were contemporaneously or subsequently approved for use with this policy form. Note, however, that the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated after October 27, 2009.

Policy form LTC2007 provides comprehensive long-term care coverage.

1. Purpose of Filing

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

2. Description of Benefits

LTC2007 is part of a nationwide series of individually underwritten policy forms which reimburses 100% of charges, up to a maximum benefit amount, for qualified long-term care services. Benefits are payable for room and board and the following services received in and provided by nursing home, hospice and assisted living facilities: nursing care, maintenance or personal care, therapy services and hospice care. The policy form also covers adult day care and home care service, including hospice care, therapy services and services provided by an independent caregiver and a

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social worker. Additionally, the policy provides additional benefits for alternate services, international coverage, and return of earned premium upon death.

Coverage is expressed as a combination of a monthly benefit amount and a total benefit amounts. Monthly benefit amount represents the maximum amount a policyholder may receive for covered services in a calendar month. Total benefit amount represents the maximum amount a policyholder may receive for covered services in the lifetime of the policy. Premium rates are determined on benefit duration. Benefit duration (in years) is defined as the ratio between the total benefit amount and the monthly benefit amount, divided by 12.

Benefit eligibility is based on the inability to perform at least two of six activities of daily living (ADLs) including bathing, continence, dressing, eating, toileting, and transferring, for a period of at least 90 days due to loss of functional capacity; or due to severe cognitive impairment.

Benefit payments commence after a specified number of days in a waiting period, selected at issue, which accumulate over the lifetime of the policy. The waiting period need not be satisfied before receiving coverage for needs assessment; however, receipt of these services does not count towards satisfying the waiting period. Waiver of premium is provided beginning on the first day of the policy month coincident with or following the day the insured becomes eligible for benefit payments (includes completion of the waiting period).

Contingent Benefit upon Lapse provides limited benefits if the insured lapses, or cancels the policy within 120 days of a substantial premium increase as defined in the policy.

At issue, the insured had the option of choosing one of the following benefit increase riders: 5% Automatic Compound Inflation Protection Rider, 3% Automatic Compound Inflation Protection Rider, 5% Simple Inflation Protection Rider, Graded Automatic Compound Inflation Protection Rider, Graded Automatic Compound Inflation Protection through Age 75 Rider, or Urban CPI Compound Inflation Protection Rider, Future Purchase Rider, Guaranteed Purchase Option Rider, Annual Purchase Inflation Protection Rider or Convertible Inflation Protection Rider.

At issue, the insured had the option of selecting the following riders: Cash Benefit Rider, Nonforfeiture Coverage Rider, Shared Care Rider and Ten Year Premium Payment Rider.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

This filing is applicable to in-force policies only, as these policy forms are no longer being sold in the market. The premium changes will apply to the base forms as well as all applicable riders. Note, however, that the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated after October 27, 2009.

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5. Actuarial Assumptions

- a. Expected Claim Costs are the product of attained age frequency rates and continuance curves, adjusted by utilization factors and underwriting selection factors based on actual experience through June 2014.
- b. Voluntary Termination Rates vary by duration as developed from actual experience through June 2014 and are shown in the following table:

Voluntary Termination Rates

Policy Duration	Lapse Rate
1	5.00%
2	4.50%
3	4.00%
4	3.50%
5	2.50%
6	2.00%
7	1.80%
8	1.60%
9	1.50%
10	1.35%
11+	1.25%

In the year of rate increase implementation, it is assumed that an additional 0.5% of policies lapse and there is 5.5% net reduction to future premiums and benefits due to benefit downgrades. There is no adverse selection assumed due to the additional lapse rates.

- c. Mortality 88% of Annuity 2000 Basic Table with selection consistent with experience.
- d. Expenses Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions are based on actual in-force experience of MetLife and are deemed reasonable for these particular policy forms. In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

6. Marketing Method

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These policy forms were marketed by agents and brokers of MetLife.

7. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex, but vary by issue age, rating class, coverage amount, benefit duration the waiting period, the payment method, premium mode and the selection of any other options or riders. Benefit duration, in years, is defined as (Total Benefit Amount/Monthly Benefit Amount)/12.

9. Issue Age Range

These policy forms were issued up to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors are applied to the annual premium (AP):

Premium Mode	Modal Factors
Annual	1.00*AP
Semi-Annual	0.51*AP
Quarterly	0.265*AP
Monthly	0.09*AP

12. Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2014 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2014 have been allocated to a calendar year of incurral and included in historical incurred claims.

13. Trend Assumptions

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As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for policy form series LTC2007 is shown in Exhibit I.

Historical experience is shown by claim incurral year. Claim payments and reserves were discounted to the mid-point of the year of incurral at the weighted average maximum valuation interest rate for contract reserves which is 4.0%. Incurred but not reported reserve balances as of December 31, 2014 have been allocated to a calendar year of incurral and included in historical incurred claims.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2014 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the weighted average maximum valuation interest rate for contract reserves, which is 4.0%.

15. Projected Earned Premiums and Incurred Claims

Earned premiums for projection years 2015 through 2095 are developed by multiplying each prior period's earned premium (starting with December 30, 2014 actual earned premium) by a persistency factor. For a year in which the rate increase is effective, the earned premium prior to the increase is multiplied by 1 plus the rate increase percent and an effectiveness factor.

Each projection year claim amount is calculated by multiplying incidence, continuance and utilization factors by the policy and rider benefits on a seriatim basis.

Present and accumulated values in the lifetime projections in Exhibit I are determined at the average maximum valuation interest rate for contract reserves applicable to LTC business issued in the years in which the applicable business of this filing were issued. The maximum valuation interest rate averages 4.0%.

The assumptions used in the projections in Exhibit I were developed from the company's LTC insurance experience.

Projections in Exhibit II provide a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%;
2. 85% of the accumulated value of prior premium rate schedule increases;

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3. Present value of future projected initial earned premium times 58%; and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

16. History of Previous In-force Rate Increases

There have been no previous in-force rate revisions on these policy forms.

17. Requested Rate Increase

The company is requesting a phased-in series of rate increases (two phases of 19.72% each), resulting in a cumulative compounded increase of 43.33% after the final phase. These phased increases are actuarially equivalent to a single one-time increase of 42%, which was determined to be justified by company analysis. Corresponding rate tables reflecting the phases are included with this filing.

The actual rates implemented may vary slightly from those filed due to implementation rounding algorithms. Also note that the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated after October 27, 2009.

18. Analysis Performed

The initial premium schedule was based on pricing assumptions believed to be appropriate, given the information available, at the time the initial rate schedule was developed. The original pricing assumptions for claim costs, voluntary termination rates, and mortality were as follows:

- a. Incidence and termination rates: The morbidity assumptions used in the pricing were primarily based on the company's own experience. Since the company's own individual block of business was relatively new, these assumptions were modified to reflect the experience of other long term care business that MetLife issued or administered, and to incorporate industry expectation and competitive rate information. Morbidity selection factors were also applied to reflect the effect of underwriting. Due to lack of actual experience of the individual business, we used industry standard selection factors developed by our consultants. These issue-age and duration dependent selection factors are expected to be consistent with our underwriting methods in early durations. Due to lack of actual data, late duration selection factors primarily reflect industry expectations.
- b. The original pricing expected voluntary termination rates varied by duration as shown in the following table:

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Policy Duration	Lapse Rate
1	5.50%
2	3.00%
3	1.75%
4	1.55%
5	1.40%
6	1.20%
7	1.00%
8	0.95%
9+	0.90%

- c. The original pricing expected mortality rates were based on the company's own experience. The mortality rates used in the pricing were equal to 88% of the Annuity 2000 Basic Mortality Table with additional modifications to reflect the selection effects of underwriting.

As part of the in-force management of its long-term care insurance business, MetLife monitors its performance by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. A model of this business was developed for use in the cash flow testing that is part of the company's annual statutory reporting requirements. Using this model, a future projection of these policies under the new experience assumptions was performed and the projected lifetime loss ratio for these policies was determined. For these policies, the past experience and future projections based on current experience assumptions combines to a result loss ratio that far exceeds both original pricing expectations and state minimum requirements.

The experience analysis, management's view of when a change to the original rate schedule may be considered, and the seriatim in-force and claim data used in developing the projections in Exhibit I and II have been relied upon by the actuary in the development of this memorandum.

19. Loss Ratio Requirement Compliance Demonstration

Projected experience reflecting the implementation of the actuarially equivalent single increase is shown in Exhibit I. As shown in Exhibit I, the expected lifetime loss ratio, both with and without the requested rate increase exceeds the minimum loss ratio of 60%.

20. Average Annual Premium

The average September 30, 2015 annualized premium for all premium-paying policies before and after the current requested increases are:

Before increase:	\$1,953
After phase 1:	\$2,338
After phase 2:	\$2,799

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The average September 30, 2015 annualized premiums for all premium-paying policies issued in VA, before and after the current requested increases are:

Before increase:	\$2,042
After phase 1:	\$2,445
After phase 2:	\$2,927

21. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following at least a 75-day policyholder notification period following approval.

22. Nationwide Distribution of Business as of September 30, 2015 (based on premium-paying policies in force count)

By Issue Age

Issue Age	%
<45	10%
45-49	10%
50-54	19%
55-59	25%
60-64	22%
65-69	10%
70-74	3%
75+	1%
Total	100%

By Benefit Period

Benefit Period	%
2 Year	4%
3 Year	27%
4 Year	22%
5 Year	25%
7 Year	8%

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8 Year	7%
9 Year	3%
11 Year	4%
Total	100%

By Inflation Type

Inflation Type	%
Compound 3%	32%
Compound 5%	17%
FPO	20%
GPO	12%
None	19%
Total	100%

By Gender

Gender	%
Female	60%
Male	40%
Total	100%

By Premium Payment Option

Payment Option	%
Standard	98%
Ten Year	2%
Total	100%

23. Number of Policyholders

As of September 30, 2015, the number of premium-paying policies inforce and premiums that will be affected by this increase are:

Issued Before Rate Stability Regulation Effective Date Number of Insured		Issued On or After Rate Stability Regulation Effective Date Number of Insured	
9/30/2015 Annualized Premium		9/30/2015 Annualized Premium	

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VA	-	-	59	\$120,468
Nationwide	1,344	\$2,864,217	4,803	\$9,140,595

24. New Nonforfeiture Feature

Concurrent with this rate filing is a form filing for a nonforfeiture feature (the Limited Coverage Upon Lapse Following Contribution Increase Endorsement) that will provide limited coverage to certificateholders whose certificates do not currently provide a substantially equivalent nonforfeiture feature in the event they lapse their coverage within 120 days of the first due date of the increased premium for their coverage.

25. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of VA.

The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience. I certify that (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect moderately adverse conditions are realized, no further premium rate schedule increases are anticipated. Moderately adverse conditions are interpreted as those conditions where aggregate experience deviates unfavorably from the aggregate experience assumptions used in determining the lifetime projections, such that the value of the deviation is equal to 5% of gross premiums or more.

I further certify that:

- the analysis described in Section 18 of this memorandum was used in determining the need for a rate increase;
- the policy design, underwriting and claims adjudication practices have been taken into consideration in this rate increase request;
- the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because we are no longer marketing new business.

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A handwritten signature in black ink that reads "Mark D. Newton". The signature is written in a cursive, flowing style.

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

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

Reset Form

Company Name and NAIC Number: Metropolitan Life Insurance Company NAIC#: 65978

SERFF Tracking Number: META-130643303

Effective Date: 3/1/2018

Revised Rates

Average Annual Premium Per Member: \$2,042

Average Requested Percentage Rate Change Per Member: 43.33%

Minimum Requested Percentage Rate Change Per Member: 43.33%

Maximum Requested Percentage Rate Change Per Member: 43.33%

Number of Policy Holders Affected : 59

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

LTC2007-VA	Lifestage Advantage
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Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

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

Rate Increase Narrative

Over time, evidence emerged that LTC insurance policyholders keep their policies longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002
Tel 860-656-3813 Fax 860-656-3805
treilly1@metlife.com



Thomas G. Reilly
Director
Product Management and Compliance

July 7, 2016

Virginia Bureau of Insurance
State Corporation Commission
1300 East Main Street
Richmond, VA 23219

Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance –
Inforce Premium Rate Schedule Increase Filing for Policy Form LTC2007-VA, et al.
NAIC Company No. is 65978
FEIN No. is 13-5581829

Dear Sir/Madam:

We are filing, for your review and authorization, a request for a 42% premium rate schedule increase with respect to the policy form listed below. The policy form is a tax-qualified individual long-term care insurance policy.

LTC2007-VA - authorized by your Department in 2009

The inforce premium rate schedule increase for which we are seeking authorization in this filing will apply to the above listed policy, along with those riders and endorsements that were contemporaneously or subsequently authorized for use by your Department. They were issued in your state from March 2010 to March 2011, and are no longer being marketed in any state. Nationwide, these policy forms were last issued in 2011.

An inforce rate increase has not been previously authorized or implemented with respect to the policy form noted above.

We are submitting an actuarial memorandum and rates in support of our request.

Notification to Policyholders of Premium Rate Schedule Increase

After we have obtained authorization of the premium rate increase, this rate increase will become effective on each policy's modal premium due date (monthly, quarterly, semi-annually and annually), following at least a 75 day advance written notification to the policyholder. In our written notification we will include explanatory information related to the rate increase, including:

- The amount of the increase requested in this filing and the amount of the increase authorized by your Department;
- If the full amount of the requested increase is authorized by your Department, a statement that the policy may be subject to rate increases in the future and, if the amount of the increase authorized by your Department is less than the amount requested in this filing, the notice may include an additional statement about the likelihood of MetLife making future rate increase requests on the policy. The wording of the statement will depend on the degree of variance from the amount requested;
- The current premium rate and the premium rate after the increase is applied;

- A statement that the premium rate adjustment will be effective on the policy's modal premium due date as described above;
- Information regarding each premium rate increase on this policy form or similar policy forms over the past ten (10) years for this state or any other state that identifies:
 1. The policy forms for which premium rates have been increased;
 2. The calendar years when the form was available for purchase; and
 3. The percent range of each increase;
- The following options available to the policyholder:
 1. the policyholder can continue his/her current coverage by paying the new premium amount when due;
 2. the policyholder can reduce his/her coverage to lessen the impact of the premium rate schedule if the current level of coverage permits a reduction; or
 3. if the policyholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), then the policyholder will have nonforfeiture coverage as follows.
 - If the policyholder's coverage does not include the nonforfeiture coverage provision, or includes the nonforfeiture coverage provision but that provision provides benefits less than the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), we will issue the policyholder the LCUL.
 - If the policyholder's policy includes Contingent Benefits Upon Lapse and the policyholder qualifies for coverage under Contingent Benefits Upon Lapse, we will instead provide coverage under the LCUL, since the benefit payable under the LCUL is equal to the benefit payable under Contingent Benefits Upon Lapse.
 - If the policyholder's coverage includes the nonforfeiture coverage provision and that provision provides benefits equal to the LCUL, we will provide coverage under the nonforfeiture coverage provision.

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit.

We have included a copy of our policyholder notification letter for informational purposes.

We have submitted the Limited Coverage Upon Lapse Following Premium Increase Endorsement (LCUL) for authorization under separate cover.

The contact person for this filing is:

Gina Jisonna
 1300 Hall Boulevard
 Bloomfield, CT 06002
 Telephone: 860-656-3809
 gjisonna@metlife.com

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,



Thomas G. Reilly



Metropolitan Life Insurance Company
Long Term Care
PO Box 64911, St. Paul, MN 55164-0911

Policy #: [#####]

[Mail Date]

[First Name] [Last Name]
[Address 1]
[Address 2]
[City, ST Zip or Country Name if Foreign address]

 New Long-Term Care Insurance
coverage rates effective [DATE].

Dear [First Name] [Last Name]

Premium Increase Notification – Please review

In [Month/Year] we sent you a letter informing you that we were implementing a [XX.XX%] premium increase on your **Metropolitan Life Insurance Company (“MetLife”)**, Term Care Insurance policy, which was issued in Virginia. At that time, we notified you that this increase would be implemented in [two][three] phases, and that you would be notified separately prior to the [second][and third] increase.

What you need to know

We understand how important your long-term care insurance policy is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by changes to actuarial assumptions since the initial pricing. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.] **You may be able to reduce the change in premium due to this rate increase by adjusting your coverage. [In fact, we are offering you an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same.]** Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form.

The first phase of this increase of approximately [XX.XX%] has been completed. We are now beginning to implement phase two of the increase, which is approximately [XX.XX%]. [The third increase of approximately [XX.XX%] will occur no sooner than one year from the date indicated below and will be based on your premium in effect at that time. You will be notified separately prior to the third increase.]

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

Effective Date:	[EFFECTIVE DATE]
Current Premium Amount:	[OLD AMOUNT]/[FREQUENCY]*
Increased Premium Amount:	[NEW AMOUNT]/[FREQUENCY]

** Current Premium information is as of [COMPLETE DATE] and may not reflect recent changes.*

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your certificate, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy.

Please note that if you are on waiver of contribution at the time the increase becomes effective, there will be no impact to your coverage or premium unless and until your premium payments resume.

Your Options

We understand that a premium increase may not be affordable for some insureds. Your personalized options may help reduce the impact of the premium increase and, possibly, better meet your current coverage needs. Details[, **including an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same**] are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional cost riders that were added to your policy. Please contact our Customer Service team at (888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. Please note that all options available may not be of equal value. **If you have a partnership policy, a change in inflation may result in a loss of partnership status.**

Please carefully evaluate your individual situation before selecting one of these options. If you choose to cancel your coverage, or make any changes complete the attached form and submit to MetLife. In order to ensure processing prior to the implementation of the rate increase, please submit any change requests by [FORM DATE]. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this confirmation at any time. Should you need more time to decide on a coverage decrease or termination of coverage, the provisions of your policy permit you to make these changes at any time. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. **If you have automatic bill pay with your bank, or if you pay your premium through an annuity, you will need to update your payment amount.**



Coverage Change Form due
[DATE].

Please note that any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary.

Cancellation Requests

If you choose to cancel your long term care insurance policy, a limited long term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

[If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") which provides limited coverage as described below. Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or [30 times the Nursing Home Daily] [Monthly] Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Once LCUL goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For policyholders who are eligible for and meet the requirements for payment of benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL") as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL, or any other nonforfeiture feature.]

[Our records indicate your policy includes a nonforfeiture feature providing for reduced or limited coverage in the event that your policy lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage, and the nonforfeiture rider has been in effect for at least 3 policy years, you are eligible for the limited coverage as described in your policy under the nonforfeiture feature. Under nonforfeiture, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** [30 times the Nursing Home Daily] [Monthly] Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Once nonforfeiture goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option. *(Please note that this limited coverage is not intended to replace coverage you currently have.)*]

We're here to help

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our Customer Service team at 888-285-8140, between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,



Thomas G. Reilly, Assistant Vice President
Product Management & Compliance

Encl: Frequently Asked Questions, Coverage Change Form, Cost of Care Chart, Rate Increase History Chart, Business Reply Envelope

Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy/Certificate Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016 2019	0-18% 0-58% 0-102% 0-123%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-18% 0-58% 0-126%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2009	2013 2016 2018	0-58% 0-88% 0-105%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2009-2011	2016 2018	0-34% 0-42%
Individual LTC	LTC2007	2008-2009	2013 2018	0-58% 0-64%
Individual LTC	LTC2007	2009-2011	2016 2018	0-42% 0-47%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TCL-04	2000-2004	2012 2015 2019	0-41% 0-73% 0-80%
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%
AARP LTC	G.LTC1697, G.LTC1497, G.LTC1797	1997 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-04-OP	2004 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-06-FC	2006 – 2008	2017	0-23.12%

Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.



Metropolitan Life Insurance Company
Long-Term Care
[PO Box 64911, St. Paul, MN 55164-0911]
[P.O. Box 990028, Hartford, CT 06199-0028]

Policy #: [#####]

[Mail Date]

[First Name] [Last Name]
[Address 1]
[Address 2]
[City, ST Zip or Country Name if Foreign address]

 **New Long-Term Care Insurance**
coverage rates effective [DATE].

Dear [First Name] [Last Name]

Premium Increase Notification – Please review

Why we're contacting you

After an in-depth analysis of our Long-Term Care business, Metropolitan Life Insurance Company ("MetLife") has determined that a premium increase is necessary on certain long-term care insurance policies. We are implementing a [XX%] premium increase on your long-term care insurance policy, which was issued in Virginia.

What you need to know

We understand how important your long-term care insurance policy is to planning for your future. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by actuarial assumptions since the initial pricing. [Over time, our pricing factors turned out to be much different from those used to price our policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.] **You may be able to reduce the change in premium due to this rate increase by adjusting your coverage. [In fact, we are offering you an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same.] Please see the "Your Options" section of this letter, and the enclosed Coverage Change Form for more information.**

About the Premium Increase

This premium increase will affect a broad group of policyholders and is not based on any individual's personal factors, such as age, health status or claim history.

We requested a [XX%] premium increase on your policy and received authority from Virginia to implement the [XX%] increase on your policy noted above. We are implementing the increase in [two][three] phases.] The information below indicates the effective date and amount of your initial increase of approximately [XX]%. The second phase of the increase of approximately [XX]% will occur no sooner than one year from the date indicated below and will be based on your premium in effect at that time. [The third phase of the increase of approximately [XX] % will occur no sooner than two years from the date indicated below and will be based on your premium in effect at that time.] You will be notified separately prior to the second [and third] phase of the increase.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All

premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Effective Date:	[EFFECTIVE DATE]
Current Premium Amount:	[OLD AMOUNT]/[FREQUENCY]*
Increased Premium Amount:	[NEW AMOUNT]/[FREQUENCY]

* *Current Premium information is as of [COMPLETE DATE] and may not reflect recent changes.*

Your Options

We understand that a premium increase may not be affordable for some insureds. There are personalized options available that may mitigate the impact of the premium increase, and possibly better meet your current coverage needs. Details[, **including an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same**] are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional riders that were added to your policy. Please contact our Customer Service team at [(888) 285-8140] [800-308-0179], from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. Please note that all options available may not be of equal value. **If you have a partnership policy, a reduction of automatic inflation protection may result in a loss of partnership status.**

Things to consider

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your policy, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy. [Because the increase requested was higher than the increase being implemented at this time, it is our intent to request an additional increase, and if authorized, the additional increase will be implemented no sooner than one year from the date indicated above.] **Please note that if you are on waiver of premium at the time the increase becomes effective, there will be no impact to your coverage or premium unless and until your premium payments resume.**

Any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Please note that all options available may not be of equal value.

Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled electronic funds transfer date after the rate increase effective date. **If you have automatic bill pay with your bank, or if you pay premium through an annuity, you will need to update the payment amount.** Prior to being billed for a rate increase, you will receive confirmation of your new premium in a separate mailing and have a right to request this information at any time.

Cancellation Requests

If you choose to cancel your long-term care insurance policy, a limited long-term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

[Insert for insureds with no nonforfeiture feature (also applicable for insureds with CBUL):

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") which provides limited coverage as described below. Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or 30 times the Nursing Home Daily Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that the reduced Total Lifetime Benefit payable under LCUL as described above will not exceed the remaining Total Lifetime Benefit of your policy immediately prior to your date of lapse. Once LCUL goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For policyholders who are eligible for and meet the requirements for payment of benefits under the Contingent Benefit Upon Lapse Feature ("CBUL") as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL, or any other nonforfeiture feature.]

[Insert for letters to insureds who have an existing NF benefit:

Our records indicate your policy includes a nonforfeiture feature providing for reduced or limited coverage in the event that your policy lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage, and the nonforfeiture rider has been in effect for at least 3 policy years, you are eligible for the limited coverage as described in your policy under the nonforfeiture feature. Under nonforfeiture, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or 30 times the Nursing Home Daily Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid-up value exceed the maximum benefits which would have been payable if the policy had remained in premium paying status. Once nonforfeiture goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option. Please note that this limited coverage is not intended to replace coverage you currently have.)]

Next Steps

If you select an option to reduce your coverage, simply complete the Coverage Change Form and return it to MetLife by [DATE].

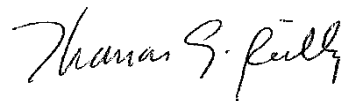
If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary. Your new increased premium will become effective on [DATE]

We're here to help

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our

Customer Service team at [888-285-8140][800-308-0179], between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,

A handwritten signature in black ink that reads "Thomas G. Reilly". The signature is written in a cursive style with a large, stylized 'T' and 'R'.

Thomas G. Reilly, Assistant Vice President
Product Management & Compliance

Encl: [Coverage Change Form, Frequently Asked Questions, Rate Increase History Chart, Business Reply Envelope]

Frequently Asked Questions

MetLife Long-Term Care Insurance Rate Increase

Q1. Why is MetLife implementing this rate increase?

A. MetLife continues to remain committed to ensuring that our pricing is appropriate to the benefits and risks of our products. We considered many factors when we developed the premiums, including expectations about persistency rates (how many policyholders keep their policies), mortality rates (how long policyholders live) and morbidity rates (the frequency and severity of claims). These factors were based on the best available information at the time.

After an in-depth analysis of our Long-Term Care business, MetLife has determined that a premium increase is necessary on certain long-term care insurance policies.

We continue to offer ways to mitigate the impact of rate increases through the use of benefit decrease options, when available.

Q2. What are my options?

A. You can either maintain your current coverage and pay the increased premium, or you can consider reducing your coverage, if possible. The coverage change request form, included with your letter, includes options, where available, to reduce your coverage to minimize the impact of the increase.

[You may also be able to mitigate this premium increase by reducing your future automatic inflation rate. Note that a reduction in your inflation protection is a reduction in the benefits you will receive in the future. In general, your “inflation protection” increases your daily benefit amount and your lifetime benefit so that those benefits keep pace with rising health care costs. If you choose to decrease your inflation protection, it means that your plan’s daily benefit amount and any remaining total lifetime benefit will be increased at a lower level of inflation in the future than it would with your plan’s current inflation rate.]

Q3. My spouse and I have [shared care and] survivorship] on our policies. Does the identical coverage requirement apply?

A. Some MetLife policies contain a [paid-up] survivorship feature [or a shared care rider]. If you currently qualify for the [paid-up] survivorship feature of your policy [or if you have purchased the shared care rider], please note that both policyholders may be required to maintain identical coverage in order for [these features][this feature] to remain in effect. Please refer to your policy for additional information.

Q4. Why was I not presented with options to decrease my coverage?

A. The most likely reason is that you are already at the lowest possible coverage option. If you did not receive a coverage decrease option, you may still contact our Customer Service team to discuss other potential options.

Q5. My premium is set up for automatic payments. Do I need to take any action?

A. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. If you have automatic bill pay or if you pay premium through an annuity, you will need to update the payment amount.

Q6. My Rate Increase Effective Date is not for some time, why do I need to return my coverage change form so quickly?

A. The sooner MetLife receives your request to change coverage, the more likely the request will be processed prior to the rate increase effective date. However, please note, per the terms of your policy, you may request a coverage decrease or cancellation at any time. If your policy does not include a

nonforfeiture feature or you do not qualify for nonforfeiture under the terms of your policy, LCUL will **only** be issued to you if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of the rate action notification letter and 120 days following the first due date of the increased premium.

[Q7. If I was offered an option to decrease my future automatic inflation percentage and I choose to take that offer, when does the lower automatic inflation percentage take effect and when is my premium impacted?

A. If you were offered to decrease your future automatic inflation percentage and you choose to take the offer, the lower automatic inflation percentage and the premium decrease associated with this change both take effect on the effective date of your rate increase. If that date is on your policy anniversary, your automatic inflation increase on that policy anniversary would be calculated using the lower “inflation” percentage. If that date is NOT on your policy anniversary, your automatic inflation increase on the NEXT policy anniversary (even if it’s only 1 month later) would be calculated using the lower “inflation” percentage. In either case, if the inflation percentage decrease fully mitigated the rate increase (and this was the only coverage change you make), your premium would not change on the effective date of the rate increase.

Example:

- Insured Anniversary is January 1. Insured pays semi-annually with billing dates on 1/1 and 7/1.
- [7/1/20] Rate increase effective date. Insured selects automatic inflation decrease option, going from 5% automatic inflation to 3%.
- The premium from [1/1/20 - 6/30/20] was based on 5% automatic inflation. The premium from [7/1/20 – 12/31/20] is based on 3% automatic inflation.
- On [1/1/21] anniversary, automatic inflation feature provides a 3% increase to the benefit levels.]

[Q8]. Will inflation offer acceptances and other coverage increases be subject to the new rates?

A. Yes, any inflation offer acceptances and other coverage increases made on or after the policyholder’s premium bill due date when the new premium becomes effective will be based on the new rates.

[Q9]. I have automatic simple inflation increases each year. How does that impact the rate increase?

A. If your coverage is subject to automatic simple inflation increases and you elect to reduce your daily benefit amount, this election will result in lower future increases to your daily benefit amount.

[Q10]. Can I change my bill mode prior to the effective date of the increase?

A. Bill mode changes can only be made on or after your policy anniversary date after the date the premium increase takes effect.

[Q11]. Is MetLife going to continue to provide service and pay claims?

A. Yes, MetLife remains committed to its existing LTCI insureds and will continue to ensure that they receive a high level of service, especially when they need it most—at time of claim.

[Q12]. Will policyholders currently on claim receive the rate increase?

A. An insured whose policy is impacted by the rate increase and is on waiver of premium will be notified at the same time as other affected policyholders. An insured on premium waiver will be informed that there will be no impact until such time as premium payments resume. Please note: It may not be in the policyholder’s best interest to make reductions to coverage while in claim.

[Q13]. Are MetLife's financial strength and claims paying ability still strong?

A. Yes. MetLife continues to receive high ratings for financial strength and claims paying ability from the major rating agencies. You may review MetLife's ratings by various agencies at any time by visiting www.metlife.com, then tab along the top of the website and select "About Us", then "Investor Relations", then "Financials," then "Ratings."

[Q14]. Who should I contact with additional questions?

A. You may call the Customer Service team at [888-285-8140][800-308-0179] between the hours of 8:30 a.m. and 6:30 p.m. Eastern Time, Monday through Friday.

Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy/Certificate Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016 2019	0-18% 0-58% 0-102% 0-123%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-18% 0-58% 0-126%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2009	2013 2016 2018	0-58% 0-88% 0-105%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2009-2011	2016 2018	0-34% 0-42%
Individual LTC	LTC2007	2008-2009	2013 2018	0-58% 0-64%
Individual LTC	LTC2007	2009-2011	2016 2018	0-42% 0-47%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TCL-04	2000-2004	2012 2015 2019	0-41% 0-73% 0-80%
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%
AARP LTC	G.LTC1697, G.LTC1497, G.LTC1797	1997 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-04-OP	2004 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-06-FC	2006 – 2008	2017	0-23.12%

Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

Call Center Q&A Scripting

Second IB LTCI Rate Action

General Insured Questions

***Call center note:** Before answering any questions specific to an insured's policy, verify whether the person has been or is slated to be impacted by this rate increase.*

1. Why is MetLife increasing rates on its Individual Long-Term Care Insurance policies?

A. We continually evaluate the assumptions used to price our products. Based on an in-depth analysis of our individual business, and changes in our actuarial assumptions, we will be taking action based on emerging experience.

Evolving assumptions and their impact on pricing is not just a MetLife issue, but one the industry is facing overall.

2. Which actuarial assumptions have changed since the initial pricing of MetLife's products?

A. Actuarial assumptions that have continued to change significantly since the initial pricing of these products include persistency, morbidity and mortality experience, which have not materialized as expected.

3. Are MetLife's financial strength and claims rating still strong?

A. MetLife continues to receive high ratings for financial strength and claims paying ability from the major rating agencies. You may review MetLife's ratings by various agencies at **www.metlife.com**. Select the "About MetLife" tab along the top of the website, then "Ratings" Under "Corporate Profile" on the left side of the page.

4. I received a letter indicating that my premium rates are increasing. My policy will now be too expensive and I'll need to cancel my coverage.

A. I completely understand that price is always a factor; however, you may have options to reduce your coverage to reduce the impact of the premium increase. I am happy to discuss those with you if you like.

Please note that if you do decide to change or cancel your coverage, the request must be made in writing by the policyholder. A coverage change / cancellation form has been included with your rate increase notification letter.

If caller wants to cancel coverage

Your current premium is based on your age and health when you originally applied and were accepted. Although those rates will be increasing, if you decide to shop for new

coverage, it may cost you more and/or you may not qualify for new coverage if your health has changed. It would be a good idea for you to discuss this with your agent or producer.

However, if you decide to go ahead and cancel, you may be able to maintain a reduced level of coverage through a Limited Coverage Upon Lapse Endorsement (LCUL), which we are providing to impacted policyholders. This feature is described in your letter. Alternatively, if you are eligible for another nonforfeiture feature, you may receive a reduced level of coverage through that feature.

5. I have not received a letter notifying me of a rate increase. When will I be impacted?

Call center note: *The following table lists exceptions where this rate increase will not be filed/ implemented in the future. If these exceptions do not apply to the caller, and the caller's policy has not yet been impacted or is not yet slated to be impacted, the answer below may be used.*

Product Series	States that will be filed
LTC97	All but Montana, North Dakota and South Dakota. These states do not have any LTC97 insureds. Note that at this time, we will not be filing for an increase on California insureds with effective dates of 7/1/02 and later, due to a 5 year rate guarantee required by the California Department of Insurance on the initial rate increase.
VIP1	Note that at this time, we will not be filing for an increase in California due to a 5 year rate guarantee required by the California Department of Insurance on the initial rate increase. At this time, we will also not be filing for an increase on Kentucky, Texas, Utah and Virginia insureds who were previously given a 42% rate increase. These states required certification of the VIP1 rates during the review process.
VIP2	All states.
LSA	All states, but California, Florida, Hawaii, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New York, North Carolina, Pennsylvania, Tennessee, Texas, Vermont and Virginia. These states never launched the original rate basis. Also, District of Columbia, North Dakota and Wyoming, as there are no LSA insureds in these states.

A. The timing and increase percentage will vary by state and/or policy series. The first effective date for this rate increase will take place in August 2013 for VIP1, VIP2 and LifeStage Advantage policyholders in select states. The first effective date for LTC97 policyholders in select states will take place in October 2013. We expect that it will take up to two years to fully implement on a nationwide basis. Impacted insureds will be given at least 60 days advance notice of a rate increase impacting their premiums.

***VIRGINIA STATE VARIATION:** *the policyholder will receive at least a 75 day notice prior to the rate implementation.*

6. I bought my policy fairly recently (OR – The rates on my policy were just increased) – what has changed that would cause an increase in my premiums so quickly?

A. The underlying assumptions that MetLife uses to price its LTCI products have changed, and we need to ensure that our pricing supports the long-term stability of the products we offer. In order to do this we continually evaluate the assumptions used to price our products.

7. Should I expect additional rate increases on my coverage in the future?

A. As explained in the renewability statement on the first page of your policy, MetLife reserves the right to increase rates in the future.

**VIRGINIA STATE VARIATION: any rate increase would be subject to review and approval of the Virginia State Corporation Commission.*

8. How will this rate change affect any future changes I may make to my current coverage? For example:

- Increase to DBA/TLB
- Acceptance of future Inflation Offers

A. Any coverage increases or inflation offer acceptances made on or after the policyholder's premium bill due date when the new premium becomes effective will be made at the new rates.

Any coverage increases or inflation offer acceptances made between the date the policyholder is notified of the rate increase and their premium bill due date when the new premium becomes effective may be based on the new rates.

9. Can I change my mind and cancel or change my coverage after the rate increase takes effect?

A. Of course. Your policy permits you to decrease or cancel coverage at any time. Any increases in coverage are based on your new age and the rates that are in effect at that time. Coverage decreases are subject to minimum benefit levels permitted under your policy. You just need to submit your request in writing.

***Call center note:** For Insureds Whose Policies Do Not Include the Nonforfeiture Coverage Rider (for VIP2 and LSA insureds whose policies include the Ten Year Premium Payment Rider or Paid Up Premiums Rider, please refer to Q22.)*

Regarding cancellation or lapse, please be aware that there is only a limited period of time when you would be eligible to maintain reduced coverage through the Limited Coverage Upon Lapse Endorsement (LCUL). You may be eligible for this if your coverage lapses due to cancellation or nonpayment of premium within 120 days following the first due date of the increased premium.

Call center note: *For Insureds Whose Policies Include the Nonforfeiture Coverage Rider (for VIP2 and LSA insureds whose policies include the Ten Year Premium Payment Rider or Paid Up Premiums Rider, please refer to Q22.)*

Regarding cancellation or lapse, you may be eligible to receive reduced coverage under the Nonforfeiture Coverage Rider should you cancel or lapse your policy.

10. Can I change my bill mode prior to the effective date of the increase?

A. Bill mode and frequency changes are available coincident with your next billing cycle. However a change in bill mode or frequency will NOT change the effective date of the rate increase indicated in your policyholder increase letter.

11. Will policyholders currently on claim receive the rate increase?

A. An insured whose policy is impacted by the rate increase and is on waiver of premium will be notified at the same time as other affected policyholders. An insured on premium waiver will be informed that there will be no impact to them until such time as premium payments resume.

12. Will policyholders of all issue ages be impacted by this rate increase?

A. Yes, policyholders of all issue ages will be impacted. While certain insureds were excluded from the rate increase that we announced in 2008 because their original issue age was 70 or older, this exclusion will not apply to this rate increase unless otherwise specified.

13. Can you explain the nonforfeiture option called Limited Coverage Upon Lapse (LCUL)?

A. Yes. LCUL will provide limited paid-up benefits for eligible insureds who cancel their policies or whose policies lapse within 120 days of the rate increase effective date. The amount of coverage will be the greater of the sum of all premiums paid prior to cancellation **or** 30 times the amount of the nursing facility care daily benefit (or 1 times the amount of the nursing facility care monthly benefit) in effect immediately prior to the cancellation date. Policy terminology may differ slightly with each policy series.

***VIRGINIA STATE VARIATION:** *in no event will the paid up value exceed the maximum benefit that would be payable if the policy had remained in a premium paying status.*

14. Under what provision does MetLife have the ability to raise rates on my coverage?

A. As indicated in the outline of coverage provided to you when you applied for coverage, and also stated in your policy, your policy is guaranteed renewable. Under

this provision, MetLife has the ability to increase premiums on a class-wide basis subject to applicable State Insurance Department approval. This provision also states that as long as you pay your premium when due, MetLife cannot cancel coverage.

15. My agent/producer is no longer active. Who do I contact?

A. We will be happy to answer any questions you have. If you would like a new agent to service your policy, we'll contact the agency and have them get in touch with you. May I have a current daytime phone number and/or email address where you can be contacted? An agent should be in touch with you within 5-10 business days.

16. Would my premium be lower if my agent doesn't get a commission?

A. No. The rate increase amount is not impacted by the commissions paid on your policy.

17. A family member/friend/co-worker of mine also has a MetLife LTCI policy/certificate, but they are not getting a rate increase OR they are getting a different rate increase amount. Why is that?

There are quite a few reasons why this may be the case. This person may have a different type of policy or certificate from MetLife. MetLife administers a number of different policy series, some of which have been subject to a rate increase and some of which have not. The specifics of other rate increases, including the amount of the increase, differ by policy series.

If this person has the same policy series, note that MetLife is implementing this increase in phases. The amount and timing of the increase will vary based on the policy issue state and issue date. Also bear in mind that the rate increase is being applied as a percentage increase over current premiums, not as a flat dollar amount.

18. I moved recently and it is possible that my letter went to the wrong address. Can you send me another letter?

A. First, let me confirm that your policy is issued in a state where letters were mailed.

Call center note: *confirm caller has an impacted policy in an impacted state before responding*

I do show that you are slated to receive a letter. May I have your corrected address and phone number? We'll reprint your letter and send it to you within five business days. All rate action packages have been sent First Class Mail, therefore any mail deemed to be "undeliverable" by the Post Office will be returned to MetLife. A process is in place to ensure that all returned mail is researched for an updated address and re-mailed accordingly. It is possible you may receive two letters.

**19. What happens if I decide not to pay the increased amount?
How much time do I have before my policy lapses?**

A. Full payment is required by the due date on your bill. Your policy will lapse if full payment is not made by the end of the grace period specified in the policy.

20. Is my state insurance department aware of this premium increase?

A. All states in which we are implementing or intend to implement the rate increase have been or are being notified and, where required, approval has been obtained or has been requested.

21. How can I make a formal complaint?

A. I am able to take your complaint over the phone. Alternatively, you may send written complaints to the following address:

For VIP1, VIP2 or LSA policies:
MetLife ILTC
P. O. Box 69411
St. Paul, MN 55164-0911

For LTC97 policies:
MetLife ILTC
P. O. Box 14634
Lexington, KY
40512-4634

22. I have an accelerated payment option (e.g., Ten Year Premium Payment Rider, Paid Up Premiums Rider, Reduced Pay at Age 65 Rider, Double Pay First Year Rider) with my policy. How will my premium be impacted?

A. If you have an accelerated payment option, and there is a portion of premium that must still be paid, the remaining premium will be subject to the increase.

Note that some VIP2 and LSA policyholders who have the Ten Year Premium Payment Rider or Paid Up Premiums Rider may be eligible for an alternative nonforfeiture feature. This feature may provide limited paid-up benefits for eligible insureds who, within 120 days of the rate increase effective date, lapse or cancel their policies. The amount of time that the insured has paid premiums for the policy under the Ten Year Premium Payment Rider or the Paid Up Premium Rider will impact the amount of the limited benefits for those insureds that qualify for such benefits.

23. What if policyholders have the Shared Care Rider or Paid-up Survivorship?

A. If policyholders have either the Shared Care Rider or Paid-up Survivorship, both policyholders must maintain identical coverage in order for either of these to remain in effect.

24. I purchased my LTCI policy in one state and subsequently moved. Which state determines the policy increase amount?

A. The premium increase is based on the state where the policy was issued, which is not necessarily where the policyholder currently resides.

25. I also have MetLife Employer Group, TIAA or AARP coverage. Will this coverage be impacted?

A. MetLife Employer Group and TIAA policies/certificates are impacted by separate rate actions. For additional information regarding those rate actions, please call 1-800-GET-MET8 (Group) or 1-888-748-4824 (TIAA).

AARP coverage is not impacted at this time. MetLife reserves the right to file for future rate increases.

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002
Tel 860-656-3809
gjisonna@metlife.com



Gina Jisonna
Sr. Product Consultant

December 1, 2016

Janet Houser
Virginia Bureau of Insurance
State Corporation Commission
1300 East Main Street
Richmond, VA 23219

Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance –
Inforce Premium Rate Schedule Increase Filing for Policy Form LTC2007-VA, et al.
SERFF Tracking # - META-130643303

Dear Ms. Houser:

Objection 1

- Policyholder Letter (Supporting Document)

Comments: The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75. For compliance with this regulation, please address the following concerns:

- 1) *For compliance with 14 VAC5-100-50 1 and 2, please attach the policyholder letter to the Form Schedule in SERFF. A form number must appear in the lower left-hand corner of the first page. The full and proper corporate name of the insurer shall prominently appear and may not be variable information in the policyholder letter.*

The full name & form number has been added to policyholder letter.

- 2) *Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3.*

A certification of Compliance has been included with our response.

- 3) *It is not necessary to file separate letters for each requested long term care rate increase provided the filed letter contains the appropriate variability to accommodate various scenarios. Please let us know if the company prefers to submit one letter or a separate letter for each filing. Please provide a statement of variability explaining any bracketed information in the letter.*

We prefer to submit one letter. A statement of variability is included with our response.

- 4) *The letter references the full corporate name of the insurer and later as only MetLife. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as MetLife. Our concern would be resolved if the first sentence of the letter were stated as When you purchased your long term care insurance policy from Metropolitan Life Insurance Company (MetLife)...."*

The recommended change has been made.

- 5) *Please add the words "Virginia's State Corporation" before the word "commission" in the third paragraph. (Please capitalize commission.)*

The change has been made.

- 6) *Should the company wish to only use one letter as noted above, it should place brackets around 58% in the fourth paragraph. If it does not, please revise the percentage to 59.15% as what has been proposed in this filing.*

We wish to use one letter; brackets have been placed around the percentages.

- 7) *Please remove the language in the fourth paragraph that states "...if applicable, may or may not be available." This language is not in compliance with 14VAC5-200-75 D 2.*

The sentence has been revised as follows: "Decreases in coverage can be made at any time, per the provisions of your policy."

- 8) *The letter contains the disclosure that all options may not be of equal value. Since this is a disclosure set forth in 14VAC5-200-75 D 2 b, that information must be emphasized to bring attention to its importance such as highlighting, bolding, or using larger print.*

The change has been made.

- 9) *14VAC5-200-75 D 3 requires a clear identification of the driving factors of the rate increase. Please expand upon the explanation that a variation in claims and other key actuarial assumptions have not materialized as expected. Please be more specific as to what assumptions the company is referring and why rates must be increased. Below is an example:*

"Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims."

Suggested language added to the policyholder letter.

- 10) *It is unclear why the following sentence is bracketed since the options (and not just one option) must be offered in the letter:
"Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider."*

Brackets have been removed around this sentence.

- 11) *What is the minimum benefit duration that an insured can reduce his benefit?*

The minimum benefit duration that an insured can reduce his benefit to is 2 years.

- 12) *Under the Cancel your Coverage, please provide more information regarding the Limited Coverage Upon Lapse Following Premium Increase (LCUL). Please explain how it differs from the Contingent Benefit Upon Lapse Nonforfeiture Feature (CBUL) which must be compliant with 14VAC5-200-185 D as revised last year.*

If the policyholder coverage lapses at any time between the date of the policyholder notification letter and 120 days following the first due date of the increased premium and whose policies do not include the nonforfeiture option, they will be issued LCUL. Please note the LCUL Endorsement functions the same as CBUL – the age restriction has been removed from the LCUL so that regardless of age, a policyholder that lapses during the period noted above will receive the LCUL Endorsement.

- 13) *Please clarify what is meant by the last sentence in the optional paragraph for those insureds who have an existing NF benefit: "(Please note that this limited coverage is not intended to replace coverage you currently have.)"*

It's important to let the insureds know that if they lapse their coverage and receive the Nonforfeiture Benefit, the Nonforfeiture Benefit will not provide them with the coverage they had when their policies were in-force.

- 14) *Please confirm the Coverage Change Form is not attached and becomes a part of the contract.*

Confirmed

- 15) *Option 4 relates to the potential removal of riders as an option to reduce the impact of the rate increase. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would*

allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

In addition to reducing their daily/monthly benefit amount and total lifetime benefit amount, the policyholder may also be able to lengthen their elimination period or drop riders, such as shared care, survivorship, or inflation riders, if applicable. If the policyholder's policy includes an inflation rider, such as 5% Automatic Compound, they will be able to reduce that inflation protection rider to a Future Purchase Option rider, which will then give them the ability to accept or decline future inflation protection increases. As it relates to landing spots, we are willing to explore other alternatives, dependent upon the potential rate increase that the VA Department of Insurance will approve.

- 16) *Please indicate in the letter that options to reduce benefits may occur at any time, not just at the time of a rate increase.*

Please refer to "Next Steps," 3rd bullet – there is a sentence that states, "Should you need more time to decide on a coverage decrease, the provisions of your policy permit you to make decreases at any time."

Objection 2

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

Provided there is sufficient variability, forms only need to be filed for review and approval once to be used on all future filings unless the company wishes to use specific form numbers for each filing.

If an insured requests changes to their policy, a new Schedule of Benefits page is sent with a cover letter. The Schedule of benefits is part of the policy that was approved by the department in 2009 and reflects the effective date of the change. A copy of the policy has been provided. The Schedule of Benefits is located on page 3.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)
- VA_LSAnew_rates_42%Increase, [LTC2007-VA] (Rate)

Comments: According to the filing, the proposed rate increase includes any rider or endorsement forms that were contemporaneously or subsequently approved for use with the 4 policy forms. Please expand the "Affected Form Numbers" in SERFF to include any riders or endorsement forms for which the rates are associated with that form and for which the increase would be applicable. The form number should match exactly the form number as approved in Virginia. The Actuarial Memorandum would need to be updated accordingly.

SERFF and the Actuarial Memorandum have been updated.

The memorandum states this increase will only apply to policies with applications dated after October 27, 2009. Please confirm no policies were issued in Virginia prior to that date.

There were no policies in VA issued prior to October 27, 2009.

Please insert in the Percent Rate Change Request 42% under the Rate Action Information on the Rate/Rule Schedule as this information refers to the current request.

Although the 42% is the rate action requested, implementation is planned in installments specified below. The Rate/Rule Schedule has been updated to reflect the actuarial equivalence of the increase based on the requested installment phase-in approach.

Current Request	Equivalence
42.00%	19.72% (x2) = 43.33%

Objection 4

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

Comments: It appears the product checklist was attached in error. Please complete the attached form and attach a brief narrative to summarize the key information used to develop the rates including the main drivers for revised rates.

For narrative on the development of original pricing and current best-estimate assumptions, please see sections 5 and 18, of the actuarial memorandum.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

- Policyholder Letter (Supporting Document)

- VA_LSAnew_rates_42%Increase, [LTC2007-VA] (Rate)

Comments: Please advise if the company wishes to request a series of scheduled rate increase that are actuarially equivalent to a single amount requested over the lifetime of the policy as set forth in 14VAC5-200-153 B 5.

If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly.

The company requests approval for the justifiable amount of the rate increase, 42%. Per your suggestion, we plan to implement the actuarial equivalent of that amount in two equal percentage installments of 19.72% each.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the following for each block separately (pre and post):

a. An exhibit illustrating an actual to expected analysis based on the original assumptions.

Attachment 1 shows the Actual-to-Expected Loss Ratio analysis compared to original assumptions.

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

Exhibits 1 and 2 are included in an Excel format, as requested. These exhibits are created with output from the Milliman's Triton system which is the basis for company projections and valuation.

c. Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

A current State Rate Action Summary is included with this response. Generally, the filings for LSA New are in a nascent state. The Company is in the process of filing for the same rate action in every jurisdiction.

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

Please see Attachment 2.

e. Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

Some information from original pricing is no longer available. Please see Attachment 1 for a summary of the loss ratios on this basis.

f. According to the Actuarial Certification, the projection do not reflect any margins for moderately adverse experience. Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as - projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.

The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience ("MAE"). Ordinarily, MetLife interprets moderately adverse conditions as those where aggregate experience deviates unfavorably from the aggregate experience assumptions used in the Lifetime Loss Ratio projections, such that the value of the deviation is equal to 5% of the gross premiums or more. To

mitigate the effect of the rate action on policyholders, the rate action has been calculated without MAE loads. Notwithstanding that, the certification in the Actuarial Memorandum applies, (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect MAE conditions are realized, no further premium rate schedule increases are anticipated.

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

If the majority of the policies or certificates to which the increase is applicable are eligible for the contingent benefit upon lapse, the insurer shall file:

1. A plan, subject to commission approval, for improved administration or claims processing designed to eliminate the potential for further deterioration of the policy form requiring further premium rate schedule increases or to demonstrate that appropriate administration and claims processing have been implemented or are in effect; otherwise the commission may impose the condition in subsection H of this section

MetLife believes its current systems and procedures provide efficient and accurate administration of claims:

- Business experience – MetLife has been in business for more than 20 years in LTC, including years of service on industry panels with regard to long-term care claim administration.
- External review – MetLife's operations have been reviewed and approved by external customers and insurers, as demonstrated by MetLife's administration of the Federal LTC Plan and assumed reinsurance business.
- Internal review – MetLife regularly monitors its claims operations. The latest review showed claim accuracy of 99.73% as measured by claim dollars paid against claims reviewed.
- Dedicated fraud unit to investigate potential fraudulent claims or billings.

h. Please re-state nationwide experience using Virginia approved rate.

Exhibit 1 in the original filing shows the experience (1) at the current Virginia approved rates, and (2) at the current rates including the rate action request.

Objection 7

- Certification of Compliance (Supporting Document)

Comments: The Certification refers to South Carolina.

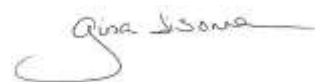
Please provide a certification for compliance with 14VAC5-100-40 3.

The correct Certification of Compliance has been included with our response.
We apologize for this oversight.

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.

Thank you for your attention to this filing.

Sincerely,



Gina Jisonna



NAIC Company No. is 65978

STATEMENT OF VARIABILITY

Policyholder Notification Letter

First page:

- Address in header is variable and dependent on policy form.
- Policyholder name/address, and Policy number is variable and customized for each policyholder.
- Insured name and address is variable.
- Exclamation call out near top of the letter (right side) – coverage rate effective date is variable and will be customized for each insured.
- Under “Why We’re Contacting You” - The percentage to be implemented will be completed upon final disposition by the Bureau of Insurance. The percentage will vary by policy form.
- Under “What You Need to Know” – the sentences beginning with “Over time.....” and ending with ...”initially expected” is bracketed, in the event this language changes in the future.
- Under “What You Need to Know” – The bold sentence beginning with “In fact, we are offering...” if bracketed. We will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase.
- Under “About The Premium Increase” (2nd paragraph) – the percentage requested is bracketed and varies by policy form. The percentage to be implemented will be completed upon final disposition by the Bureau of Insurance. The percentage to be implemented will vary by policy form.
- Under “About The Premium Increase” (2nd paragraph) – the sentence beginning with “We are implementing.....” through the sentence ending with “... phase of the increase.” will be included and customized when implementing an increase in phases.

Second page:

- Information in blue box is bracketed - Effective Date, Old Amount/Frequency, New Amount/Frequency - will be customized for each insured.
- Under “Your Options” - the bold text beginning with “, including an option...” and ending with...”benefits the same” is bracketed. We will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase.
- Under “Your Options” – the telephone numbers are bracketed, and vary by policy form.
- Under “Things to Consider” – the bracketed sentence will only appear in the letter if the Bureau offers us a percentage that is less than what we requested in our filing

Third page:

- Under “Cancellation Requests” -
 - The second and third paragraphs will appear if the insured has no nonforfeiture feature (applies to insureds with CBUL)
 - The fourth paragraph will appear if the policyholder’s policy includes an existing nonforfeiture feature. .
- Under “Next Steps” – The bracketed date field in the first paragraph will be 30 days from the date of the policyholder letter.

- Under “Next Steps” – The bracketed date field in the second paragraph will be customized for each insured.
- Under “We’re Here To Help” - Under “Your Options” – the telephone numbers are bracketed, and vary by policy form.
- Enclosures are bracketed in the event they change in the future.

Frequently Asked Questions (FAQs)

Fourth page:

- Q2, second paragraph – this paragraph will appear to those insureds that are offered an inflation decrease option. We will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase.
- Q3 – the bracketed wording is due to the product differences between the policy forms (LTC97 and VIP2).
- Enclosures are bracketed in the event they change in the future.

Fifth page:

- Q7 - we will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase. This paragraph will appear to those insureds that are offered an inflation decrease option and provides an example of when the lower automatic inflation percentage takes effect and when the insured’s premium would be impacted. The dates within this paragraph are also bracketed – these dates are bracketed so they can be revised in the future.

If this question does not appear in the insured’s FAQs, Q8 thru Q14 would be renumbered.

Sixth page:

- Q14 - the telephone numbers are bracketed, and vary by policy form.



NAIC Company No. is 65978

STATEMENT OF VARIABILITY

Policyholder Notification Letter – Phase 2

- First page: Mail date is dependent upon when final DOI disposition is received and the implementation process begins.
- First page: New Long-Term Care Insurance coverage rates effective [DATE] – date that will appear will be customized for each insured.
- First page: Policyholder name/address, and Policy number is variable and customized for each policyholder.
- First page, first paragraph – Month/Year will be the date the policyholder notification letter was mailed to the insured notifying them of the rate increase and that it would be implemented in two phases.
- First page, first paragraph – percentage is bracketed, as this letter may be used for an additional policy form.
- Under “What You Need to Know” – The bold sentence beginning with “In fact, we are offering...” if bracketed. We will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase.
- First page, third paragraph - percentages are bracketed, as this letter may be used for an additional policy form.
- Page 2, Effective Date, Current Premium Amount/Frequency, New Premium Amount/Frequency - will be customized for each insured.
- Page 2, the [DATE] in the paragraph underneath the **Your Options** heading is variable, dependent upon when final DOI disposition is received and the implementation process begins.
- Page 2, Coverage Change Form due [DATE] underneath the **Your Options** heading will be 30 days from the policyholder notification letter mail date.
- Page 2/3, **Cancellation Requests** –
 - The second and third paragraphs will appear if the insured has no nonforfeiture feature (applies to insureds with CBUL)
 - The bracketed text within the second paragraph, [30 times the Nursing Home Daily] [Monthly], will vary on the letter, dependent upon which policy form the insured has.
 - The fourth paragraph will appear if the policyholder's policy includes an existing nonforfeiture feature.

Metropolitan Life Insurance Company
Filing Status as of [DATE]
Policy Forms: LTC2007-[NM]
All Jurisdictions in which These Forms are Active

State	Date of Initial Submission	Increase Requested	Filing Status	Comments
Alabama	7/21/2016	42%	Pending	
Alaska				
Arizona				
Arkansas	11/15/2016	42%	Pending	
California	N/A	N/A	N/A	
Colorado	4/12/2016	42%	Disapproved	
Connecticut	2/24/2016	42%	4/25/16 - Approved 33.32%	To be phased in over a period of 3 years.
Delaware				
District of Columbia	N/A	N/A	N/A	
Florida	N/A	N/A	N/A	
Georgia				
Hawaii	N/A	N/A	N/A	
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	N/A	N/A	N/A	
Massachusetts	N/A	N/A	N/A	
Michigan				
Minnesota	N/A	N/A	N/A	
Mississippi				
Missouri	4/14/2016	42%	5/15/16 - Filed	To be phased in over a period of 2 years.
Montana	N/A	N/A	N/A	
Nebraska				
Nevada				
New Hampshire				
New Jersey	1/11/2016	42%	5/20/16 - Approved 22.50%	To be phased in over a period of 3 years.
New Mexico				
New York	10/3/2016	34%	Pending	
North Carolina	N/A	N/A	N/A	
North Dakota	N/A	N/A	N/A	
Ohio				
Oklahoma				
Oregon				
Pennsylvania	N/A	N/A	N/A	
Rhode Island				
South Carolina				
South Dakota				
Tennessee	N/A	N/A	N/A	
Texas	N/A	N/A	N/A	
Utah				
Vermont	N/A	N/A	N/A	
Virginia	7/7/2016	34%	Pending	
Washington				
West Virginia				
Wisconsin				
Wyoming	N/A	N/A	N/A	

Metropolitan Life Insurance Company

A Stock Company Incorporated in New York State

The Company's Home Office Address is 200 Park Avenue, New York, NY 10166

QUALIFIED LONG-TERM CARE INSURANCE POLICY

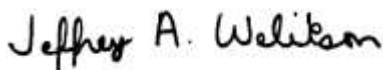
Metropolitan Life Insurance Company (MetLife) will pay the Benefits of this policy according to its provisions. The Insured named on the Schedule of Benefits has the Coverage described in this policy as of the Original Effective Date shown on the Schedule of Benefits. In this policy, "you" and "your" mean the Insured and "we", "us" and "our" mean MetLife. Please see the Definitions section for additional defined terms. Terms defined in the Definitions section appear throughout this policy with initial capitalization.

- **RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE. PREMIUM RATES ARE SUBJECT TO CHANGE.** This means you have the right, subject to the terms of this policy, to continue this policy as long as you pay your premiums on time. We cannot change any of the terms of this policy without your consent unless the change is required by law, except that we may change premium rates on a class basis, subject to applicable State insurance department approval. Any such change in premium rates will apply to all policies in the same class as yours.
- This policy is not eligible for dividends.

CAUTION: We issued this policy on the basis of your responses to the questions on your application. A copy of your application is attached. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of your answers are incorrect, contact us at this address: Metropolitan Life Insurance Company, P.O. Box 937, Westport, CT 06881-0937.

NOTICE TO THE BUYER: This policy may not cover all of the costs associated with long-term care incurred by the buyer during the period of Coverage. The buyer is advised to review carefully ALL policy limitations.

This policy is a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. As such, it must meet certain federal standards in addition to all applicable standards in the states in which the contract was issued. If you have questions regarding tax qualification of this product, you should direct such questions to the appropriate federal agency or you should contact your tax advisor. If in the future, it is determined that this policy does not meet the requirements of the Internal Revenue Code, we will make every reasonable effort to amend this policy if we are required to do so in order to gain favorable federal income tax treatment. We will offer you an opportunity to receive these amendments, with any appropriate adjustments, as determined by MetLife, to premium rates and/or benefits.



Jeffrey A. Welikson
Senior Vice-President and Secretary



C. Robert Henrikson
Chairman of the Board, President and Chief Executive Officer

30-Day Right to Examine Policy. Please read this policy carefully. It is a legal contract between you and MetLife. If you are not satisfied for any reason, you may return this policy to us or to the sales agent or producer from whom you bought it within 30 days from the date you receive it. If you return it within the 30 day period, this policy will be void from the beginning. We will refund any premium paid within 30 days after we receive the returned policy.

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SCHEDULE OF BENEFITS

Insured	[John Doe]
[Address]	[123 ABC Street Anytown, USA]
[Date of Birth]	[XX/XX/19XX]
Policy Number	[211000000 LTC]
[Plan Number]	[XXXX]
Original Effective Date ¹	[January 1, 2007]
Effective Date of this Schedule of Benefits ²	[January 1, 2007]
Original Issue Age	[61]
Elimination Period for Covered Services	[100] calendar days
[Elimination Period for the International Benefit**]	[[200] calendar days]
** does not apply if your policy includes the Cash Benefit Rider]	
Monthly Benefit Amount (MBA)]	[\$3,000]
Total Benefit Amount ³	[\$100,000]
[Transferred Total Benefit Amount – Shared Care Rider]	[\$XXXXX]

Covered Services

Nursing Home ⁴
Hospice Facility ⁴
Assisted Living Facility ⁴
Home Care Services ⁴
Adult Day Care ⁴

Bed Reservation ⁴

Needs Assessment

Maximum Coverage Amount

The actual charge incurred, up to the Monthly Benefit Amount per Calendar Month.

The actual charge incurred, up to 50 days per Calendar Year.

Benefit limited to 1 visit per lifetime.

If provided by a Care Management Organization selected by you, the actual charge incurred, up to \$275 per lifetime.

International Benefit

50% of the Monthly Benefit Amount per Calendar Month. See the International Benefit section of this policy for information on the Total Benefit Amount for this Benefit.

¹ This policy will not take effect unless and until we receive payment of the full first modal premium amount.

² Increases in Coverage will not take effect unless we receive payment of the full first modal premium for the increase when due. This Schedule of Benefits replaces any previous Schedule of Benefits for this policy.

³ The Total Benefit Amount shown does not reflect any Benefits paid or payable. Note, however, that increases to your Total Benefit Amount under any applicable Benefit increase rider will be calculated based on your remaining Total Benefit Amount. See the following for more information: definition of Total Benefit Amount; and, the Impact of Payment of Claims on Your Total Benefit Amount provision of the Claims section of this policy.

⁴ If you receive more than one of these Covered Services in a Calendar Month, the most we will pay for all such Covered Services for that Calendar Month is the Monthly Benefit Amount.

Discounts: [spousal discount, marital discount, residential discount, multi-life discount, none]

Initial Health Rating: [preferred] [standard] [rated] -- If you make a Coverage change that requires proof of your good health after your Original Effective Date, your initial Health Rating may not apply to that Coverage change.

PREMIUM SCHEDULE

COVERAGE	ANNUAL PREMIUM ⁵ (Includes Health Rating and any applicable discounts)
Base Coverage	[\$XXX.XX]
[Cash Benefit Rider]	[\$XXX.XX]
[Future Purchase Rider [Guaranteed Purchase Option Rider]	[\$XXX.XX]
[Automatic Benefit Increase Rider:] [5% Automatic Compound Inflation Protection Rider] [3% Automatic Compound Inflation Protection Rider]	
[Nonforfeiture Coverage Rider]	[\$XXX.XX]
[Shared Care Rider]	[\$XXX.XX]
[10 Year Premium Payment Rider]	[\$XXX.XX]
[Total annual premium with discounts and Health Rating applied] [monthly, quarterly, semi-annual, annual] modal premium amount ⁵	[\$XXX.XX] [\$XXX.XX]
[Total annual premium before 10 th Policy Anniversary ⁶]	[\$XXX.XX]
[Total annual premium on and after 10 th Policy Anniversary ⁶]	[\$XXX.XX]

⁵ There is an additional cost if you pay premiums more frequently than annually.

[⁶ If your policy includes the 10 Year Premium Payment Rider, the Coverage in effect on your Original Effective Date that remains in effect for 10 Policy Years will be paid-up as of your 10th Policy Anniversary. Any change in Coverage after your Original Effective Date that results in an increase in premium will not be paid-up until premiums for that change have been paid for 10 years from the effective date of the change.]

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DEFINITIONS

Terms defined in this section appear throughout this policy with initial capitalization.

Activities of Daily Living means any of the following:

- Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Dressing: putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs.
- Transferring: moving into or out of a bed, chair or wheelchair.
- Toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- Continence: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.

Adult Day Care means a program for 6 or more clients, of social and health related services furnished during the day in a community group setting, for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Adult Day Care Center means:

- a facility operated and licensed or certified as an Adult Day Care Center under the laws where it is located that only provides services for a portion of the day; or
- if licensing or certification is not required, a facility that meets ALL of the following requirements:
 - provides a program of Adult Day Care;
 - only provides services for a portion of the day;
 - keeps a Written record of services performed for each client;
 - has established procedures to obtain emergency medical care; and
 - maintains a client-to-staff ratio of 8 (or less) to one, which staff includes: a full-time director; one or more Nurses present at least 4 hours a day during operating hours; and at least 2 staff members present whenever clients are present.

The term Adult Day Care Center does not include any facility which chiefly provides services for recreation or social activities.

Assisted Living Facility means a facility that meets ALL of the following requirements:

- if licensing or certification is required, maintains all appropriate licensing or certification under the laws where it is located to provide Maintenance or Personal Care;
- provides 24 hour a day Maintenance or Personal Care services sufficient to assist clients with needs which result from the inability to perform Activities of Daily Living or from Severe Cognitive Impairment;
- has at least 5 clients;
- uses aides trained or certified to provide Maintenance or Personal Care in accordance with any laws which apply to the provision of such care;
- provides 24 hour supervision of clients by a trained and awake staff;
- has established procedures to obtain emergency medical care;
- keeps a Written record of services performed for each client;
- serves clients at least 2 meals a day and accommodates special dietary needs; and
- has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

The term Assisted Living Facility includes any facility that meets all of the above requirements that specializes in the care of persons with Alzheimer's disease and other dementias.

The term Assisted Living Facility does not include:

- any facility used primarily to provide residential services and not Maintenance or Personal Care (retirement homes, independent living units of continuing care retirement communities, senior housing and other facilities primarily intended to provide residential services but not Maintenance or Personal Care do not qualify as an Assisted Living Facility);
- any facility that provides services primarily for detoxification of or rehabilitation for alcoholism or drug addiction (chemical dependency); or
- any facility where a majority of the residents are related to the owner or manager.

If a facility has more than one license, certification or purpose, only that section of the facility specifically meeting the definition of Assisted Living Facility will qualify as an Assisted Living Facility.

Automatic Benefit Increase Rider means the rider, if any, identified as an Automatic Benefit Increase Rider on your Schedule of Benefits.

Bed Reservation means payment to hold your space in a Facility to enable you to return to the Facility.

Benefit or **Benefits** means the amount or amounts we will pay under the terms of this policy.

Calendar Month means a month of the Calendar Year, such as January, February or March.

Calendar Year means a 12 month period which begins on any January 1 and ends on December 31.

Care Advisor means a health care professional from a Care Management Organization.

Care Advisory Services means any of the following services provided by a Care Advisor:

- assessing long-term care service needs;
- identifying the long-term care providers to meet those needs;
- requisitioning and coordinating long-term care services;
- implementing the long-term care service plan; and
- monitoring and reassessing long-term care needs as required from time to time.

Care Management Organization means:

- an organization operated and licensed or certified as a care management organization under the laws where it is located; or
- if licensing or certification is not required, an organization that meets ALL of the following requirements:
 - provides Care Advisory Services;
 - has a full-time administrator;
 - keeps a Written record of services performed for each client; and
 - has a staff which includes at least one Nurse and one Social Worker.

Chronically Ill means:

- you are unable to perform, without Substantial Assistance from another individual, at least 2 Activities of Daily Living for an expected period of at least 90 days due to a loss of functional capacity; or
- you require Substantial Supervision to protect you from threats to health and safety due to Severe Cognitive Impairment.

Coverage means the long-term care insurance that is in effect for you and which is described in this policy.

Covered Services means Qualified Long-Term Care Services which are part of your Plan of Care for which Coverage is provided under this policy.

Designated Beneficiary means, for purposes of the Payments on Death provision of the General Provisions section of this policy, the beneficiary you have designated on the form we provide for such designation.

Domestic Partner means each of two people:

- who have registered or filed as domestic partners or members of a civil union with a government agency or office where such registration or filing is available; or
- who meet the following requirements:
 - each person is 18 years of age or older;
 - neither person is married;
 - they share the same residence;
 - they are not related by blood in a manner that would bar their marriage in the jurisdiction in which they reside; and
 - they have an exclusive mutual commitment to share the responsibility for each other's welfare and financial obligations and such commitment is expected to last indefinitely.

Elimination Period is the number of days after the Original Effective Date of this policy during which you must be eligible for Benefits before Benefits, other than Benefits for the Needs Assessment, become payable. These days need not be consecutive. The Elimination Period for Covered Services and the Elimination Period for the International Benefit are shown on your Schedule of Benefits.

Facility means a Nursing Home, Hospice Facility or Assisted Living Facility.

Health Rating means your risk classification based on our underwriting criteria in effect at the time that we process your application for initial Coverage or a Coverage change.

Home means any private residence in which you are living or staying. **The term Home does not include** any: hospital or other acute care facility; nursing home; hospice facility; assisted living facility; or other residential long-term care facility.

Home Care Agency means an organization or agency that:

- is certified as a Home Health Care Agency by Medicare; or
- if licensing or certification is required, maintains all appropriate licensing and/or certification under the laws where it is located, or under a public health law or similar law, to provide Home Care Services; or
- if licensing or certification is not required, meets ALL of the following requirements:
 - uses Home Care Aides, trained or certified in accordance with any laws which apply to such care, to provide Maintenance or Personal Care;
 - has at least 5 clients;
 - provides on-site supervision of Home Care Aides and Homemakers by a qualified person who has special training to provide such supervision;
 - provides on-call availability of a supervisor of the organization or agency during the hours that the Home Care Aide or Homemaker is in the client's Home;
 - requires, at a minimum, a background check and employment eligibility verification for all Home Care Aides and Homemakers;
 - Home Care Aides and Homemakers are employees of the organization or agency and are not independent contractors;
 - has a Written treatment plan in place for each client;
 - maintains a Written record of services performed for each client; and
 - a majority of the organization's or agency's clients are not related to the organization's or agency's owner or manager.

Home Care Aide means a person whose main function is to provide Maintenance or Personal Care and whose services are arranged and supervised through a Home Care Agency. If state or local licensing or certification is required, the person must be licensed or certified as a home health aide under the laws where the service is performed.

Home Care Services means the following medical and non-medical services provided to Chronically Ill persons at Home: Nursing Care; Home Care Aide services; Homemaker Services; Hospice Care, Independent Caregiver services, Care Advisory Services; Therapy Services and services provided by a Social Worker.

Homemaker means a skilled or unskilled person whose services are arranged and supervised through a Home Care Agency.

Homemaker Services means Maintenance or Personal Care services provided by a Homemaker that are necessary for or consistent with a Chronically Ill person's ability to stay in his or her Home. Such Qualified Long-Term Care Services may include light housekeeping, meal preparation and shopping for necessary items.

Hospice means a facility, unit of a facility, public or private agency or unit of a public or private agency that meets federal certification requirements as a hospice, or is comparably licensed under the laws where it is located, to provide care or management of persons who are Terminally Ill.

Hospice Care means services furnished by a Hospice for the care or management of a Terminal Illness.

Hospice Facility means a facility or unit of a facility that meets the definition of Hospice.

Hospital means a facility that is licensed as a hospital, and provides:

- a broad range of medical and surgical services for sick and injured persons 24 hours a day by, or under the supervision of, a staff of Physicians; and
- Nursing Care 24 hours a day.

Household Member means another person who resides at the same address and shares the same living quarters as you. This definition only applies to the Discounts section of this policy.

Immediate Family means your spouse, Domestic Partner, child (natural, step or adopted), parent, sibling, grandchild, or in-law. It also includes anyone who normally lives in your Home.

Independent Caregiver means a person who is appropriately trained or credentialed to provide Maintenance or Personal Care:

- whose services are not arranged and supervised by a Home Care Agency;
- who is paid directly by you and you or someone acting on your behalf are responsible for the supervision and adequacy of the care provided;
- whose services are a cost-effective alternative to Covered Services provided by a Home Care Agency;
- whose services effectively meet your needs;
- who is not a member of your Immediate Family; and
- whose services are part of your Written Plan of Care and have been approved by us.

Initial Annual Premium means your annual premium on the Original Effective Date as shown on your Schedule of Benefits. In determining the Initial Annual Premium and any changes to it, we will not take into account any premium payment mode factors or any discounts (for example, spousal discount). Any premium increase which results from a change in Benefits as provided under the terms of your policy, will be added to and become part of the Initial Annual Premium. If you decrease your Benefits, the Initial Annual Premium will be reduced by the amount of the decrease in your premium.

Insured means the person so named on the Schedule of Benefits for whom Coverage is in effect under this policy.

International Benefit means a Benefit paid to you if: you are outside the United States for at least 15 consecutive days during a Calendar Month regardless of the actual charges that you incur for Qualified Long-Term Care Services; and you meet the requirements of the International Benefit section of this policy.

Lapse means termination of this policy because of failure to pay premiums.

Licensed Health Care Practitioner means a Physician; any registered professional Nurse; a licensed Social Worker; or other individual who meets such requirements as may be prescribed by the United States Secretary of the Treasury. You may select any Licensed Health Care Practitioner; however, a Licensed Health Care Practitioner may not be a member of your Immediate Family.

Maintenance or Personal Care means any care with the primary purpose of providing needed personal assistance when you are Chronically Ill (including protection from threats to health and safety due to Severe Cognitive Impairment). Maintenance or Personal Care services may include hands-on needed assistance with Activities of Daily Living and services provided on an extended basis to a person who is Chronically Ill, which are aimed at maintaining a person's health and/or functional status.

Maximum Coverage Amount means the most we will pay for a particular Covered Service as shown on your Schedule of Benefits.

Medicaid means any state medical assistance program under Title XIX of the Social Security Act, as amended. In Virginia, "**Medicaid**" means the program administered in accordance with Title 32.1 of the Code of Virginia.

Medicare means the Health Insurance for the Aged and Disabled provisions of Title XVIII of the Social Security Act, as amended.

Monthly Benefit Amount means the most we will pay for Covered Services (other than Needs Assessment) in a Calendar Month as shown on your Schedule of Benefits.

Needs Assessment means the services provided by a Care Advisor to: (1) assess your long-term care service needs; (2) identify options for your long-term care; and (3) discuss the long-term care options with you or your Representative.

Nonforfeiture Feature means the Contingent Benefit Upon Lapse provision of this policy, or if listed on your Schedule of Benefits, the Nonforfeiture Coverage Rider.

Nurse means a registered professional nurse (R.N.), licensed practical nurse (L.P.N.) or licensed vocational nurse (L.V.N.) who is licensed under the laws where the services are performed.

Nursing Care means services to improve or maintain your health that require the professional skills of a Nurse and are performed by a Nurse under the orders of a Physician.

Nursing Home means a facility that provides skilled, intermediate or custodial care that meets ALL of the following requirements:

- if licensing or certification is required, maintains all appropriate licensing or certification under the laws where it is located as a skilled or intermediate nursing facility;
- has 24 hour a day Nursing Care;
- has 24 hour a day Maintenance or Personal Care performed by an awake, and trained or certified staff supervised by a Nurse;
- keeps a Written record of services performed for each client;
- has established procedures to obtain emergency medical care; and
- services are not limited to provision of food, shelter, and other residential services such as laundry.

The term Nursing Home includes any facility that meets the above requirements that specializes in the care of persons with Alzheimer's disease and other dementias. **The term Nursing Home does not** include:

- a Hospital (except a designated separate unit licensed as a Nursing Home or Hospice Facility);
- a facility that provides services primarily for detoxification of or rehabilitation for alcoholism or drug addiction (chemical dependency);
- a facility where a majority of the residents are related to the owner or manager; or
- an Assisted Living Facility.

Original Effective Date means the date that your Coverage initially becomes effective as shown on your Schedule of Benefits.

Original Issue Age means the age we use to calculate your premium for the Coverage in effect on your Original Effective Date. Your Original Issue Age is your age 30 days, or, for months with 31 days, 31 days prior to the date you signed your application for Coverage. Your Original Issue Age is shown on your Schedule of Benefits.

Physician means a physician as defined in section 1861(r)(1) of the Social Security Act, as amended.

Plan of Care means a Written plan that:

- has been developed, prescribed and approved by a Licensed Health Care Practitioner at the time you are Chronically Ill as a result of an assessment of your functional and cognitive status and incorporates any information provided by your personal Physician;
- fairly, accurately and appropriately identifies ways of meeting your Qualified Long-Term Care Service needs;
- is appropriate and consistent with generally accepted standards of care for a similarly situated Chronically Ill person; and
- specifies the type, cost, frequency, expected duration and providers of all the services needed to meet your Qualified Long-Term Care Service needs.

No more than one Plan of Care may be in effect for you at a time.

Policy Anniversaries, Policy Years and Policy Months mean dates measured from the Original Effective Date of this policy. For example, if the Original Effective Date of this policy is May 5, 2007, the first Policy Anniversary is May 5, 2008; the first Policy Year ends May 4, 2008; and Policy Months start on the fifth day of each month, e.g., June 5, 2007. If your Original Effective Date falls on the 29th, 30th or 31st day of a month, and a particular Policy Month does not have that date, then that Policy Month will begin on the first day of the following month. For purposes of this definition, a date will begin at 12:01 A.M. in the time zone in which you reside.

Qualified Long-Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Representative means the person appropriately authorized by you or by a court of law to represent you.

Schedule of Benefits means the customized listing of your Coverage selections.

Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (a) places you in jeopardy of harming yourself or others and, therefore, you require Substantial Supervision by another individual; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long-term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

Social Worker means a licensed social worker, including any social worker who has a license, certificate or similar permit to act as a social worker from a State or a body authorized by a State to issue such permits, or a person with a masters degree in social work from an accredited university.

State means any of the states of the United States of America, the District of Columbia, the Commonwealth of Puerto Rico, Guam and the Virgin Islands.

Substantial Assistance means Hands-On Assistance or Standby Assistance. **Hands-On Assistance** means that you require the physical assistance of another person without which you would be unable to perform the Activities of Daily Living. **Standby Assistance** means that you require the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the Activities of Daily Living.

Substantial Premium Increase means an increase or series of increases in your premium that cumulatively increase your Initial Annual Premium by a percentage equal to or greater than the Percentage Increase shown in the table below for your Original Issue Age. **The term Substantial Premium Increase does not include** an increase in premium due to: an increase in your Benefits; a change in your Coverage that you request; a change in your payment arrangements; or the end or reduction of a discount.

Original Issue Age	Percentage Increase Over Initial Annual Premium	Original Issue Age	Percentage Increase Over Initial Annual Premium
29 and under	200%	72	36%
30-34	190%	73	34%
35-39	170%	74	32%
40-44	150%	75	30%
45-49	130%	76	28%
50-54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

Substantial Supervision means continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect you from threats to your health and safety, for instance, while wandering.

Terminal Illness means an illness or injury which a Physician certifies is likely to result in a person's death within 6 months.

Terminally Ill means an individual diagnosed with a Terminal Illness.

Therapist means a person who has a license or appropriate professional certificate to provide Therapy Services under the laws where the services are being provided. **The term Therapist includes** a registered dietician in the case of nutritional therapy.

Therapy Services means physical, respiratory, speech, occupational or nutritional therapy services rendered by a Therapist.

Total Benefit Amount means the most we will pay under this policy during your lifetime, not including Benefits for Needs Assessment. Your Total Benefit Amount will be reduced by the amount of any Benefits that are paid, other than the Benefit for the Needs Assessment. This reduction to your Total Benefit Amount will be effective as of the date that Covered Services were received. For purposes of the International Benefit, this reduction will be effective as of the date that the Benefit was payable. Any references to your remaining Total Benefit Amount in this policy, including riders, refers to the Total Benefit Amount as reduced by any Benefits paid. If your policy is converted to paid-up status under a Nonforfeiture Feature, your Total Benefit Amount will be adjusted in accordance with the provisions of such feature.

United States means the United States of America, its territories and possessions.

Written or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to us and consistent with applicable law.

REQUIREMENTS FOR PAYMENT OF BENEFITS

We will pay for long-term care services you receive only if:

- they are Qualified Long-Term Care Services that are consistent with your needs and approved in your Plan of Care;
- they are received after the Original Effective Date of this policy;
- you are eligible for Benefits;
- they are received after you have satisfied the Elimination Period for Covered Services shown on your Schedule of Benefits -- the Elimination Period does not apply to the Needs Assessment;
- they are Covered Services; and
- you have not exhausted your Total Benefit Amount.

Payment of Benefits is also subject to the maximums and limitations shown on your Schedule of Benefits and all exclusions, limitations, requirements and conditions set forth in this policy.

Please refer to the International Benefit section of this policy for information on payment of Benefits when you are outside of the United States.

ELIGIBILITY FOR BENEFITS (CONDITIONS AND LIMITATIONS)

You will be eligible for Benefits only if:

- Coverage is in effect for you;
- we are given proof, satisfactory to us, that you are Chronically Ill;
- a Licensed Health Care Practitioner has certified in Writing to us within the last 12 months, that you are Chronically Ill; and
- a Written Plan of Care, acceptable to us, that includes the Qualified Long-Term Care Services you need is in place for you and we are provided with a copy of the Plan of Care.

If You Need Benefits

You or someone acting for you may write to us or call our toll-free number shown on your Schedule of Benefits to request that we determine whether you are eligible for Benefits.

To determine if you are eligible for Benefits we may:

- contact you, your Representative, your Physician, a Licensed Health Care Practitioner, or other persons familiar with your condition;
- access your medical records to get information about your condition (we cannot determine that you are eligible for Benefits if we are not given access to your medical records); and
- request to have you examined, at our expense, by a licensed health care professional and/or to conduct an on-site assessment (we may not be able to determine that you are eligible for Benefits if you do not agree to be examined or if you do not agree to an on-site assessment).

Notice and Review of Benefit Eligibility Decision

We will send you Written notice of our decision on whether you are eligible for Benefits no later than 10 business days after we have received all the information we need. If we determine that you are eligible for Benefits, our notice will: state the date as of which you are eligible for Benefits; and include claim forms.

If we determine that you are not eligible for Benefits, our notice will provide the reason(s) for the denial. You or your Representative may request an appeal of a denial in accordance with the Appeals of Eligibility for Benefits or Claims Decisions section.

Continuing Eligibility For Benefits

We will reassess your continuing eligibility for Benefits, based upon the criteria used to determine your eligibility for Benefits at least once every 12 months, but no more frequently than every 30 days.

Your Written Plan of Care must be updated and provided to us as your condition and needs change.

ELIMINATION PERIOD

Elimination Period is the number of calendar days after the Original Effective Date of this policy during which you must be eligible for Benefits before Benefits, other than Benefits for Needs Assessment, become payable. These days need not be consecutive. There is an Elimination Period for Covered Services and an Elimination Period for the International Benefit, as shown on your Schedule of Benefits.

A day of the Elimination Period for Covered Services and a day of the Elimination Period for International Benefits will be satisfied each day that you are eligible for Benefits.

Benefits will not be paid for Covered Services, other than Benefits for the Needs Assessment, that you receive during the Elimination Period for Covered Services. No Elimination Period is required in order to receive Benefits for the Needs Assessment. Please refer to the International Benefit section for additional information on the Elimination Period for the International Benefit.

Once you have satisfied a day of the Elimination Period, that day is satisfied for the life of this policy.

COVERED SERVICES

We will pay Benefits for the following Covered Services if you meet all requirements for payment of Benefits set forth in this policy: Nursing Home, Hospice Facility, Assisted Living Facility, Bed Reservation, Home Care Services, Adult Day Care and Needs Assessment. Your Schedule of Benefits shows the maximum Benefits we will pay for Covered Services. Payment of Benefits for Covered Services, other than the Needs Assessment, will reduce your Total Benefit Amount.

Nursing Home, Hospice Facility, Assisted Living Facility

For each day you are in a Nursing Home, Hospice Facility or Assisted Living Facility, we will pay Benefits for:

- room and board; and
- the following services received by you in the Facility and provided by the Facility: Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care.

Bed Reservation

If you are in a Facility and you leave the Facility, we will pay Benefits for the actual charges you incur to hold your space in the Facility to enable you to return to it. We will not pay more than the Benefit we would pay if you have been in the Facility on those days you were absent from the facility.

Bed Reservations are limited to 50 days per Calendar Year. Once the 50 day limit for a particular Calendar Year is exhausted, Benefits for Bed Reservation are no longer available until the following Calendar Year.

Home Care Services

We will pay for Benefits for the following Home Care Services:

- Nursing Care;
- Services provided by a Home Care Aide;
- Homemaker Services;
- Hospice Care;
- Care Advisory Services;
- Therapy Services;

- services provided by an Independent Caregiver; and
- services provided by a Social Worker.

Adult Day Care

We will pay Benefits for Adult Day Care in an Adult Day Care Center.

Needs Assessment

After you become eligible for Benefits, you can receive one Needs Assessment from a Care Management Organization. You can receive the Needs Assessment from a Care Management Organization that we select and to whom we make direct payment. You may instead select a Care Management Organization to conduct the Needs Assessment and we will pay Benefits for the actual charge you incur for that service up to the Maximum Coverage Amount for Needs Assessment shown on your Schedule of Benefits. You do not have to satisfy the Elimination Period for this Benefit to be payable. Payment of this Benefit will not reduce your Total Benefit Amount or the Monthly Benefit Amount available for other Covered Services.

Alternate Services

Alternate services are Qualified Long-Term Care Services which are not specifically defined in this policy as Covered Services. Alternate services for which we pay Benefits under this provision will be considered Covered Services.

We will consider paying Benefits for actual charges you incur for alternate services as stated below. We will pay for alternate services only if you are eligible for Benefits, have satisfied the Elimination Period for Covered Services, and we determine that the alternate services meet ALL of the following requirements:

- the services fall within our guidelines;
- they are part of a Written Plan of Care, acceptable to us;
- they effectively meet your long-term care service needs;
- they are a cost-effective alternative to Covered Services that are specifically defined in this policy for which Benefits would be payable;
- they are not provided by a member of your Immediate Family;
- they are not excluded under the Exclusions provision of the Limitations and Exclusions section of this policy; and
- the alternate services and Benefits we will pay must be mutually agreed to, in Writing, by you, your Licensed Health Care Practitioner, and us, through an alternate services agreement.

We will only pay for alternate services received on or after the date all parties have signed the alternate services agreement.

The Benefits we will pay for alternate services will be the lesser of:

1. the actual charges you incur for the services received; or
2. the Benefits we would pay for the Covered Service we determine to be most closely related to the alternate services received.

Maximum We Will Pay For Covered Services

If in a Calendar Month, you receive more than one Covered Service, other than the Needs Assessment, the most we will pay for all of those Covered Services is the Monthly Benefit Amount. Payment of the International Benefit and the Bed Reservation Benefit will reduce the Monthly Benefit Amount available.

When the Monthly Benefit Amount Will Be Pro-Rated

The Monthly Benefit Amount will be pro-rated accordingly, if after the first day but before the end of a Calendar Month, you:

- satisfy the Elimination Period for Covered Services;
- become eligible for Benefits; or
- cease to be eligible for Benefits.

Services/Items that are Not Covered

Benefits are only payable for the Covered Services listed above. We will not pay for any service or item that is not a Covered Service including, but not limited to, the following services or items. We will not pay for any charges for:

- Physician, Hospital or laboratory services;
- prescription or non-prescription medication;
- medical supplies or durable medical equipment;
- transportation;
- services for convenience, companionship, entertainment or personal beautification;
- independent living quarters in a continuing care retirement community or similar entity;
- residential upkeep (such as painting, plumbing, yard care, snow removal), construction or renovation; and
- care or services which are not included in, or that are inconsistent with, your Plan of Care.

INTERNATIONAL BENEFIT

We will pay the International Benefit described below if you are outside the United States and meet ALL of the following requirements:

- you are eligible for Benefits;
- you have satisfied the Elimination Period for the International Benefit shown on your Schedule of Benefits; and
- you are outside the United States for at least 15 consecutive days during a Calendar Month.

For each Calendar Month that you meet the above requirements, we will pay the International Benefit, regardless of the actual charges you incur for Qualified Long-Term Care Services. The International Benefit is equal to 50% of your Monthly Benefit Amount per Calendar Month. When you are outside the United States, we do not pay Benefits for any services or supplies that you receive, we instead pay the International Benefit.

We will pay you the International Benefit up to the lesser of: (1) your Total Benefit Amount less any Benefits paid while you are in the United States; or (2) 50% of your Total Benefit Amount. If you are receiving Covered Services in the United States for part of a Calendar Month and you qualify for payment of the International Benefit for part of that month, payment of the International Benefit will reduce the Monthly Benefit Amount available for the Covered Services received in the United States.

This policy will continue to be in force after the International Benefit is exhausted if there are any remaining Benefits available to pay for Covered Services received in the United States.

Payment of the International Benefit is subject to all applicable policy exclusions, requirements and provisions.

Regardless of whether you are inside or outside of the United States, the sum of all Benefits we will pay will never exceed your Total Benefit Amount.

We will pay you the International Benefit in United States currency. You may not assign the International Benefit.

Changes to the Limitations and Exclusions Section of This Policy

The Non-Duplication of Benefits and Coordination With Other MetLife Coverages provisions of the Limitations and Exclusions section do not apply to the International Benefit. The following exclusions under the What is Not Covered Under This Policy provision of the Limitations and Exclusion section of this policy are the only exclusions listed in that section that apply to payment of the International Benefit:

No payment will be made for any injury or sickness that results from:

- any war, or act of war (whether declared or undeclared);
- participation in a felony, riot or insurrection; or
- any intentionally self-inflicted injury.

Tax Note: Because the International Benefit is paid without regard to the actual charges you incur, part of the International Benefit could be considered taxable income if it exceeds the limitations prescribed by the Internal Revenue Code of 1986, as amended. You should consult with your independent tax advisor.

Note: Benefits payable under this International Benefit section are intended to help cover the costs of long-term care. They are not related to earnings and they do not replace income.

CHANGING BENEFIT AMOUNTS AND OTHER COVERAGE CHANGES

While you are insured, you may request changes to your Coverage as described below as long as your policy is not in paid-up status under a Nonforfeiture Feature. A change in your Coverage may change the amount of premium for your Coverage.

You may request information about making increases or decreases to your Monthly Benefit Amount and/or Total Benefit Amount or about making other changes to your Coverage by calling our toll-free number listed on your Schedule of Benefits.

All requests for changes in Coverage under this section must be provided to us in Writing. We reserve the right to require your Written acceptance before any change in Coverage under this section takes effect.

Anytime your Monthly Benefit Amount changes under this section, all Maximum Coverage Amounts listed on your Schedule of Benefits that are determined based on your Monthly Benefit Amount will change accordingly.

For any change in Coverage that we approve under this section, we will send you a new Schedule of Benefits that reflects your updated Coverage and premium.

Increases in Monthly Benefit Amount and/or Total Benefit Amount

We will approve your request for an increase in your Monthly Benefit Amount and/or Total Benefit Amount under this provision only if you provide at your expense, proof of your good health, satisfactory to us.

You may increase your Monthly Benefit Amount and/or Total Benefit Amount to those amounts and in those combinations that are available for this policy.

You cannot increase Benefits for the Needs Assessment under this provision. If your premium is being waived under the Waiver of Premium section, you cannot increase your Monthly Benefit Amount and/or your Total Benefit Amount under this provision.

The extra premium for an increase in Benefits under this provision will be based on:

- your age on the effective date of the increase;
- the premium rates, discounts, if any, and your Health Rating, in effect on the effective date of the increase; and
- your Coverage and your premium in effect prior to the increase.

The effective date of any increase requested and approved under this provision will be the Policy Anniversary that next follows the date of our approval of your request. We will send you a Written notice of the increase in Benefits, the effective date of the increase and the amount of premium due.

Decreases in Monthly Benefit Amount and/or Total Benefit Amount

You may decrease your Monthly Benefit Amount and/or Total Benefit Amount to those amounts and in those combinations that are available for this policy.

You cannot decrease Benefits for the Needs Assessment under this provision.

The effective date of a decrease in your Monthly Benefit Amount and/or Total Benefit Amount requested and approved under this provision will be the day we approve your request, if it is the first day of a Policy Month. In all other cases, the decrease will take effect on the first day of the Policy Month following the month in which your request is approved. The amount of the premium reduction for the decrease will be computed assuming that the levels of benefits purchased last are discontinued first.

Other Coverage Changes

You may be eligible to make other changes to your policy. Such changes may require proof of your good health, satisfactory to us and may affect your premium. Contact us for details by calling our toll-free number listed on your Schedule of Benefits.

LIMITATIONS AND EXCLUSIONS

What is Not Covered Under this Policy

No payment will be made for any of the following:

- treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician;
- any care received while in a Hospital, except in a unit specifically designated and licensed as a Nursing Home or Hospice Facility;
- any injury or sickness that results from:
 - any war, or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection; or
 - any intentionally self-inflicted injury;
- services performed at Home by a member of your Immediate Family, unless: (a) he or she is a regular employee of a Home Care Agency which is providing services to you; (b) the Home Care Agency receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of that Home Care Agency;
- any care or services received outside of the United States, except as described in the International Benefit section;
- any service or item to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is secondary payer under applicable law;
- treatment received in a government facility (unless otherwise required by law); or services for which benefits are available under a government program (except Medicaid); or
- services for which no charge is normally made in the absence of insurance.

Non-Duplication of Benefits

To the extent permitted by applicable law, we will reduce the Benefits that we will pay for Covered Services to the extent that the combination of Benefits paid under this policy and amounts paid or payable for those services by any of the following exceed 100% of the actual charge for the Covered Services:

- any medical insurance policy;
- any state or federal workers' compensation law or similar law;
- any employer's liability or occupational disease law; or
- any motor vehicle no-fault law.

This provision does not apply to policies or certificates which pay benefits without regard to actual charges you incur.

CLAIMS

Please contact us as soon as possible if you believe you may need long-term care or services.

Notice of Claim

You must provide us with notice of claim within 20 days after the beginning of any loss which may be covered by this policy, or as soon as reasonably possible. Your notice of claim must include your name, policy number, the type of care you are receiving or expect to receive, and an address to which the claim form(s) should be sent. For written correspondence, you can contact us at address shown on your Schedule of Benefits. You may also call us toll free at the telephone number shown on your Schedule of Benefits.

Claim Forms

When we receive your notice of claim, we will provide you with claim form(s). If we do not provide you with claim forms within 15 days after we receive your notice of claim, our proof of loss requirements will be satisfied if you provide us with a Written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

Proof of Loss

We will pay Benefits only if we determine that you are eligible for Benefits, have satisfied any required Elimination Period and we receive your completed claim form(s) and have otherwise satisfied our proof of loss requirements, including providing us with Written proof satisfactory to us that you have incurred charges for Covered Services.

For periodic payment of a continuing claim, you must submit Written proof of loss to us, at the address stated on the claim form we provide you, no later than 90 days after the end of the period for which we are liable, or no later than 90 days after the end of the calendar year in which you incurred charges, whichever is later. For payment of any other claim, you must submit Written proof of loss to us, at the address stated on the claim form we provide you, no later than 90 days after the end of the period for which we are liable, or no later than 90 days after the end of the Calendar Year in which you incurred charges, whichever is later. Failure to submit proof of loss within this time limit will result in a claim denial unless it is shown that:

- it was not reasonably possible to provide proof of loss within the time period; and
- proof of loss was submitted as soon as reasonably possible and in no event, except in the absence of your legal capacity, later than one year from the time specified for proof to be submitted.

Additional Information We May Require to Process your Claim

- Completion of standard invoices or MetLife business forms which includes but is not limited to the following information: the name of the provider;
- the dates and duration of service;
- a description and confirmation of the services provided; and
- the fees charged for the service.

To help us determine whether you have incurred charges for Covered Services:

- we or a person we name may contact you, your Representative, your Physician, your Licensed Health Care Practitioner, any of your care providers, or other persons familiar with your condition or with the services you received;
- we may require that you provide us, or a person we name, with access to your medical records and your care provider's records, including daily notes of care, to obtain information about your condition or the services you received. We may not be able to approve a claim for Benefits if we do not have access to these records; and
- we have the right to require you to submit to us your explanation(s) of benefits from Medicare or records from any other source from whom you may have received reimbursement for the same services.

Claims for International Benefits

If you are making a claim for Benefits under the International Benefit section of this policy, any reference above to charges you incur for Covered Services does not apply.

Physical Examination

We have the right to have you examined while your claim is pending by a healthcare professional at our expense and to conduct an on-site assessment. We may not be able to determine your eligibility for Benefits or to approve a claim for Benefits if you do not consent to an on-site assessment, if such assessment is needed.

Notice of Approval Or Denial

We will send you a Written notice of our decision to approve or deny a claim as soon as reasonably possible. In no event will we send this notice later than 10 working days after we have received all the information we need to assess your claim. If we deny your claim, our notice will include our specific reasons.

Payment of Claims and Time of Payment of Claims.

If we approve your claim, we will immediately pay the Benefits under the terms of this policy; ongoing claims that are submitted on a periodic basis will be paid on a monthly basis. We will pay Benefits based upon the Monthly Benefit Amount in effect:

- as of the date that Covered Services were received; or
- for the International Benefit, the date that the Benefit was payable.

After we receive written proof of loss, we will immediately pay the Benefits then due under the terms of this policy. All Benefits will be paid to you, unless they are assigned by you. Unless assigned, any unpaid Benefits due to you at your death will be paid in accordance with the Payments on Death provision of the General Provisions section of this policy.

In the Commonwealth of Virginia, the Department of Medical Assistance is the payor of last resort.

Impact of Payment of Claims on Your Total Benefit Amount

Your Total Benefit Amount will be reduced by the amount of any Benefits that are paid, other than the Benefit for the Needs Assessment. This reduction to your Total Benefit Amount will be effective as of the date that Covered Services were received. For purposes of the International Benefit, this reduction will be effective as of the date that Benefit was payable.

Note: If after you receive an increase to your Total Benefit Amount under a rider that increases Benefits, we receive and approve a claim for:

- Covered Services received before the effective date of the increase; or
- for International Benefits payable before the effective date of the increase,

we will:

- reduce your Total Benefit Amount, as of the date the Covered Services were received or the International Benefit was payable, by the amount of Benefits paid for such claim; and
- recalculate the amount of such increase based on this reduction of the Total Benefit Amount.

APPEALS OF ELIGIBILITY FOR BENEFITS OR CLAIMS DECISIONS

We will reconsider our decision to deny your eligibility for Benefits or your claim for Benefits if you or your Representative:

- request in Writing that we review our decision; and
- send this request to us within 60 business days after you receive our denial.

Within 60 business days of the date we receive your request, we will review the denial and make a final decision. Our final decision will be in Writing, and if it is a denial, it will include our specific reasons.

PREMIUMS

Premium Payment

Your first premium is due and payable on the Original Effective Date of this policy. Subsequent premium is due and payable on the premium due date that we establish for this policy. The premium must be paid in United States currency.

You may change your premium payment mode (frequency) with our approval.

The amount of the premium for your initial coverage is based on your Original Issue Age, initial Health Rating and any applicable discounts.

When Your Premium May Change

Your premium will not increase because you get older or your health changes.

We reserve the right to change premium rates on a class basis, subject to applicable State insurance department approval. We will notify you in Writing at least 60 days prior to any increase in your premiums on a class basis.

Your premium may change if there is a change in Coverage under the Changing Benefit Amounts And Other Coverage Changes section of this policy or as a result of an increase in Benefits provided under the terms of this policy including any rider other than an Automatic Benefit Increase Rider. Please refer to the Changing Benefit Amounts and Other Coverage Changes section of this policy for more information. In addition, your premium may change if you change your premium payment mode or an applicable discount ends.

DISCOUNTS

You may be eligible for the spousal discount, marital discount or residential discount described below. You can only receive one of these discounts. If you qualify for both the spousal and residential discount, we will automatically apply the spousal discount.

We reserve the right to require proof satisfactory to us that you are eligible for a discount.

Spousal Discount

Premiums for your Coverage will be subject to a spousal discount if your spouse or Domestic Partner is insured under an individual long-term care insurance policy issued by MetLife. This discount will only apply to premiums due and payable on or after the latest of:

- your Original Effective Date;
- the date your spouse's or Domestic Partner's coverage initially becomes effective; or
- the date we are notified that you are eligible for the discount.

This discount will end if your spouse's or Domestic Partner's coverage ends for any reason other than his/her death or exhaustion of the total benefit amount under his/her policy.

Marital Discount

Premiums for your Coverage will be subject to a marital discount if you are married or have a Domestic Partner and you do not qualify for the spousal discount described above.

This discount will only apply to premiums due and payable on or after the latest of:

- your Original Effective Date; or
- the date we are notified that you are eligible for the discount.

Residential Discount

Premiums for your Coverage will be subject to a residential discount if a Household Member is insured under an individual long-term care insurance policy issued by MetLife.

This discount will only apply to premiums due and payable on or after the latest of:

- your Original Effective Date;
- the date the Household Member's coverage initially becomes effective; or
- the date we are notified that you are eligible for the discount.

This discount will end if the Household Member's coverage ends for any reason other than his/her death or exhaustion of the total benefit amount under his/her policy.

GRACE PERIOD

You have a grace period of 31 days to pay each premium due after the date it is due. If the premium is not paid by the end of the grace period, we will send a Written notice of Lapse of this policy to you and to any person named to receive such notice at the addresses given to us. You have 35 days after we mail this notice to pay the premium. This policy will stay in force during this time unless we receive a Written request from you to cancel this policy. If we do not receive the premium within 35 days of mailing the notice, this policy will then Lapse at the end of this 35 day period.

If a claim is payable for services incurred prior to Lapse, any unpaid premiums due will be deducted from the claim payment.

You have the right to name a person in addition to yourself to receive notice of Lapse at the same time we send such notice to you. The person named will not be responsible for payment of the premium. You are responsible to inform us of any change relating to the person named. We will inform you of your right to change the person named at least once every 2 years.

REDUCED COVERAGE OPTION

In the event your policy is about to Lapse, our Written notice of Lapse will also inform you that you have the option to reduce your Coverage (your Monthly Benefit Amount and/or your Total Benefit Amount) without underwriting, in accordance with Coverage amounts that are available for this policy, and thereby reduce your premium. The premium for your reduced Coverage will be based upon the ages used to determine the premium for your Coverage currently in force.

WAIVER OF PREMIUMS

We will waive your premium if you:

- are eligible for benefits;
- have satisfied the applicable Elimination Period (if you are in the United States, you must satisfy the Elimination Period for Covered Services – if you are outside the United States, you must satisfy the Elimination Period for the International Benefit); and
- are receiving payment of Benefits.

If this requirement is initially met on the first day of a Calendar Month, waiver of premium will begin on that date. If this requirement is initially met on a date other than the first day of a Calendar Month, waiver of premium will begin on the first day of the next Calendar Month.

Waiver of premium will end:

- if you are in the United States, when you are no longer eligible for Benefits or you are no longer submitting proof of your receipt of Covered Services, whichever is earlier; or
- if you are outside the United States, when you are no longer eligible for Benefits or when the International Benefit is no longer payable, whichever is earlier.

If waiver of premium ends on the first day of a Calendar Month, payment of premium must resume on that date. If waiver of premium ends on a day other than the first day of a Calendar Month, payment of premium must resume the first day of the next Calendar Month. If you selected a premium payment mode other than monthly, you will be considered to be on a monthly premium payment mode while premiums are waived. You may change your premium payment mode once premiums are no longer waived.

RETURN OF EARNED PREMIUM ON DEATH

If you die on or before your 70th birthday, we will pay an amount equal to all premiums that were due and paid to us up to your 70th birthday less any Benefits that were paid to you or on your behalf.

Proof of your death satisfactory to us should be submitted to us within 90 days of your death. Payment under this provision will be made in accordance with the Payments on Death provision of the General Provisions section of this policy.

We will not return any premiums under this provision if:

- you die after your 70th birthday; or
- your Coverage was in paid-up status under a Nonforfeiture Feature on the date of your death.

TERMINATION OF POLICY

Your policy will remain in force and will not terminate because of your age or a deterioration in your mental or physical health. Your policy will end on the earliest of:

- the date on which we receive your Written request to cancel your policy, or on such later date as you may specify**. Termination of the policy will be effective at 11:59 P.M. in the time zone in which you reside;
- the date your Total Benefit Amount is exhausted (reduced to zero);
- the date your policy Lapses**; or
- the date of your death.

** In this case, Coverage may be eligible for conversion to paid-up status under a Nonforfeiture Feature, if applicable.

REINSTATEMENT FOR SEVERE COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY

If your policy Lapses, we will reinstate your policy back to the date it Lapsed, without proof of your good health, if within 6 months of the date of Lapse, you or someone acting for you:

- request reinstatement;
- submit proof, satisfactory to us, that you had a Severe Cognitive Impairment or loss of functional capacity on or after the 1st date that a premium was due and unpaid but before the date that this policy Lapsed for non-payment of that premium (the standard of proof we will use will be no more restrictive than that described in the Eligibility for Benefits section of this policy); and
- pay all past due premiums to us, if we approve your request for reinstatement.

If we reinstate your policy, your premium will be what it would have been if your policy had not Lapsed.

REINSTATEMENT

If your policy Lapses, you may apply for reinstatement by completing the reinstatement application form that we require. This policy will only be reinstated if:

- we receive the required completed reinstatement application form at the address stated on the application form no later than 12 months after the date your policy Lapsed;
- we receive any additional proof of your good health that we require;
- we do not send you a Written disapproval of such completed application by the 45th day after the date that we received the completed application; and
- we receive the full amount of all premiums due for your policy no later than the due date on the bill that we send you for the premiums required to reinstate your policy.

Please note that we will not accept any premium payment with your application for reinstatement. If your policy has Lapsed, we will only accept payment of premium after your application for reinstatement: has been approved by us; or has not been disapproved in Writing by us by the 45th day after the date that we received your completed reinstatement application.

If your policy is reinstated, it will be reinstated back to the date that the policy Lapsed.

EXTENSION OF BENEFITS

If as of the date your policy Lapses or as of the date we receive your Written request to cancel your policy, you are eligible for Benefits and confined in a Nursing Home, Hospice Facility or Assisted Living Facility, we will extend the payment of Benefits for Covered Services received so long as, without interruption, you remain eligible for Benefits and confined. Benefits will be extended subject to Elimination Period requirements and other terms of this policy until the earliest of the following:

- the date you are no longer eligible for Benefits;
- the date you are no longer confined in a Nursing Home, Hospice Facility or Assisted Living Facility; or
- the date your Total Benefit Amount is exhausted.

CONTINGENT BENEFIT UPON LAPSE

Contingent Benefit Upon Lapse

Under this Contingent Benefit Upon Lapse provision, you have certain options in the event of a Substantial Premium Increase as described below.

We will send you Written notice of a Substantial Premium Increase at least 60 days before it takes effect. In this notice, we will:

- provide you with the option to decrease your Benefits so that your premium will not increase;
- offer you the option to stop paying premiums and convert your policy to paid-up status, as described below, at any time during the 120 day period following the first due date of the Substantial Premium Increase; and
- advise you that we will automatically convert your policy to paid-up status, as described below, if your policy Lapses or you cancel your policy at any time during the 120 day period following the first due date of the Substantial Premium Increase.

Paid-Up Status Under Contingent Benefit Upon Lapse

If your policy is converted to paid-up status under this provision, we will pay the same Benefits that were in effect under this policy immediately prior to the date your policy was converted to paid-up status, except that:

- your Total Benefit Amount will be adjusted to equal the greater of:
 - the sum of all paid and waived premiums for your policy; or
 - the Monthly Benefit Amount in effect immediately prior to the date your Coverage was converted to paid-up status; and
- Benefits cannot be changed and will not be changed under any provisions of the Changing Benefit Amounts and Other Coverage Changes section of this policy or any rider that increases Benefits.

The total Benefits that we will pay before and after your policy is converted to paid-up status will not exceed your remaining Total Benefit Amount in effect immediately prior to the date your policy was converted to paid-up status.

If your policy includes a Nonforfeiture Coverage Rider, your policy can only be converted to paid-up status under this Contingent Benefit Upon Lapse provision or the Nonforfeiture Coverage Rider, but not both. If you meet the requirements for conversion to paid-up status under both this provision and the Nonforfeiture Coverage Rider, we will automatically apply the provision that will provide you with the higher adjusted Total Benefit Amount.

Limitations

Once your policy is converted to paid-up status under this provision, all riders under your policy end, except the Cash Benefit Rider (if included in your policy).

GENERAL PROVISIONS

The Contract

This policy, with any riders, endorsements and Written application attached, make up the entire contract.

The provisions of this policy must be read as a whole. For example, the Limitations and Exclusions apply to all Benefits in this policy.

Entire Consideration

We have issued this policy in consideration of the statements in your application and the premium shown on your Schedule of Benefits (Premium Schedule).

Assignment

The Benefits payable under this policy may only be assigned after a loss.

No Cash Value

This policy has no cash surrender value or other money that can be paid, assigned, borrowed, or pledged as collateral for a loan.

Unearned Premium Refund

Any refund of unearned premium due on cancellation of this policy by us or you will be paid to you within 30 days of the effective date of cancellation. The unearned premium shall be computed on a pro rata basis.

Any refund of unearned premiums due at your death will be paid in accordance with the Payments on Death provision of this General Provisions section of this policy. Any other refund of unearned premiums shall be, at our option, applied against future premiums or applied to increase future Benefits.

Refund to Us for Overpayment of Benefits

If at any time we determine that the total Benefits paid to you was more than the total Benefits due, we have the right to recover the excess amount from you, to the extent permitted by law. Total Benefits includes any overpayment resulting from your subsequent recovery for charges incurred for which we have already paid Benefits to you. Total Benefits does not include any insurance proceeds received by you as a result of personal injuries you sustained at the hands of another person.

If at any time we determine that the total Benefits paid to any other person or entity was more than the total Benefits due, we have the right to recover the excess amount from that person or entity. This includes the right to recover any Benefits paid in error or paid as a result of fraudulent claims. However, we may not recover any Benefit payments paid to you or on your behalf in the event that we rescind this policy.

Payments on Death

On your death, we will pay to your Designated Beneficiary, or, if there is no Designated Beneficiary, to your spouse or Domestic Partner, or if there is no spouse or Domestic Partner, to your estate*:

- all amounts due to you, if any, in accordance with the Return of Earned Premium section of this policy;
- any unassigned, unpaid Benefits due to you under the Payment of Claims provision of the Claims section of this policy; and
- any premiums due to you under the Unearned Premium Refund provision of this General Provisions section of this policy.

For purposes of this provision, Designated Beneficiary means the beneficiary you have designated on the form We provide for such designation.

*If amounts due at your death are to be paid to your estate as provided above, we may instead pay up to \$1,000 to an alternative payee. The alternative payee must be a person related to you by blood or marriage whom we determine to be entitled to payment. We will not be liable as a result of any payment made in good faith to an alternative payee.

Change of Beneficiary

You have a right to change your Designated Beneficiary (as defined in the Payments on Death provision above) as stated in and in accordance with the provisions of the form that we provide for designation of a beneficiary.

Limitation on Sales Agent's or Producer's or Other Person's Authority

No sales agent, producer, broker or other person except our President, Secretary or a Vice-President may: (a) make or change any contract of insurance; or (b) change or waive any of the terms of this policy. Any change or waiver must be in Writing and signed by our President, Secretary or a Vice-President.

Statements Made By You Relating To Insurability

Any statement made by you in the application will be deemed a representation and not a warranty. No such statement made by you which relates to insurability can be used by us to: (a) contest the validity of your policy; or (b) deny an otherwise valid claim, unless the application was signed by you, and a copy of the application has been attached to this policy.

Incontestability

If your policy has been in force for less than 6 months, we may contest the validity of your policy or deny an otherwise valid claim upon a showing of misrepresentation by you that was material to the acceptance for coverage.

If your policy has been in force for at least 6 months but less than 2 years, we may contest the validity of your policy or deny an otherwise valid claim upon a showing of misrepresentation by you that is both material to the acceptance for coverage and which pertains to the condition for which Benefits are sought.

If your policy has been in force for 2 years or more, we may contest the validity of your policy or deny an otherwise valid claim only upon a showing that you knowingly and intentionally misrepresented relevant facts about your health.

If you are approved for a Coverage change that requires proof of your good health, we may contest the Coverage change based on information provided by you in connection with your request for the Coverage change, in accordance with the rules and the time periods set forth above. The time periods for contesting a Coverage change will begin on the day the Coverage change becomes effective.

Misstatement of Age

If your date of birth is misstated on your application, we may adjust Benefits to those amounts that the premium that you paid would have purchased at your correct age.

Legal Actions

No legal action may be brought until 60 days after Written proof of loss has been given. No such action may be brought after 3 years from the time Written proof of loss is required to be given.

Right to Change Policy Provisions

We reserve the right to make changes to this policy to comply with federal or state laws or regulations applicable to this policy. We will give you Written notice of any such change as soon as reasonably possible.

Any provision in this policy which, on the Original Effective Date, conflicts with the laws of the state in which you reside on that date, is amended to meet the minimum requirements of such laws.

Access to Discounts for Services

You will receive access to discounts for Qualified Long-Term Care Services, when available.

Your Name, Address and Telephone Number

You are required to promptly inform us of any change in your name, address or telephone number. When you write to us, you must provide your name, current address and policy number. We will write to you at your last known address.

Address for MetLife

Written correspondence to us regarding this policy should be addressed to:

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937

Payments to MetLife

Checks, drafts or money orders may be drawn on a U.S. bank to the order of MetLife. They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If we do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency. We may refuse to accept any payments made in a manner that applicable law requires us to refuse (such as any large cash payment made without information that we are required by law to obtain).

Attachments to Your Policy

A copy of your application is attached. Riders and endorsements, if any, follow.

Policy Effective Date

This policy takes effect at 12:01 A.M. on the Original Effective Date shown on your Schedule of Benefits.

Exhibit I
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors			
		Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	N/A								4.00%	1.9101
	1999	-	-	N/A	-	-	-	N/A								4.00%	1.8366
	2000	-	-	N/A	-	-	-	N/A								4.00%	1.7660
	2001	-	-	N/A	-	-	-	N/A								4.00%	1.6980
	2002	-	-	N/A	-	-	-	N/A								4.00%	1.6327
	2003	-	-	N/A	-	-	-	N/A								4.00%	1.5699
	2004	-	-	N/A	-	-	-	N/A								4.00%	1.5096
	2005	-	-	N/A	-	-	-	N/A								4.00%	1.4515
	2006	-	-	N/A	-	-	-	N/A								4.00%	1.3957
	2007	-	-	N/A	-	-	-	N/A								4.00%	1.3420
	2008	-	-	N/A	-	-	-	N/A								4.00%	1.2904
	2009	1,005,858	-	0.0%	1,619	1,248,016	-	0.0%								4.00%	1.2407
	2010	7,230,907	481,183	6.7%	5,675	8,626,662	574,064	6.7%								4.00%	1.1930
	2011	14,370,661	162,667	1.1%	6,893	16,485,170	186,602	1.1%								4.00%	1.1471
Projected Future Experience	2012	14,081,103	31,140	0.667	6,667	15,531,737	34,348	0.2%								4.00%	1.1030
	2013	13,453,803	1,007,795	7.5%	6,410	14,269,051	1,068,863	7.5%								4.00%	1.0606
	2014	12,414,159	12,911,949	12.9%	6,265	12,660,008	1,633,673	12.9%								4.00%	1.0198
	2015	11,872,197	2,208,076	18.6%	6,085	11,641,647	2,165,197	18.6%	1.0000	N/A		0.0288	0.0000	0.971	0.956	4.00%	0.9806
	2016	11,513,696	2,357,741	20.5%	5,930	10,855,873	2,223,034	20.5%	1.0000	N/A		0.0254	0.0000	0.975	0.970	4.00%	0.9429
	2017	11,191,827	2,546,066	22.7%	5,787	10,146,532	2,308,268	22.7%	1.0000	N/A		0.0242	0.0000	0.976	0.972	4.00%	0.9066
	2018	10,886,970	2,777,022	25.5%	5,650	9,490,528	2,420,821	25.5%	1.0000	N/A		0.0237	0.0000	0.976	0.973	4.00%	0.8717
	2019	10,556,118	3,052,477	28.9%	5,516	8,848,186	2,558,600	28.9%	1.0000	N/A		0.0237	0.0000	0.976	0.970	4.00%	0.8382
	2020	10,015,839	3,383,788	33.8%	5,384	8,072,424	2,727,218	33.8%	1.0000	N/A		0.0239	0.0000	0.976	0.969	4.00%	0.8060
	2021	9,487,730	3,774,929	39.8%	5,252	7,352,679	2,925,446	39.8%	1.0000	N/A		0.0246	0.0000	0.975	0.947	4.00%	0.7750
	2022	9,186,864	4,230,033	46.0%	5,118	6,845,690	3,152,054	46.0%	1.0000	N/A		0.0256	0.0000	0.974	0.968	4.00%	0.7452
	2023	8,886,616	4,757,006	53.5%	4,980	6,367,267	3,408,398	53.5%	1.0000	N/A		0.0269	0.0000	0.973	0.967	4.00%	0.7165
	2024	8,579,362	5,360,101	62.5%	4,839	5,910,691	3,692,804	62.5%	1.0000	N/A		0.0283	0.0000	0.972	0.965	4.00%	0.6889
	2025	8,264,849	6,040,564	73.1%	4,695	5,475,009	4,001,543	73.1%	1.0000	N/A		0.0297	0.0000	0.970	0.963	4.00%	0.6624
	2026	7,943,190	6,802,449	85.6%	4,548	5,059,546	4,332,932	85.6%	1.0000	N/A		0.0314	0.0000	0.969	0.961	4.00%	0.6370
	2027	7,614,511	7,644,648	100.4%	4,397	4,663,643	4,682,101	100.4%	1.0000	N/A		0.0331	0.0000	0.967	0.959	4.00%	0.6125
	2028	7,279,528	8,557,155	117.6%	4,243	4,286,967	5,039,406	117.6%	1.0000	N/A		0.0350	0.0000	0.965	0.956	4.00%	0.5889
	2029	6,938,848	9,535,034	137.4%	4,087	3,929,198	5,399,317	137.4%	1.0000	N/A		0.0370	0.0000	0.963	0.953	4.00%	0.5663
	2030	6,593,375	10,569,444	160.3%	3,927	3,589,971	5,754,868	160.3%	1.0000	N/A		0.0391	0.0000	0.961	0.950	4.00%	0.5445
	2031	6,244,177	11,637,688	186.4%	3,764	3,269,077	6,092,796	186.4%	1.0000	N/A		0.0414	0.0000	0.959	0.947	4.00%	0.5235
	2032	5,892,756	12,719,196	215.8%	3,599	2,966,436	6,402,893	215.8%	1.0000	N/A		0.0439	0.0000	0.956	0.944	4.00%	0.5034
	2033	5,540,583	13,800,374	249.1%	3,432	2,681,876	6,679,963	249.1%	1.0000	N/A		0.0465	0.0000	0.954	0.940	4.00%	0.4840
	2034	5,189,280	14,857,965	286.3%	3,263	2,415,222	6,915,271	286.3%	1.0000	N/A		0.0492	0.0000	0.951	0.937	4.00%	0.4654
	2035	4,840,511	15,963,687	329.8%	3,093	2,166,246	7,190,227	329.8%	1.0000	N/A		0.0520	0.0000	0.948	0.933	4.00%	0.4475
	2036	4,496,071	16,793,211	373.5%	2,923	1,934,712	7,226,316	373.5%	1.0000	N/A		0.0551	0.0000	0.945	0.929	4.00%	0.4303
	2037	4,157,870	17,640,665	424.3%	2,752	1,720,366	7,299,025	424.3%	1.0000	N/A		0.0582	0.0000	0.942	0.925	4.00%	0.4138
	2038	3,827,820	18,371,962	480.0%	2,583	1,522,888	7,309,237	480.0%	1.0000	N/A		0.0616	0.0000	0.938	0.921	4.00%	0.3978
	2039	3,507,611	18,952,875	540.3%	2,415	1,341,821	7,250,338	540.3%	1.0000	N/A		0.0649	0.0000	0.935	0.916	4.00%	0.3825
	2040	3,199,107	19,397,551	606.3%	2,250	1,176,735	7,135,046	606.3%	1.0000	N/A		0.0684	0.0000	0.932	0.912	4.00%	0.3678
	2041	2,903,631	19,675,668	677.6%	2,088	1,026,970	6,959,987	677.6%	1.0000	N/A		0.0719	0.0000	0.928	0.908	4.00%	0.3537
	2042	2,622,980	19,795,955	754.8%	1,931	891,891	6,732,241	754.8%	1.0000	N/A		0.0755	0.0000	0.924	0.903	4.00%	0.3401
	2043	2,356,996	19,739,006	837.5%	1,777	770,741	6,454,686	837.5%	1.0000	N/A		0.0794	0.0000	0.921	0.899	4.00%	0.3270
	2044	2,107,771	19,531,204	926.6%	1,630	662,735	6,141,091	926.6%	1.0000	N/A		0.0830	0.0000	0.917	0.894	4.00%	0.3144
	2045	1,875,409	19,180,204	1022.7%	1,489	566,995	5,798,777	1022.7%	1.0000	N/A		0.0867	0.0000	0.913	0.890	4.00%	0.3023
2046	1,660,127	18,662,922	1124.2%	1,354	482,604	5,425,371	1124.2%	1.0000	N/A		0.0906	0.0000	0.909	0.885	4.00%	0.2907	
2047	1,462,207	18,038,166	1233.6%	1,226	408,719	5,042,070	1233.6%	1.0000	N/A		0.0941	0.0000	0.906	0.881	4.00%	0.2795	
2048	1,281,295	17,299,142	1350.1%	1,106	344,376	4,649,515	1350.1%	1.0000	N/A		0.0980	0.0000	0.902	0.876	4.00%	0.2688	
2049	1,117,242	16,447,905	1472.2%	994	288,733	4,250,699	1472.2%	1.0000	N/A		0.1016	0.0000	0.898	0.872	4.00%	0.2594	
2050	969,422	15,540,951	1603.1%	889	240,896	3,861,838	1603.1%	1.0000	N/A		0.1054	0.0000	0.895	0.868	4.00%	0.2485	
2051	837,014	14,571,359	1740.9%	792	199,993	3,481,634	1740.9%	1.0000	N/A		0.1087	0.0000	0.891	0.863	4.00%	0.2389	
2052	719,225	13,562,679	1885.7%	703	165,240	3,115,984	1885.7%	1.0000	N/A		0.1122	0.0000	0.888	0.859	4.00%	0.2297	
2053	615,092	12,542,712	2039.2%	622	135,880	2,770,817	2039.2%	1.0000	N/A		0.1154	0.0000	0.885	0.855	4.00%	0.2209	
2054	523,686	11,513,451	2198.5%	548	111,238	2,445,618	2198.5%	1.0000	N/A		0.1187	0.0000	0.881	0.851	4.00%	0.2124	
2055	443,885	10,501,833	2365.9%	482	90,661	2,144,939	2365.9%	1.0000	N/A		0.1216	0.0000	0.878	0.848	4.00%	0.2042	
2056	374,669	9,522,960	2541.7%	422	73,581	1,870,201	2541.7%	1.0000	N/A		0.1248	0.0000	0.875	0.844	4.00%	0.1964	
2057	314,914	8,582,056	2725.2%	368	59,467	1,620,595	2725.2%	1.0000	N/A		0.1277	0.0000	0.872	0.841	4.00%	0.1888	
2058	263,600	7,701,489	2921.7%	320	47,863	1,398,378	2921.7%	1.0000	N/A		0.1294	0.0000	0.871	0.837	4.00%	0.1816	
2059	219,978	6,874,278	3125.0%	278	38,406	1,200,172	3125.0%	1.0000	N/A		0.1331	0.0000	0.867	0.835	4.00%	0.1746	
2060	182,920	6,109,952	3340.2%	240	30,708	1,025,701	3340.2%	1.0000	N/A		0.1343	0.0000	0.866	0.832	4.00%	0.1679	
2061	151,598	5,399,795	3561.9%	207	24,470	871,620	3561.9%	1.0000	N/A		0.1374	0.0000	0.863	0.829	4.00%	0.1614	
2062	125,258	4,752,645	3794.3%	178	19,441	737,652	3794.3%	1.0000	N/A		0.1400	0.0000	0.860	0.826	4.00%	0.1552	
2063	103,195	4,165,214	4036.2%	153	15,491	621,613	4036.2%	1.0000	N/A		0.1404	0.0000	0.860	0.824	4.00%	0.1492	
2064	84,564	3,627,758	4280.2%	131	12,162	520,581	4280.2%	1.0000	N/A		0.1432	0.0000	0.857	0.821	4.00%	0.1435	
2065	69,433	3,146,239	4531.3%	112	9,580	434,118	4531.3%	1.0000	N/A		0.1446	0.0000	0.855	0.819	4.00%	0.1380	
2066	56,738	2,718,736	4791.7%	96	7,528	360,703	4791.7%	1.0000	N/A		0.1490	0.0000	0.851	0.817	4.00%	0.1327	
2067	46,238	2,346,139	5074.0%	81	5,899												

Exhibit I
Metropolitan Life Insurance Company
Nationwide Experience Projections With 42% Future Increase
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	-	N/A							4.00%	1.9101
	1999	N/A	-	-	-	-	-	-	N/A							4.00%	1.8366
	2000	-	-	N/A	-	-	-	-	N/A							4.00%	1.7660
	2001	-	-	N/A	-	-	-	-	N/A							4.00%	1.6980
	2002	-	-	N/A	-	-	-	-	N/A							4.00%	1.6327
	2003	-	-	N/A	-	-	-	-	N/A							4.00%	1.5699
	2004	-	-	N/A	-	-	-	-	N/A							4.00%	1.5096
	2005	-	-	N/A	-	-	-	-	N/A							4.00%	1.4515
	2006	-	-	N/A	-	-	-	-	N/A							4.00%	1.3957
	2007	-	-	N/A	-	-	-	-	N/A							4.00%	1.3420
	2008	-	-	N/A	-	-	-	-	N/A							4.00%	1.2904
	2009	1,005,858	-	0.0%	1,619	1,248,016	-	0.0%								4.00%	1.2407
	2010	7,230,907	481,183	6.7%	5,675	8,626,662	574,064	6.7%								4.00%	1.1930
	2011	14,370,661	162,667	1.1%	6,893	16,485,170	186,602	1.1%								4.00%	1.1471
2012	14,081,103	31,140	0.2%	6,667	15,531,737	34,348	0.2%								4.00%	1.1030	
2013	13,453,803	1,007,795	7.5%	6,410	14,269,051	1,068,863	7.5%								4.00%	1.0606	
2014	12,414,159	1,601,948	12.9%	6,265	12,660,008	1,633,673	12.9%								4.00%	1.0191	
Projected Future Experience	2015	11,872,197	2,208,076	18.6%	6,085	11,641,647	2,165,197	18.6%	0.0000	1.0000	0.0288	1.0000	0.971	0.956	4.00%	0.9806	
	2016	11,513,696	2,357,741	20.5%	5,930	10,855,873	2,223,034	20.5%	0.0000	1.0000	0.0254	1.0000	0.975	0.970	4.00%	0.9429	
	2017	12,289,513	2,503,686	20.4%	5,779	11,141,697	2,269,846	20.4%	0.0000	0.9847	0.0255	0.9986	0.974	0.972	4.00%	0.9066	
	2018	14,430,282	2,616,324	18.1%	5,623	12,579,348	2,280,735	18.1%	0.0000	0.9467	0.0270	0.9952	0.973	0.973	4.00%	0.8717	
	2019	14,094,429	2,870,188	20.4%	5,489	11,814,013	2,405,787	20.4%	0.0000	0.9450	0.0238	0.9950	0.976	0.970	4.00%	0.8382	
	2020	13,373,054	3,191,691	23.8%	5,357	10,778,224	2,564,334	23.8%	0.0000	0.9450	0.0239	0.9950	0.976	0.949	4.00%	0.8060	
	2021	12,667,926	3,549,471	28.0%	5,226	9,817,227	2,750,724	28.0%	0.0000	0.9450	0.0246	0.9950	0.975	0.947	4.00%	0.7750	
	2022	12,266,213	3,977,394	32.4%	5,092	9,140,300	2,963,798	32.4%	0.0000	0.9450	0.0256	0.9950	0.974	0.968	4.00%	0.7452	
	2023	11,865,326	4,472,894	37.7%	4,955	8,501,514	3,204,832	37.7%	0.0000	0.9450	0.0269	0.9950	0.973	0.967	4.00%	0.7165	
	2024	11,455,083	5,039,969	44.0%	4,815	7,891,899	3,472,251	44.0%	0.0000	0.9450	0.0283	0.9950	0.972	0.965	4.00%	0.6889	
	2025	11,035,148	5,679,792	51.5%	4,672	7,310,181	3,762,551	51.5%	0.0000	0.9450	0.0297	0.9950	0.970	0.963	4.00%	0.6624	
	2026	10,605,671	6,396,173	60.3%	4,525	6,755,457	4,074,148	60.3%	0.0000	0.9450	0.0314	0.9950	0.969	0.961	4.00%	0.6370	
	2027	10,168,823	7,188,072	70.7%	4,375	6,226,852	4,402,462	70.7%	0.0000	0.9450	0.0331	0.9950	0.967	0.959	4.00%	0.6125	
	2028	9,719,557	8,046,079	82.8%	4,222	5,723,957	4,738,427	82.8%	0.0000	0.9450	0.0350	0.9950	0.965	0.956	4.00%	0.5889	
	2029	9,264,683	8,965,554	96.8%	4,066	5,246,228	5,076,843	96.8%	0.0000	0.9450	0.0370	0.9950	0.963	0.953	4.00%	0.5663	
	2030	8,803,411	9,938,184	112.9%	3,907	4,793,296	5,411,159	112.9%	0.0000	0.9450	0.0391	0.9950	0.961	0.950	4.00%	0.5445	
	2031	8,337,165	10,942,627	131.3%	3,745	4,364,840	5,728,903	131.3%	0.0000	0.9450	0.0414	0.9950	0.959	0.947	4.00%	0.5235	
	2032	7,867,952	11,959,542	152.0%	3,581	3,960,757	6,020,480	152.0%	0.0000	0.9450	0.0439	0.9950	0.956	0.944	4.00%	0.5034	
	2033	7,397,734	12,976,147	175.4%	3,414	3,580,816	6,281,003	175.4%	0.0000	0.9450	0.0465	0.9950	0.954	0.940	4.00%	0.4840	
	2034	6,928,677	13,970,573	201.6%	3,246	3,224,781	6,502,257	201.6%	0.0000	0.9450	0.0492	0.9950	0.951	0.937	4.00%	0.4654	
	2035	6,463,059	14,919,040	230.8%	3,078	2,892,351	6,876,356	230.8%	0.0000	0.9450	0.0520	0.9950	0.948	0.933	4.00%	0.4475	
	2036	6,003,111	15,790,237	263.0%	2,908	2,583,209	6,794,724	263.0%	0.0000	0.9450	0.0551	0.9950	0.945	0.929	4.00%	0.4303	
	2037	5,551,548	16,587,077	298.8%	2,739	2,297,016	6,863,090	298.8%	0.0000	0.9450	0.0582	0.9950	0.942	0.925	4.00%	0.4138	
	2038	5,110,869	17,274,697	338.0%	2,570	2,033,346	6,872,693	338.0%	0.0000	0.9450	0.0616	0.9950	0.938	0.921	4.00%	0.3978	
	2039	4,683,329	17,820,914	380.5%	2,403	1,791,587	6,817,312	380.5%	0.0000	0.9450	0.0649	0.9950	0.935	0.916	4.00%	0.3825	
	2040	4,271,418	18,239,032	427.0%	2,239	1,571,165	6,708,905	427.0%	0.0000	0.9450	0.0684	0.9950	0.932	0.912	4.00%	0.3678	
	2041	3,876,900	18,500,539	477.2%	2,078	1,371,201	6,543,361	477.0%	0.0000	0.9450	0.0719	0.9950	0.928	0.908	4.00%	0.3537	
	2042	3,501,644	18,613,442	531.6%	1,921	1,190,845	6,330,158	531.6%	0.0000	0.9450	0.0755	0.9950	0.924	0.903	4.00%	0.3401	
	2043	3,147,039	18,560,093	589.8%	1,768	1,029,087	6,069,180	589.8%	0.0000	0.9450	0.0794	0.9950	0.921	0.899	4.00%	0.3270	
	2044	2,814,276	18,364,703	652.6%	1,622	884,878	5,774,314	652.6%	0.0000	0.9450	0.0830	0.9950	0.917	0.894	4.00%	0.3144	
	2045	2,504,028	18,034,666	720.2%	1,481	757,046	5,452,445	720.2%	0.0000	0.9450	0.0867	0.9950	0.913	0.890	4.00%	0.3023	
	2046	2,216,585	17,548,279	791.7%	1,347	644,368	5,101,341	791.7%	0.0000	0.9450	0.0906	0.9950	0.909	0.885	4.00%	0.2907	
	2047	1,952,325	16,960,837	868.8%	1,220	545,718	4,740,932	868.8%	0.0000	0.9450	0.0941	0.9950	0.906	0.881	4.00%	0.2795	
	2048	1,710,773	16,265,951	950.8%	1,101	459,807	4,371,823	950.8%	0.0000	0.9450	0.0980	0.9950	0.902	0.876	4.00%	0.2688	
	2049	1,491,730	15,465,554	1036.8%	989	385,514	3,996,826	1036.8%	0.0000	0.9450	0.1016	0.9950	0.898	0.872	4.00%	0.2594	
	2050	1,294,363	14,612,768	1129.0%	885	321,642	3,631,190	1129.0%	0.0000	0.9450	0.1054	0.9950	0.895	0.868	4.00%	0.2485	
	2051	1,117,573	13,701,084	1226.0%	788	267,029	3,273,694	1226.0%	0.0000	0.9450	0.1087	0.9950	0.891	0.863	4.00%	0.2389	
	2052	960,302	12,752,648	1328.0%	700	220,626	2,929,882	1328.0%	0.0000	0.9450	0.1122	0.9950	0.888	0.859	4.00%	0.2297	
	2053	821,265	11,793,599	1436.0%	619	181,426	2,605,330	1436.0%	0.0000	0.9450	0.1154	0.9950	0.885	0.855	4.00%	0.2209	
	2054	699,221	10,825,810	1548.3%	546	148,524	2,299,553	1548.3%	0.0000	0.9450	0.1187	0.9950	0.881	0.851	4.00%	0.2124	
2055	592,671	9,874,611	1666.1%	479	121,050	2,016,832	1666.1%	0.0000	0.9450	0.1216	0.9950	0.878	0.848	4.00%	0.2042		
2056	500,254	8,954,201	1789.9%	419	98,244	1,758,504	1789.9%	0.0000	0.9450	0.1248	0.9950	0.875	0.844	4.00%	0.1964		
2057	420,470	8,069,493	1919.2%	366	79,400	1,523,905	1919.2%	0.0000	0.9450	0.1277	0.9950	0.872	0.841	4.00%	0.1888		
2058	351,957	7,241,518	2057.5%	319	63,906	1,314,859	2057.5%	0.0000	0.9450	0.1294	0.9950	0.871	0.837	4.00%	0.1816		
2059	293,712	6,463,712	2200.7%	276	51,279	1,128,492	2200.7%	0.0000	0.9450	0.1331	0.9950	0.867	0.835	4.00%	0.1746		
2060	244,233	5,745,035	2352.3%	239	41,000	964,441	2352.3%	0.0000	0.9450	0.1343	0.9950	0.866	0.832	4.00%	0.1679		
2061	202,412	5,077,293	2508.4%	206	32,673	819,562	2508.4%	0.0000	0.9450	0.1374	0.9950	0.863	0.829	4.00%	0.1614		
2062	167,243	4,468,793	2672.0%	177	25,958	693,596	2672.0%	0.0000	0.9450	0.1400	0.9950	0.860	0.826	4.00%	0.1552		
2063	137,785	3,916,446	2842.4%	152	20,553	584,487	2842.4%	0.0000	0.9450	0.1404	0.9950	0.859	0.824	4.00%	0.1492		
2064	113,165	3,411,090	3014.3%	131	16,239	489,489	3014.3%	0.0000	0.9450	0.1432	0.9950	0.857	0.821	4.00%	0.1435		
2065	92,706	2,958,330	3191.1%	112	12,792	408,191	3191.1%	0.0000	0.9450	0.1446	0.9950	0.855	0.819	4.00%	0.1380		
2066	75,756	2,556,359	3374.5%	95	10,051	339,160	3374.5%	0.0000	0.9450	0.1490	0.9950	0.851	0.817	4.00%	0.1327		
2067	61,737																

1	Accumulated value of initial earned premium	68,820,644	x	58%	=	39,915,974
2a	Accumulated value of earned premium	68,820,644				
2b	Accumulated value of prior premium rate schedule increases (2a-1) *	0		85%	=	0
3	Present value of future projected initial earned premium	140,483,534		58%	=	81,480,450
4a	Present value of future projected premium	177,533,153				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	37,049,619		85%	=	31,492,177
5	Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b					152,888,600
6a	Accumulated value of incurred claims without the inclusion of active life reserves					3,497,550
6b	Present value of future projected incurred claims without the inclusion of active life reserves					195,757,182
7	Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b					199,254,733
8	Test: 7 is not less than 5					TRUE
* There have been no prior inforce rate revisions on these forms.						

Attachment 1
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Actual to Expected Ratios
Policy Forms: LTC2007

	Calendar Year	Actual / Projected Experience			Expected Pricing Experience			G = C / F Actual to Expected Ratio	Accumulative Loss Ratio as of 12/31/2014		
		A	B	C = B / A	D	E	F = E / D		H	I	J = H / I
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio		Actual/Projected at 4% (on C)	Expected at 4% (on F)	Actual to Expected Ratio
Historical Experience	2009	1,005,858	0	0.0%	1,005,858	304,577	30.3%	0.00	0.0%	30.3%	0.00
	2010	7,230,907	481,183	6.7%	12,888,394	1,195,301	9.3%	0.72	5.8%	10.9%	0.54
	2011	14,370,661	162,667	1.1%	15,729,790	1,907,066	12.1%	0.09	2.9%	11.5%	0.25
	2012	14,081,103	31,140	0.2%	14,956,182	2,592,527	17.3%	0.01	1.9%	13.4%	0.14
	2013	13,453,803	1,007,795	7.5%	14,365,263	3,195,867	22.2%	0.34	3.3%	15.4%	0.22
	2014	12,414,159	1,601,948	12.9%	13,808,003	3,652,515	26.5%	0.49	5.1%	17.4%	0.29
	2015	11,872,197	2,208,076	18.6%	13,244,462	4,115,383	31.1%	0.60	7.0%	19.3%	0.37
	2016	11,513,696	2,357,741	20.5%	12,673,035	4,547,128	35.9%	0.57	8.6%	21.1%	0.41
	2017	11,191,827	2,546,066	22.7%	12,085,450	5,063,137	41.9%	0.54	10.0%	23.1%	0.43
	2018	10,886,970	2,777,022	25.5%	11,464,514	5,656,823	49.3%	0.52	11.4%	25.2%	0.45
	2019	10,556,118	3,052,477	28.9%	10,802,932	6,121,110	56.7%	0.51	12.7%	27.3%	0.46
	2020	10,015,839	3,383,789	33.8%	10,110,061	6,508,426	64.4%	0.52	14.0%	29.4%	0.48
	2021	9,487,730	3,774,929	39.8%	9,406,564	6,796,138	72.2%	0.55	15.4%	31.5%	0.49
	2022	9,186,864	4,230,033	46.0%	8,710,867	7,089,771	81.4%	0.57	16.9%	33.5%	0.50
Projected Experience	2023	8,886,616	4,757,006	53.5%	8,029,164	7,378,979	91.9%	0.58	18.4%	35.6%	0.52
	2024	8,579,362	5,360,101	62.5%	7,365,717	7,561,679	102.7%	0.61	20.1%	37.6%	0.54
	2025	8,264,849	6,040,564	73.1%	6,729,179	7,687,682	114.2%	0.64	21.9%	39.6%	0.55
	2026	7,943,190	6,802,449	85.6%	6,122,190	7,727,125	126.2%	0.68	23.9%	41.5%	0.58
	2027	7,614,511	7,644,648	100.4%	5,544,836	7,724,138	139.3%	0.72	26.0%	43.3%	0.60
	2028	7,279,528	8,557,155	117.6%	4,999,329	7,642,963	152.9%	0.77	28.3%	45.1%	0.63
	2029	6,938,848	9,535,034	137.4%	4,489,112	7,509,885	167.3%	0.82	30.7%	46.8%	0.66
	2030	6,593,375	10,569,444	160.3%	4,017,246	7,333,586	182.6%	0.88	33.2%	48.4%	0.69
	2031	6,244,177	11,637,688	186.4%	3,582,458	7,093,670	198.0%	0.94	36.0%	49.8%	0.72
	2032	5,892,756	12,719,196	215.8%	3,182,782	6,811,295	214.0%	1.01	38.8%	51.2%	0.76
	2033	5,540,583	13,800,374	249.1%	2,818,695	6,429,133	228.1%	1.09	41.8%	52.5%	0.80
	2034	5,189,280	14,857,965	286.3%	2,490,610	6,093,402	244.7%	1.17	44.8%	53.6%	0.84
	2035	4,840,511	15,866,687	327.8%	2,196,947	5,788,652	263.5%	1.24	48.0%	54.7%	0.88
	2036	4,496,071	16,793,211	373.5%	1,934,613	5,451,816	281.8%	1.33	51.2%	55.6%	0.92
	2037	4,157,870	17,640,665	424.3%	1,701,150	5,090,042	299.2%	1.42	54.4%	56.5%	0.96
	2038	3,827,820	18,371,962	480.0%	1,495,551	4,655,400	311.3%	1.54	57.6%	57.3%	1.01
	2039	3,507,611	18,952,875	540.3%	1,316,275	4,324,166	328.5%	1.64	60.9%	58.0%	1.05
	2040	3,199,107	19,397,551	606.3%	1,160,108	4,060,055	350.0%	1.73	64.0%	58.6%	1.09
	2041	2,903,631	19,675,668	677.6%	1,023,469	3,789,545	370.3%	1.83	67.1%	59.2%	1.13
	2042	2,622,580	19,795,955	754.8%	904,124	3,512,941	388.5%	1.94	70.1%	59.7%	1.17
	2043	2,356,996	19,739,006	837.5%	800,808	3,195,448	399.0%	2.10	73.0%	60.1%	1.21
	2044	2,107,771	19,531,204	926.6%	711,746	2,947,542	414.1%	2.24	75.8%	60.5%	1.25
	2045	1,875,409	19,180,204	1022.7%	634,455	2,773,403	437.1%	2.34	78.4%	60.9%	1.29
	2046	1,660,127	18,662,922	1124.2%	567,001	2,607,692	459.9%	2.44	80.8%	61.2%	1.32
	2047	1,462,207	18,038,166	1233.6%	508,242	2,443,263	480.7%	2.57	83.1%	61.5%	1.35
	2048	1,281,295	17,299,142	1350.1%	457,162	2,279,921	498.7%	2.71	85.2%	61.8%	1.38
	2049	1,117,242	16,447,905	1472.2%	412,634	2,175,751	527.3%	2.79	87.1%	62.1%	1.40
	2050	969,422	15,540,951	1603.1%	373,429	2,092,061	560.2%	2.86	88.8%	62.3%	1.43
	2051	837,014	14,571,359	1740.9%	338,403	2,026,248	598.8%	2.91	90.4%	62.5%	1.45
	2052	719,225	13,562,679	1885.7%	306,895	1,979,939	645.2%	2.92	91.9%	62.7%	1.46
	2053	615,092	12,542,712	2039.2%	278,353	1,940,811	697.2%	2.92	93.1%	62.9%	1.48
	2054	523,686	11,513,451	2198.5%	252,406	1,895,321	750.9%	2.93	94.2%	63.1%	1.49
	2055	443,885	10,501,833	2365.9%	228,771	1,836,678	802.8%	2.95	95.2%	63.3%	1.51
	2056	374,669	9,522,960	2541.7%	207,081	1,773,000	856.2%	2.97	96.1%	63.4%	1.52
	2057	314,914	8,582,056	2725.2%	187,097	1,718,999	918.8%	2.97	96.8%	63.6%	1.52
	2058	263,600	7,701,489	2921.7%	168,646	1,671,316	991.0%	2.95	97.5%	63.7%	1.53
	2059	219,978	6,874,278	3125.0%	151,602	1,644,356	1084.7%	2.88	98.0%	63.8%	1.54
	2060	182,920	6,109,952	3340.2%	135,835	1,601,038	1178.7%	2.83	98.5%	64.0%	1.54
	2061	151,598	5,399,795	3561.9%	121,166	1,563,729	1290.6%	2.76	98.9%	64.1%	1.54
	2062	125,258	4,752,645	3794.3%	107,534	1,528,217	1421.1%	2.67	99.3%	64.2%	1.55
	2063	103,195	4,165,214	4036.2%	94,837	1,487,376	1568.3%	2.57	99.6%	64.3%	1.55
	2064	84,756	3,627,758	4280.2%	83,051	1,422,095	1712.3%	2.50	99.8%	64.4%	1.55
	2065	69,433	3,146,239	4531.3%	72,207	1,330,311	1842.4%	2.46	100.0%	64.5%	1.55
	2066	56,738	2,718,736	4791.7%	62,336	1,232,519	1977.2%	2.42	100.2%	64.6%	1.55
	2067	46,238	2,346,139	5074.0%	53,402	1,130,306	2116.6%	2.40	100.3%	64.7%	1.55
	2068	37,564	2,017,995	5372.1%	45,320	1,030,014	2272.8%	2.36	100.4%	64.7%	1.55
	2069	30,442	1,730,297	5684.0%	38,043	936,462	2461.6%	2.31	100.5%	64.8%	1.55
	2070	24,597	1,483,797	6032.5%	31,543	824,095	2612.6%	2.31	100.6%	64.8%	1.55
	2071	19,819	1,269,302	6404.4%	25,829	733,736	2840.7%	2.25	100.7%	64.9%	1.55
	2072	15,921	1,083,274	6804.1%	20,885	658,465	3152.8%	2.16	100.7%	64.9%	1.55
	2073	12,737	922,815	7245.1%	16,625	582,872	3506.1%	2.07	100.8%	64.9%	1.55
	2074	10,158	782,471	7703.0%	13,008	496,150	3814.1%	2.02	100.8%	64.9%	1.55
Past		62,556,492	3,284,733	5.3%	72,753,490	12,847,853	17.7%	0.30	5.1%	17.4%	0.29
Future		217,347,420	564,475,075	259.7%	167,107,789	223,123,203	133.5%	1.95	147.7%	96.9%	1.52
Lifetime		279,903,912	567,759,808	202.8%	239,861,279	235,971,057	98.4%	2.06	100.8%	65.0%	1.55

Note:
- There have been no prior inforce rate revisions on these forms.
- Figures in column D do not reflect any rate action previously authorized by VA.

Attachment 1
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Actual to Expected Ratios
Policy Forms: LTC2007

Duration	Actual / Projected Experience			Expected Pricing Experience			G = C / F Actual to Expected Ratio
	Actual Experience through 12/31/2014			Reproduced based on Original Pricing			
	Projections based on Current Assumptions			Assumptions since inception			
	A	B	C = B / A	D	E	F = E / D	
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	
1	7,749,303	0	0.0%	7,749,303	669,889	8.6%	0.00
2	14,824,366	634,624	4.3%	14,824,366	1,762,178	11.9%	0.36
3	14,060,293	523,073	3.7%	14,054,714	2,545,620	18.1%	0.21
4	13,327,190	557,846	4.2%	13,449,219	3,112,216	23.1%	0.18
5	12,497,017	1,615,124	12.9%	12,849,763	3,444,989	26.8%	0.48
6	11,901,242	2,165,903	18.2%	12,249,404	3,929,844	32.1%	0.57
7	11,518,258	2,354,075	20.4%	11,650,247	4,251,521	36.5%	0.56
8	11,196,764	2,543,057	22.7%	11,047,068	4,690,571	42.5%	0.53
9	10,892,802	2,775,408	25.5%	10,416,893	5,325,862	51.1%	0.50
10	10,596,408	3,053,501	28.8%	9,754,053	5,635,927	57.8%	0.50
11	9,987,268	3,385,369	33.9%	9,068,194	6,021,613	66.4%	0.51
12	9,486,990	3,778,808	39.8%	8,381,227	6,182,962	73.8%	0.54
13	9,193,586	4,237,677	46.1%	7,713,212	6,418,877	83.2%	0.55
14	8,893,294	4,766,410	53.6%	7,065,562	6,693,572	94.7%	0.57
15	8,585,939	5,370,118	62.5%	6,438,870	6,759,690	105.0%	0.60
16	8,271,462	6,054,813	73.2%	5,846,024	6,880,318	117.7%	0.62
17	7,949,693	6,821,509	85.8%	5,285,705	6,824,320	129.1%	0.66
18	7,621,052	7,668,702	100.6%	4,756,785	6,818,671	143.3%	0.70
19	7,285,935	8,589,975	117.9%	4,261,412	6,683,633	156.8%	0.75
20	6,945,105	9,576,533	137.9%	3,801,364	6,523,703	171.6%	0.80
21	6,599,459	10,622,340	161.0%	3,380,762	6,354,936	188.0%	0.86
22	6,249,943	11,702,856	187.2%	2,996,157	6,069,448	202.6%	0.92
23	5,898,169	12,793,038	216.9%	2,644,587	5,856,753	221.5%	0.98
24	5,545,588	13,885,352	250.4%	2,326,844	5,414,677	232.7%	1.08
25	5,193,741	14,956,493	288.0%	2,042,943	5,126,203	250.9%	1.15
26	4,844,444	15,967,064	329.6%	1,790,956	4,863,109	271.5%	1.21
27	4,499,450	16,901,691	375.6%	1,567,275	4,517,101	288.2%	1.30
28	4,160,671	17,754,543	426.7%	1,369,139	4,255,470	310.8%	1.37
29	3,829,960	18,480,696	482.5%	1,195,926	3,776,329	315.8%	1.53
30	3,509,126	19,070,601	543.5%	1,046,189	3,525,181	337.0%	1.61
31	3,199,978	19,511,958	609.8%	916,660	3,303,467	360.4%	1.69
32	2,903,843	19,780,690	681.2%	803,706	3,045,055	378.9%	1.80
33	2,622,226	19,892,243	758.6%	705,442	2,842,562	402.9%	1.88
34	2,356,157	19,835,940	841.9%	620,978	2,520,160	405.8%	2.07
35	2,106,367	19,609,708	931.0%	548,770	2,319,359	422.6%	2.20
36	1,873,495	19,228,578	1026.3%	486,293	2,188,322	450.0%	2.28
37	1,657,958	18,712,096	1128.6%	431,910	2,032,858	470.7%	2.40
38	1,459,737	18,075,734	1238.3%	384,800	1,910,642	496.5%	2.49
39	1,278,664	17,296,931	1352.7%	344,070	1,737,796	505.1%	2.68
40	1,114,457	16,434,303	1474.6%	308,744	1,676,237	542.9%	2.72
41	966,562	15,516,711	1605.4%	277,848	1,590,461	572.4%	2.80
42	834,138	14,532,311	1742.2%	250,241	1,534,450	613.2%	2.84
43	716,368	13,510,207	1885.9%	225,614	1,491,013	660.9%	2.85
44	612,365	12,471,432	2036.6%	203,383	1,455,975	715.9%	2.84
45	521,084	11,434,101	2194.3%	183,288	1,413,468	771.2%	2.85
46	441,479	10,420,611	2360.4%	165,151	1,362,219	824.8%	2.86
47	372,408	9,429,809	2532.1%	148,575	1,298,537	874.0%	2.90
48	312,818	8,496,909	2716.2%	133,417	1,261,798	945.8%	2.87
49	261,790	7,610,201	2907.0%	119,520	1,202,296	1005.9%	2.89
50	218,307	6,790,978	3110.7%	106,768	1,199,396	1123.4%	2.77
51	181,400	6,026,356	3322.1%	95,107	1,141,920	1200.7%	2.77
52	150,247	5,319,818	3540.7%	84,284	1,118,375	1326.9%	2.67
53	124,047	4,677,384	3770.7%	74,358	1,081,911	1455.0%	2.59
54	102,100	4,088,623	4004.5%	65,156	1,053,148	1616.4%	2.48
55	83,800	3,554,219	4241.3%	56,687	1,001,298	1766.4%	2.40
56	68,584	3,079,232	4489.7%	48,958	925,092	1889.6%	2.38
57	55,986	2,658,295	4748.2%	41,989	853,343	2032.3%	2.34
58	45,577	2,292,090	5029.1%	35,752	778,746	2178.2%	2.31
59	37,002	1,967,920	5318.4%	30,136	697,125	2313.3%	2.30
60	29,943	1,687,982	5637.4%	25,132	646,983	2574.4%	2.19

Lifetime	279,823,402	562,550,572	201.0%	208,946,895	197,619,196	94.6%	2.13
Lifetime*	168,613,025	169,952,641	100.8%	141,250,259	91,564,347	65.0%	1.55

Note:

- There have been no prior rate increases on these forms.

* Columns A and B are discounted back to the inception date at an interest rate of 4%, which is the weighted average maximum valuation interest rate for contract reserves. Columns D and E are discounted back to the inception date at the original pricing interest rate of 4%.

Attachment 2
Metropolitan Life Insurance Company
Nationwide Original Pricing Experience Projections With No Future Increase
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors			
		Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor		
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency			Premium Persistency	
Historical Experience	1998	-	-	N/A	-	-	-	N/A								4.00%	1.9101
	1999	-	-	N/A	-	-	-	N/A								4.00%	1.8366
	2000	-	-	N/A	-	-	-	N/A								4.00%	1.7660
	2001	-	-	N/A	-	-	-	N/A								4.00%	1.6980
	2002	-	-	N/A	-	-	-	N/A								4.00%	1.6327
	2003	-	-	N/A	-	-	-	N/A								4.00%	1.5699
	2004	-	-	N/A	-	-	-	N/A								4.00%	1.5096
	2005	-	-	N/A	-	-	-	N/A								4.00%	1.4515
	2006	-	-	N/A	-	-	-	N/A								4.00%	1.3957
	2007	-	-	N/A	-	-	-	N/A								4.00%	1.3420
	2008	-	-	N/A	-	-	-	N/A								4.00%	1.2904
	2009	1,005,858	-	0.0%	1,619	1,248,016	-	0.0%								4.00%	1.2407
	2010	7,230,907	481,183	6.7%	5,675	8,626,662	574,064	6.7%								4.00%	1.1930
	2011	14,370,661	162,667	1.1%	6,893	16,485,170	186,602	1.1%								4.00%	1.1471
2012	14,081,103	31,140	0.2%	6,667	15,531,737	34,348	0.2%								4.00%	1.1030	
2013	13,453,803	1,007,795	7.5%	6,410	14,269,051	1,068,863	7.5%								4.00%	1.0606	
2014	12,414,159	1,601,948	12.9%	6,265	12,660,008	1,633,673	12.9%								4.00%	1.0198	
Projected Future Experience	2015	11,938,660	3,493,079	29.3%	6,153	11,706,820	3,425,245	29.3%	1.0000	N/A	0.0179	0.0000	0.982	0.962	4.00%	0.9806	
	2016	11,694,517	3,951,079	33.8%	6,049	11,026,363	3,725,338	33.8%	1.0000	N/A	0.0168	0.0000	0.983	0.980	4.00%	0.9429	
	2017	11,464,108	4,522,452	39.4%	5,950	10,393,383	4,100,064	39.4%	1.0000	N/A	0.0165	0.0000	0.984	0.980	4.00%	0.9066	
	2018	11,234,882	5,219,902	46.5%	5,848	9,793,813	4,550,359	46.5%	1.0000	N/A	0.0171	0.0000	0.983	0.980	4.00%	0.8717	
	2019	10,962,498	5,849,909	53.4%	5,742	9,188,814	4,902,582	53.4%	1.0000	N/A	0.0182	0.0000	0.982	0.976	4.00%	0.8382	
	2020	10,463,899	6,342,969	60.6%	5,629	8,433,545	5,112,217	60.6%	1.0000	N/A	0.0197	0.0000	0.980	0.955	4.00%	0.8060	
	2021	9,961,986	6,777,257	68.0%	5,510	7,720,212	5,252,151	68.0%	1.0000	N/A	0.0211	0.0000	0.979	0.952	4.00%	0.7750	
	2022	9,680,508	7,419,009	76.6%	5,387	7,213,534	5,528,354	76.6%	1.0000	N/A	0.0223	0.0000	0.978	0.972	4.00%	0.7452	
	2023	9,396,886	8,131,801	86.5%	5,260	6,732,875	5,826,441	86.5%	1.0000	N/A	0.0236	0.0000	0.976	0.971	4.00%	0.7165	
	2024	9,103,590	8,800,205	96.7%	5,128	6,271,855	6,062,839	96.7%	1.0000	N/A	0.0250	0.0000	0.975	0.969	4.00%	0.6889	
	2025	8,800,401	9,467,007	107.6%	4,992	5,829,783	6,271,373	107.6%	1.0000	N/A	0.0265	0.0000	0.974	0.967	4.00%	0.6624	
	2026	8,487,410	10,087,026	118.8%	4,852	5,406,196	6,425,098	118.8%	1.0000	N/A	0.0281	0.0000	0.972	0.964	4.00%	0.6370	
	2027	8,164,658	10,709,673	131.2%	4,707	5,000,590	6,559,330	131.2%	1.0000	N/A	0.0298	0.0000	0.970	0.962	4.00%	0.6125	
	2028	7,832,812	11,275,729	144.0%	4,558	4,612,832	6,640,405	144.0%	1.0000	N/A	0.0317	0.0000	0.968	0.959	4.00%	0.5889	
	2029	7,492,438	11,802,471	157.5%	4,404	4,242,675	6,683,278	157.5%	1.0000	N/A	0.0337	0.0000	0.966	0.957	4.00%	0.5663	
	2030	7,144,433	12,280,968	171.9%	4,246	3,890,013	6,686,762	171.9%	1.0000	N/A	0.0359	0.0000	0.964	0.954	4.00%	0.5445	
	2031	6,789,888	12,659,872	186.5%	4,084	3,554,778	6,627,950	186.5%	1.0000	N/A	0.0382	0.0000	0.962	0.950	4.00%	0.5235	
	2032	6,430,376	12,957,941	201.5%	3,918	3,237,076	6,523,078	201.5%	1.0000	N/A	0.0407	0.0000	0.959	0.947	4.00%	0.5034	
	2033	6,067,465	13,031,323	214.8%	3,748	2,936,909	6,307,710	214.8%	1.0000	N/A	0.0433	0.0000	0.957	0.944	4.00%	0.4840	
	2034	5,702,906	13,137,939	230.4%	3,576	2,654,276	6,114,728	230.4%	1.0000	N/A	0.0460	0.0000	0.954	0.940	4.00%	0.4654	
	2035	5,335,627	13,245,128	248.1%	3,401	2,389,120	5,917,216	248.1%	1.0000	N/A	0.0489	0.0000	0.951	0.936	4.00%	0.4475	
	2036	4,976,318	13,204,810	265.4%	3,224	2,141,368	5,682,185	265.4%	1.0000	N/A	0.0520	0.0000	0.948	0.932	4.00%	0.4303	
	2037	4,618,433	13,012,190	281.7%	3,046	1,910,929	5,383,941	281.7%	1.0000	N/A	0.0551	0.0000	0.945	0.928	4.00%	0.4138	
	2038	4,267,053	12,507,213	293.1%	2,868	1,697,636	4,975,962	293.1%	1.0000	N/A	0.0584	0.0000	0.942	0.924	4.00%	0.3978	
	2039	3,924,144	12,138,846	309.3%	2,691	1,501,164	4,643,662	309.3%	1.0000	N/A	0.0618	0.0000	0.938	0.920	4.00%	0.3825	
	2040	3,591,890	11,836,774	329.5%	2,515	1,321,213	4,353,948	329.5%	1.0000	N/A	0.0653	0.0000	0.935	0.915	4.00%	0.3678	
	2041	3,271,902	11,407,480	348.6%	2,342	1,157,222	4,034,653	348.6%	1.0000	N/A	0.0689	0.0000	0.931	0.911	4.00%	0.3537	
	2042	2,965,999	10,851,161	365.9%	2,172	1,008,648	3,690,646	365.9%	1.0000	N/A	0.0726	0.0000	0.927	0.906	4.00%	0.3401	
	2043	2,675,215	10,051,682	375.7%	2,006	874,800	3,286,916	375.7%	1.0000	N/A	0.0763	0.0000	0.924	0.902	4.00%	0.3270	
	2044	2,401,037	9,362,900	390.0%	1,846	754,945	2,943,926	390.0%	1.0000	N/A	0.0800	0.0000	0.920	0.898	4.00%	0.3144	
	2045	2,144,124	8,825,499	411.6%	1,691	648,236	2,668,225	411.6%	1.0000	N/A	0.0838	0.0000	0.916	0.893	4.00%	0.3023	
	2046	1,904,920	8,249,474	433.1%	1,543	553,766	2,398,149	433.1%	1.0000	N/A	0.0876	0.0000	0.912	0.888	4.00%	0.2907	
	2047	1,683,944	7,622,617	452.7%	1,402	470,700	2,130,691	452.7%	1.0000	N/A	0.0914	0.0000	0.909	0.884	4.00%	0.2795	
	2048	1,480,999	6,954,746	469.6%	1,268	398,050	1,869,237	469.6%	1.0000	N/A	0.0951	0.0000	0.905	0.879	4.00%	0.2688	
2049	1,296,103	6,435,185	496.5%	1,143	334,957	1,663,071	496.5%	1.0000	N/A	0.0988	0.0000	0.901	0.875	4.00%	0.2594		
2050	1,128,739	5,954,389	527.5%	1,026	280,485	1,479,632	527.5%	1.0000	N/A	0.1024	0.0000	0.898	0.871	4.00%	0.2485		
2051	978,141	5,514,894	563.8%	917	233,714	1,317,711	563.8%	1.0000	N/A	0.1060	0.0000	0.894	0.867	4.00%	0.2389		
2052	843,572	5,124,616	607.5%	817	193,808	1,177,365	607.5%	1.0000	N/A	0.1094	0.0000	0.891	0.862	4.00%	0.2297		
2053	724,079	4,753,903	656.5%	725	159,957	1,050,187	656.5%	1.0000	N/A	0.1128	0.0000	0.887	0.858	4.00%	0.2209		
2054	618,732	4,374,834	707.1%	641	131,427	929,276	707.1%	1.0000	N/A	0.1160	0.0000	0.884	0.855	4.00%	0.2124		
2055	526,364	3,979,198	756.0%	564	107,507	812,728	756.0%	1.0000	N/A	0.1191	0.0000	0.881	0.851	4.00%	0.2042		
2056	445,907	3,594,917	806.2%	495	87,571	706,001	806.2%	1.0000	N/A	0.1222	0.0000	0.878	0.847	4.00%	0.1964		
2057	376,156	3,254,280	865.1%	434	71,032	614,523	865.1%	1.0000	N/A	0.1249	0.0000	0.875	0.844	4.00%	0.1888		
2058	316,008	2,948,886	933.2%	378	57,378	535,436	933.2%	1.0000	N/A	0.1276	0.0000	0.872	0.840	4.00%	0.1816		
2059	264,669	2,703,154	1021.3%	329	46,208	471,940	1021.3%	1.0000	N/A	0.1300	0.0000	0.870	0.838	4.00%	0.1746		
2060	220,879	2,451,440	1109.9%	285	37,080	411,533	1109.9%	1.0000	N/A	0.1326	0.0000	0.867	0.835	4.00%	0.1679		
2061	183,717	2,232,579	1215.2%	247	29,655	360,377	1215.2%	1.0000	N/A	0.1348	0.0000	0.865	0.832	4.00%	0.1614		
2062	152,343	2,038,637	1338.2%	213	23,645	316,414	1338.2%	1.0000	N/A	0.1368	0.0000	0.863	0.829	4.00%	0.1552		
2063	125,963	1,860,197	1476.8%	184	18,799	277,614	1476.8%	1.0000	N/A	0.1387	0.0000	0.861	0.827	4.00%	0.1492		
2064	103,828	1,674,086	1612.4%	158	14,899	240,230	1612.4%	1.0000	N/A	0.1414	0.0000	0.859	0.824	4.00%	0.1435		
2065	85,363	1,480,884	1734.8%	135	11,778	204,332	1734.8%	1.0000	N/A	0.1432	0.0000	0.857	0.822	4.00%	0.1380		
2066	70,007	1,303,400	1861.8%	115	9,288	172,926	1861.8%	1.0000	N/A	0.1451	0.0000	0.855	0.820	4.00%	0.1327		
2067	57,258	1,141,174	1993.0%	98	7,304	145,580	1993.0%	1.0000	N/A	0.1473	0.0000	0.853	0.818	4.00%	0.1276		
2068	46,685	999,106	2140.1%	84	5,727	122,554	2140.1%	1.0000	N/A	0.1501	0.0000	0.850	0.815				

METROPOLITAN LIFE INSURANCE COMPANY

Future Purchase Rider

This rider is part of your policy if it is listed on your Schedule of Benefits.

Future Purchase Benefit

On each Policy Anniversary, ~~your Monthly~~ your Monthly Benefit Amount and your remaining Total Benefit Amount will automatically increase, unless you give us Written notice of rejection of an increase prior to the Policy Anniversary on which such increase is scheduled to take effect. However, you cannot receive an increase if you are eligible for Benefits on the date the increase is to take effect. The amount of each increase will be equal to 5% of each of the Monthly Benefit Amount and your remaining Total Benefit Amount in effect at the end of the preceding Policy Year.

On each Policy Anniversary, Benefits for the Needs Assessment will automatically increase under the terms of this rider if your Monthly Benefit Amount and your remaining Total Benefit Amount increase. The amount of each increase will be equal to 5% of the Maximum Coverage Amount for Needs Assessment in effect at the end of the preceding Policy Year. Please note that after we pay Benefits for one Needs Assessment, that Benefit will end and it will no longer be subject to increases under this rider.

Increases under this rider will occur without regard to your age or the length of time you have been covered under the policy.

If you reject the automatic increase 2 times in a row, you will no longer receive these increases automatically. If you wish to resume receiving automatic increases under this rider, you must notify us in Writing that you would like to resume receiving these increases at least 60 days prior to the Policy Anniversary on which you would like increases to resume.

If an increase takes effect under this rider, we will send you a new Schedule of Benefits that reflects your updated Coverage and premium.

Applicable to Shared Care Rider

If your policy includes the Shared Care Rider, you and your Covered Partner must each maintain Identical Coverage. For purposes of this requirement for Identical Coverage:

- increases in Benefits under this rider for one Covered Partner while the other Covered Partner is eligible for Benefits will not be taken into account in determining whether Identical Coverage under both policies has been maintained; and
- you will receive increases under this rider if your Covered Partner (but not you) is eligible for Benefits.

Refer to the Shared Care Rider, if applicable, for information regarding the terms Covered Partner and Identical Coverage.

Premium for this Rider

The premium for this rider is shown on your Schedule of Benefits.

There will be an additional premium for each increase under this rider. The additional premium for each increase will be based on: your age on the effective date of the increase; and the following, in effect on the effective date of the increase: premium rates; discounts, if any; and your Health Rating.

Termination of this Rider

This rider will end on the earliest of:

- the ~~date last day of the Policy Month in on~~ which we receive your Written request to ~~cancel and~~ this rider, or such later date as you may specify. In this case, we will send you a revised Schedule of Benefits to be attached to your policy;
- the date on which your policy is converted to paid-up status under a Nonforfeiture Feature; or
- the date on which your policy ends.

The premium for this rider will terminate as of the date this rider ends.

Effective Date of this Rider

This rider takes effect on the Rider Effective Date shown below. If this rider is in effect, it will be listed on your Schedule of Benefits.

In all other respects, the provisions and conditions of the policy remain the same. This rider is subject to the terms and provisions of your policy. It is to be attached to and made a part of your policy.

Signed for Metropolitan Life Insurance Company

[



Gwenn L. Carr
Senior Vice-President and Secretary]

Rider Effective Date: [04/01/07]

COVERAGE CHANGE REQUEST FORM

Individual LTC Insurance Policy for [First Name] [Last Name]

Policy #: [XXXXXX]

Distribution Alliance #: [XXXXXXXXXX]



To mitigate the impact of the premium rate increase, we are offering you a limited opportunity to elect your personalized option.

If you choose to change your coverage, you must select an option listed below, sign and return this Coverage Change Request Form by **[Month XX, YYYY]**. If you choose to make no changes to your current coverage, no action is required and your new increased premium will be effective on **[Month XX, YYYY]**.

➤ **Step 1: Select an option (please choose only one option)**

As a reminder, you may have alternative options available to mitigate the premium increase. For more information, please call **[(888) 285-8140] [(800) 308-0179]**. You may also be able to reduce your premium by increasing your elimination period or removing additional cost riders that were added to your policy. One of our Customer Service Representatives can discuss the impact of any change to your policy, and provide you with new premium amounts. If you prefer to speak with your agent regarding your coverage, our customer service representatives will be happy to provide you with the agent contact information we have on file. Please review the Things to Consider section on the following page for important information on coverage change options.

Please note that all options available to the policyholder may not be of equal value.

COVERAGE CHANGE OPTIONS

☐ **Reduce your future annual inflation rate from [X%] to [X.X%].** Premium: [\$XXX.XX][mode]

☐ **Reduce Daily Benefit* and Mitigate Premium Increase]**

Daily Benefit Amount: [\$XXX.XX] Premium: [\$XXX.XX][mode]

☐ **Reduce Total Lifetime Benefit (benefit duration)* and Mitigate Premium Increase]**

Total Lifetime Benefit: [X] Years Premium: [\$XXX.XX][mode]

☐ **Customized Decrease Option]**

[Please call the Customer Service team for available options. OTHER _____]

☐ **Cancel your coverage. This change will be effective immediately.]** Please review the Things to Consider section for cancellation options.]

➤ **Step 2: Review Agreement and Acknowledgement**

I understand the policy change I have selected above and I agree that any change will become effective on {DATE}.

(Cancellations will be processed consistent with the terms of your policy and any applicable endorsements.)

➤ **Step 3: Sign and Date**

Signature ([First Name] [Last Name])

Date

Policy #[XXXXXXXXXX]

➤ **Step 4: Please sign, date and return this form to the address listed below by [Coverage Change Receipt Date]. No Response is required if you are not making any changes.**

Metropolitan Life Insurance
Company
[Long-Term Care, PO Box 64911,
St. Paul, MN 55164-0911
Phone: (888) 285-8140
Fax: (952) 833-5410]

[Long-Term Care, P.O. Box 14634,
Lexington, KY, 40512-9938
Phone: (800) 308-0179
Fax: (866) 314-5612]

THINGS TO CONSIDER

Please note: It may not be in your best interest to make reductions to coverage while in claim.

[INFLATION PROTECTION]

Please note that any reduced inflation percentage will only be applied to future inflation increases that occur after the effective date of this change. All other existing benefits and previous inflation increases that have already been applied to your policy through the effective date of the inflation reduction will be maintained.

The option to mitigate the premium increase by reducing your annual inflation rate to a percentage less than 5% is a limited offer, and must be made by [DATE]. Variations of this option are not available. [Your rate increase is to be implemented in phases. If you choose to take a reduced inflation percentage, the reduced inflation percentage will mitigate all of the increase phases, not just the first phase.]

[DAILY BENEFIT AMOUNT]

A higher revised daily benefit amount may include automatic inflation increases between the date of this letter and the effective date of the increase.]

[TOTAL LIFETIME BENEFIT]

The Total Lifetime Benefit number of years is used to calculate the Total Lifetime Benefit dollar amount. This duration does not reflect claims paid or payable. If MetLife pays the full Nursing Home Daily Benefit Amount, then the benefit duration would not exceed the number of years selected. If MetLife pays less than the Nursing Home Daily Benefit Amount, the lifetime benefit duration could exceed the number of years selected.]

CANCELLATION

[Please CANCEL my coverage. I understand that I will be provided coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"). *As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.*]

[Please CANCEL my coverage. I understand that this will trigger coverage under the Nonforfeiture feature which I purchased with my policy. *As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.*]

Any changes in your coverage before [date] may be calculated at the new rates. Bill mode changes can only be made on or after your policy anniversary date after the date the premium increase takes effect.

You may not be able to increase benefits in the future without providing evidence of insurability. However, coverage changes may be able to be made without providing evidence of insurability through the inflation offering. Please refer to your policy for additional detail.

Some MetLife policies contain a [paid-up] survivorship feature [or a shared care rider]. If you currently qualify for the [paid-up] survivorship feature of your policy [or if you have purchased the shared care rider], both policyholders may be required to maintain identical coverage in order for [this feature] [these features] to remain in effect. Please refer to your policy for additional information.

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002
Tel 860-656-3809
gjisonna@metlife.com



Gina Jisonna
Sr. Product Consultant

April 24, 2017

Janet Houser
Virginia Bureau of Insurance
State Corporation Commission
1300 East Main Street
Richmond, VA 23219

Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance –
Inforce Premium Rate Schedule Increase Filing for Policy Form LTC2007-VA, et al.
SERFF Tracking # - META-130643303

Dear Ms. Houser:

Thank you for your response dated December 8, 2016 and the Note to Filer dated 12/9/16. Here are the answers to your questions:

Objection 1

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Thank you for the attaching the policyholder letter to the Form Schedule. With sufficient variability the letter only needs to be submitted on one filing for review in order to be used for all future long term care rate filings. We will review this letter attached to this filing and will request on the rate filing META-130643279 that the letter be removed from the Form Schedule.

In regards to the letter, please address the following:

1) The letter attached to the Form Schedule should be a final version and not reflect any highlighted changes.

A revised policyholder letter has been provided.

2) The type size of the Company's name on page one should be at least 10 point for compliance with 14VAC5-100-50.5.

The type size in the letter is 11 points.

3) There are three paid up options. According to the Company, the CBUL has an age restriction that the LCUL does not. If the benefits are the same, would this not mean the CBUL is basically being offered to everyone regardless of the triggers? And if this the case, there would be no need to offer three paid up options. It would seem only the contingent benefit upon lapse and the contractual nonforfeiture benefit would be offered. Please clarify.

We have revised the letter to reflect 2 paid-up options: 1) If the insured has a nonforfeiture rider; or 2) if the insured does not have a nonforfeiture rider and may also have CBUL benefit.

If the insured does not have a nonforfeiture rider, they will receive LCUL. The LCUL pays the same benefit as the CBUL but does not have the age restriction.

4) Thank you for your explanation regarding the last sentence in the paragraph "Insert for letters to insureds who have an existing NF benefit". The Company has indicated what the benefit will be under the LCUL and CBUL.

Since the value of the nonforfeiture benefit is calculated in the same manner as the CBUL, please include that information in this paragraph.

Language has been added to the last paragraph in the section, "Insert for letters to insureds who have an existing NF benefit."

5) In line with the above objection, the amount of coverage should clearly state the paid up status will not exceed the maximum benefits which would be payable if the policy had remained in a premium paying status. Stating the Total Lifetime Benefit payable will not exceed the Total Lifetime Benefit of your policy immediately prior to your date of lapse may not be completely accurate. If benefits have been paid, the amount of coverage will be the lesser of total premiums paid or the remaining amount of coverage. In other words, if premiums paid are less than the lifetime benefit amount less claims paid, the benefit would be the amount of premiums paid; if the premiums paid are higher than the remaining amount of coverage, then the remaining coverage would be the paid up value. Do you agree?

If the 30 day limit doesn't apply (assuming everyone will have paid more premiums than that), the coverage is the LESSER of (a) sum of premiums paid OR (b) the Total remaining benefit pool (since claims have been paid) immediately before lapse.

6) Please attach a copy of the Coverage Change Form that is referenced in "Next Steps" to Supporting Documentation.

Please find included a copy of the Coverage Change Form.

7) In regards to the landing spots, please attach a copy of the Future Purchase Option rider to Supporting Documentation. Please advise when this form was approved and the SERFF tracking number.

The Future Purchase Option rider has been provided under Supporting Documentation. It was approved 10-27-09 under SERFF filing number META-125279795.

8) It appears the following language regarding the fact that similar options will be made available if there are future increases has been removed. Please include this for compliance with 14VAC5-200-75 D 1 Subsection A 2: "In the event of future rate increases, options, similar to those being offered at this time, if applicable, may or may not be available but decreases in coverage can be made at any time, per the provisions of your policy."

The language is on the first page of the letter, 5th paragraph. We respectfully request this language be revised slightly, as there may be some insureds that would not receive options in their letter, so to note "options, similar to those being offered at this time" may be confusing to the insured. Insureds that are at their minimum daily benefit or total lifetime benefit would not be provided options on their letter. The letter provides our Customer Service number so that they can discuss what other options may be available to them, such as lengthening their elimination period or dropping a rider.

9) Please include the appropriate variability if this rate, or future rate increases, will be implemented in stages. Please understand, as well, policyholder notifications must be sent at least 75 days prior to each implementation stage. This can also be handled with the appropriate variability. Please amend the statement of variability accordingly.

The policyholder letter has been updated with the appropriate variability of the rate increase, which will be implemented in stages. Yes, we understand that the policyholder notification letter must be sent at least 75 days prior to each implementation stage.

12/9/17 - Note to Filer - additional Policyholder letter objection:

Through an oversight on our part, we noticed the letter does not include the language that states that the insured has a right to request a revised premium rate schedule as set forth in 14VAC5-200-75 A 4 b. Please amend the letter accordingly.

Last page, 3rd bullet under next steps. Language is included as follows: "Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this confirmation at any time." We feel this is clear to the insured.

Objection 2

- call center scripting (Supporting Document)

Comments: Thank you for providing the call center scripting. In reviewing this, there are concerns as follows: 5A should clearly state for Virginia, the policyholder will receive at least a 75 day notice prior to the rate implementation.

Although the company does have the right to request rate increases, item 7 should include a comment that any rate increase would be subject to review and approval of the Virginia State Corporation Commission.

Item 13 should be expanded to include that in no event will the paid up value exceed the maximum benefit would be payable if the policy had remained in a premium paying status.

The call center scripting has been updated as requested. Changes are shown in red to be easily identified.

Objection 3

- Statement of Variable (Supporting Document)

Comments: There are two variable item #2's under Options to consider. Based on the Statement of Variability, it appears which paragraph will be used is based on the policy forms. Is that correct? The statement specifically, however, refers to a LifeStage Advantage (LSA) policyholder letter. What letter is that and how is this applicable to the policyholder letter we are reviewing?

Yes, the paragraph to be used is dependent on the policy form. This letter will be used for this VIP1 policy series as well as the LifeStage Advantage (LSA) policy in which your department is currently reviewing a request for rate increase under SERFF filing number META-130643279.

We are including, with this response, an updated letter, which will be included in Supporting Documentation.

Objection 4

- VA_LSAnew_rates_42% Increase Phase 1, [LTC2007-VALTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA),

LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA] (Rate)

- VA_LSAnew_rates_42% Increase Phase 2, [LTC2007-VA, LTC2007-3AIP (VA), LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-CB (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-5AIP (VA), LTC2007-FP-VA] (Rate)

Comments: Thank you for expanding the form numbers on the Rate/Rule Schedule as requested. The affected form numbers must reflect the form numbers exactly as approved under SERFF tracking # META-125279795.

Please revise accordingly. The rate attachments should clearly indicate the form numbers and corresponding rates. Please add the form number of the riders to the rate attachments.

The Rate/Rule Schedule has been updated with the full list of form number associated with the original filing.

The following form numbers are impacted by this rate increase request:

LTC2007-VA, LTC2007-CIP, LTC2007-5AIP-VA, LTC2007-3AIP-VA, LTC2007-5SIP-VA, LTC2007-GAIP, LTC2007-GAIP75, LTC2007-CB-VA

The remaining form numbers referenced in the objection either have no rates associated with them or are factor based riders which do not receive an increase.

LTC2007-GPO-2 (VA), LTC2007-NF (VA), LTC2007-SC (VA), LTC2007-10YP (VA), LTC2007-PD, LTC2007-EPA, LTC2007-CBUL (AP) (VA), LTC2007-FP-VA

Objection 5

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

Comments: Thank you for your reply to our objection regarding the Long Term Care Rate Request Summary.

Although the information explaining the reason for the rate increase is found in the Actuarial Memorandum, our objection has not been resolved.

Please attach a brief narrative to the LTC summary. This form will be available on our website for consumers to view and obtain an explanation for the rate increase. It should be presented in consumer friendly language and explain what assumptions have changed and why since the policy was initially priced and what effect this has on rates.

Also, the form should be updated to reflect all the form numbers affected by this rate increase.

A brief narrative has been added to the LTC Rate Request Summary as page 2.

Objection 6

- LTC2007 Policy (Supporting Document)

Comments: Thank you for the information regarding how the policy is updated. This is currently under review and if there are any concerns, we will notify you as soon as possible.

Thank you for your continued review.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

1. Please update all projections to include experience through 12/31/2015.

Please see Exhibit I (nationwide) and Attachment 1 (Virginia) projections updated to include experience through 12/31/2015.

2. In response to Objection 6.e., the Company states that some information from original pricing is no longer available. This is concerning, especially considering the relatively recent timing of the original pricing in 2009. Please further describe what data is missing that prevented the Company from responding to the original question.

This product was priced using legacy systems that are no longer available. Instead, we are offering the A-to-E analysis of the incidence and claim terminations experience based on the current best-estimate assumptions. Please see Attachment 4.

3. Please provide in Excel format a loss ratio exhibit assuming the requested premiums had been in effect from inception of the policies.

Please see Attachments 1 and 2.

4. Please provide an A/E analysis on each assumption (morbidity, mortality, lapse) with expected on both original and current assumption basis.

Please see Attachment 4.

5. Since the current assumptions as described in the memorandum are very similar to the original assumptions, please provide a quantitative measure of the impact of the change in each assumption individually on the lifetime loss ratio.

Based on our analysis of the experience, the components of the rate increase attributable to each key assumption are broken down as follows:

Morbidity	47.40%
Mortality	-0.10%
Lapse	-5.30%
Total	42.00%

6. By comparing the data presented in Attachments 1a and 2, we have reached the following conclusions. Please confirm that you agree with these observations or explain if you believe we have misinterpreted the data:

- a. The Company is projecting lower overall persistency under current assumptions than under the original assumptions.

Upon review of Attachments 1a and 2, we are in agreement with this observation.

- b. The Company is projecting lower claims in early durations than under original assumptions.

Upon review of Attachments 1a and 2, we are in agreement with this observation.

- c. *The company is projecting significantly higher ultimate claims (beyond duration 20) than under original assumptions.*

Upon review of Attachments 1a and 2, we are in agreement with this observation.

7. *Please provide a detailed explanation of the source data and actuarial review performed in setting each assumption. If outside data sources were utilized, please discuss any adjustments made to reflect the company's unique business.*

MetLife performs Experience Studies annually, which are reviewed internally by LTC and senior management, MetLife's risk management, and corporate actuary. The Study is then audited for data controls, processes, and results by our external auditors. In general, the best-estimate for each assumption was determined based on the actual experience of each block of business (e.g. IB block). For certain items wherein experience was not deemed fully credible, past experience is supplemented with experience on other blocks of business.

8. *Please provide a discussion of the credibility of the data underlying the current assumptions.*

All projection assumptions, including morbidity, are taken directly from the Experience Study performed each year. In general, the assumptions used in all projections reflect historical experience within a non-material degree of tolerance. Some actuarial judgment is used in areas where credibility or trending requires adjustment, but the methodology, results, conclusions and use are prescribed by MetLife internal Standards and Actuarial Standards of Practice and are reviewed and approved by MetLife management, internal auditors, and external auditors.

Claim costs are primarily driven by incidence and claim termination (continuance) assumptions. For incidence rates, experience is only credible to allow the assumptions to be set based on gender, site of care and block of business (e.g. Individual Business). Actual claims are volatile year over year within single policy forms. Such volatility is less dramatic when the policy series under the same business block (individual business with common underwriting, sales practices, and policy benefits) are aggregated, which is the basis of MetLife's development of the assumptions. We believe the combined experience of these policy forms to be a sufficiently homogenous risk pool such that we are in compliance with ASOP 25[1], particularly sections 3.1 through 3.5.

Note that statutory and GAAP valuation, GAAP loss recognition testing and statutory asset adequacy testing use the same set of best estimate assumptions (with provisions for adverse deviations added per regulation as may be required. As with the Experience Study best estimate assumptions, all valuation and reporting data and processes are management reviewed and externally audited.

9. *The 55/85 test must use projections which do not include benefit downgrades or anti-selective lapses.*

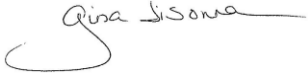
Please revise this test and provide supporting exhibits.
Please see Attachments 6 and 7.

10. *Please further describe the margins for moderately adverse experience used in the certification. What exactly is meant by 5% of gross future premiums? Lifetime premiums? How does this value compare to 10% of future claims?*

The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience ("MAE"). Ordinarily, MetLife interprets moderately adverse conditions as those where aggregate experience deviates unfavorably from the aggregate experience assumptions used in the Lifetime Loss Ratio projections, such that the value of the deviation is equal to 5% of the gross premiums or more. To mitigate the effect of the rate action on policyholders, the rate action has been calculated without MAE loads. Notwithstanding that, the certification in the Actuarial Memorandum applies, (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect MAE conditions are realized, no further premium rate schedule increases are anticipated.

Thank you for your attention to this filing.

Sincerely,

A handwritten signature in black ink, appearing to read "Gina Jisonna". The signature is fluid and cursive, with a large, stylized initial "G" that loops around the first part of the name.

Gina Jisonna

Exhibit I
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors		
		Without Interest				With Interest			Premium		Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency			Premium Persistency
Historical Experience	1998	-	-	N/A	-	-	-	N/A							4.00%	1.9865
	1999	-	-	N/A	-	-	-	N/A							4.00%	1.9101
	2000	-	-	N/A	-	-	-	N/A							4.00%	1.8366
	2001	-	-	N/A	-	-	-	N/A							4.00%	1.7660
	2002	-	-	N/A	-	-	-	N/A							4.00%	1.6980
	2003	-	-	N/A	-	-	-	N/A							4.00%	1.6327
	2004	-	-	N/A	-	-	-	N/A							4.00%	1.5699
	2005	-	-	N/A	-	-	-	N/A							4.00%	1.5096
	2006	-	-	N/A	-	-	-	N/A							4.00%	1.4515
	2007	-	-	N/A	-	-	-	N/A							4.00%	1.3957
	2008	-	-	N/A	-	-	-	N/A							4.00%	1.3420
	2009	1,005,858	-	0.0%	1,619	1,297,937	-	0.0%							4.00%	1.2904
	2010	7,230,907	481,183	6.7%	5,675	8,971,728	597,027	6.7%							4.00%	1.2407
	2011	14,370,661	187,137	1.3%	6,893	17,144,577	223,259	1.3%							4.00%	1.1930
	2012	14,081,103	35,990	0.3%	6,667	16,153,007	41,286	0.3%							4.00%	1.1471
2013	13,453,803	760,271	5.7%	6,410	14,839,813	838,794	5.7%							4.00%	1.1030	
2014	12,414,159	7,214,159	7.0%	6,265	13,166,408	7,025,510	7.0%							4.00%	1.0606	
2015	12,115,116	1,171,518	9.7%	6,153	12,355,042	1,194,719	9.7%							4.00%	1.0198	
Projected Future Experience	2016	11,707,072	2,373,855	20.3%	5,998	11,479,728	2,327,756	20.3%	1.0000	N/A	0.0251	0.0000	0.975	0.966	4.00%	0.9806
	2017	11,389,977	2,548,320	22.4%	5,880	10,739,223	2,402,725	22.4%	1.0000	N/A	0.0198	0.0000	0.980	0.973	4.00%	0.9429
	2018	11,144,928	2,777,855	24.9%	5,790	10,104,014	2,518,409	24.9%	1.0000	N/A	0.0153	0.0000	0.985	0.978	4.00%	0.9066
	2019	10,872,280	3,062,698	28.2%	5,670	9,477,721	2,669,854	28.2%	1.0000	N/A	0.0208	0.0000	0.979	0.976	4.00%	0.8717
	2020	10,341,844	3,390,335	32.8%	5,545	8,668,664	2,841,794	32.8%	1.0000	N/A	0.0219	0.0000	0.978	0.951	4.00%	0.8382
	2021	9,818,706	3,770,048	38.5%	5,418	7,913,542	3,044,977	38.5%	1.0000	N/A	0.0231	0.0000	0.977	0.949	4.00%	0.8060
	2022	9,522,551	4,231,321	44.4%	5,286	7,379,664	3,279,135	44.4%	1.0000	N/A	0.0242	0.0000	0.976	0.970	4.00%	0.7750
	2023	9,226,086	4,758,670	51.6%	5,151	6,874,917	3,545,974	51.6%	1.0000	N/A	0.0256	0.0000	0.974	0.969	4.00%	0.7452
	2024	8,921,149	5,367,283	60.2%	5,012	6,392,010	3,845,662	60.2%	1.0000	N/A	0.0269	0.0000	0.973	0.967	4.00%	0.7165
	2025	8,607,512	6,059,898	70.4%	4,870	5,930,085	4,174,924	70.4%	1.0000	N/A	0.0284	0.0000	0.972	0.965	4.00%	0.6889
	2026	8,285,507	6,839,987	82.6%	4,724	5,488,694	4,531,117	82.6%	1.0000	N/A	0.0300	0.0000	0.970	0.963	4.00%	0.6624
	2027	7,955,430	7,706,946	96.9%	4,573	5,067,326	4,908,067	96.9%	1.0000	N/A	0.0318	0.0000	0.968	0.960	4.00%	0.6370
	2028	7,617,530	8,656,143	113.6%	4,420	4,665,492	5,301,602	113.6%	1.0000	N/A	0.0336	0.0000	0.966	0.958	4.00%	0.6125
	2029	7,272,705	9,678,225	133.1%	4,262	4,282,979	5,699,617	133.1%	1.0000	N/A	0.0357	0.0000	0.964	0.955	4.00%	0.5889
	2030	6,921,729	10,766,296	155.5%	4,101	3,919,504	6,096,533	155.5%	1.0000	N/A	0.0378	0.0000	0.962	0.952	4.00%	0.5663
	2031	6,565,690	11,901,000	181.3%	3,936	3,574,898	6,479,876	181.3%	1.0000	N/A	0.0403	0.0000	0.960	0.949	4.00%	0.5445
	2032	6,205,854	13,059,766	210.4%	3,768	3,249,013	6,837,310	210.4%	1.0000	N/A	0.0426	0.0000	0.957	0.945	4.00%	0.5235
	2033	5,843,976	14,226,658	243.4%	3,597	2,941,880	7,161,755	243.4%	1.0000	N/A	0.0453	0.0000	0.955	0.942	4.00%	0.5034
	2034	5,481,547	15,378,076	280.5%	3,425	2,653,300	7,443,638	280.5%	1.0000	N/A	0.0480	0.0000	0.952	0.938	4.00%	0.4840
	2035	5,120,376	16,493,653	322.1%	3,250	2,383,152	7,676,562	322.1%	1.0000	N/A	0.0509	0.0000	0.949	0.934	4.00%	0.4654
	2036	4,762,517	17,530,345	368.1%	3,075	2,131,341	7,845,254	368.1%	1.0000	N/A	0.0540	0.0000	0.946	0.930	4.00%	0.4475
	2037	4,409,996	18,484,728	419.2%	2,899	1,897,673	7,954,196	419.2%	1.0000	N/A	0.0571	0.0000	0.943	0.926	4.00%	0.4303
	2038	4,064,674	19,319,480	475.3%	2,724	1,681,805	7,993,653	475.3%	1.0000	N/A	0.0605	0.0000	0.939	0.922	4.00%	0.4138
	2039	3,728,799	20,003,901	536.5%	2,550	1,483,493	7,958,500	536.5%	1.0000	N/A	0.0637	0.0000	0.936	0.917	4.00%	0.3978
	2040	3,404,150	20,542,873	603.5%	2,378	1,302,242	7,858,585	603.5%	1.0000	N/A	0.0674	0.0000	0.933	0.913	4.00%	0.3825
	2041	3,092,365	20,910,631	676.2%	2,210	1,137,472	7,691,605	676.2%	1.0000	N/A	0.0709	0.0000	0.929	0.908	4.00%	0.3678
	2042	2,795,989	21,106,369	755.1%	2,045	988,581	7,465,181	755.1%	1.0000	N/A	0.0746	0.0000	0.925	0.904	4.00%	0.3537
	2043	2,513,611	21,114,946	840.0%	1,885	854,833	7,180,805	840.0%	1.0000	N/A	0.0783	0.0000	0.922	0.899	4.00%	0.3401
	2044	2,248,867	20,960,139	932.0%	1,730	735,383	6,853,998	932.0%	1.0000	N/A	0.0822	0.0000	0.918	0.895	4.00%	0.3270
	2045	2,001,556	20,644,672	1031.4%	1,581	629,338	6,491,192	1031.4%	1.0000	N/A	0.0860	0.0000	0.914	0.890	4.00%	0.3144
	2046	1,772,165	20,154,193	1137.3%	1,439	535,781	6,093,244	1137.3%	1.0000	N/A	0.0896	0.0000	0.910	0.885	4.00%	0.3023
	2047	1,560,879	19,535,864	1251.6%	1,305	453,753	5,679,138	1251.6%	1.0000	N/A	0.0935	0.0000	0.907	0.881	4.00%	0.2907
	2048	1,367,683	18,786,455	1373.6%	1,178	362,298	5,251,233	1373.6%	1.0000	N/A	0.0973	0.0000	0.903	0.876	4.00%	0.2795
	2049	1,192,253	17,909,834	1502.2%	1,059	320,444	4,813,652	1502.2%	1.0000	N/A	0.1008	0.0000	0.899	0.872	4.00%	0.2688
	2050	1,033,995	16,961,882	1640.4%	949	267,220	4,383,529	1640.4%	1.0000	N/A	0.1043	0.0000	0.896	0.867	4.00%	0.2584
2051	891,993	15,938,077	1786.8%	846	221,655	3,960,522	1786.8%	1.0000	N/A	0.1081	0.0000	0.892	0.863	4.00%	0.2485	
2052	765,863	14,861,319	1940.5%	752	182,993	3,550,916	1940.5%	1.0000	N/A	0.1114	0.0000	0.889	0.859	4.00%	0.2389	
2053	654,459	13,762,613	2102.9%	665	150,360	3,161,918	2102.9%	1.0000	N/A	0.1150	0.0000	0.885	0.855	4.00%	0.2297	
2054	556,506	12,650,715	2273.2%	587	122,938	2,794,676	2273.2%	1.0000	N/A	0.1181	0.0000	0.882	0.850	4.00%	0.2209	
2055	471,126	11,555,271	2452.7%	516	100,074	2,454,501	2452.7%	1.0000	N/A	0.1212	0.0000	0.879	0.847	4.00%	0.2124	
2056	397,142	10,489,697	2641.3%	452	81,114	2,142,460	2641.3%	1.0000	N/A	0.1241	0.0000	0.876	0.843	4.00%	0.2042	
2057	333,427	9,463,893	2838.4%	394	65,481	1,858,601	2838.4%	1.0000	N/A	0.1273	0.0000	0.873	0.840	4.00%	0.1964	
2058	278,829	8,497,716	3047.6%	343	52,653	1,604,668	3047.6%	1.0000	N/A	0.1291	0.0000	0.871	0.836	4.00%	0.1888	
2059	232,262	7,586,828	3266.5%	298	42,172	1,377,558	3266.5%	1.0000	N/A	0.1317	0.0000	0.868	0.833	4.00%	0.1816	
2060	192,891	6,745,892	3497.3%	258	33,677	1,177,757	3497.3%	1.0000	N/A	0.1343	0.0000	0.866	0.830	4.00%	0.1746	
2061	159,676	5,960,160	3732.7%	223	26,805	1,000,555	3732.7%	1.0000	N/A	0.1371	0.0000	0.863	0.828	4.00%	0.1679	
2062	131,792	5,241,843	3977.3%	192	21,274	846,123	3977.3%	1.0000	N/A	0.1389	0.0000	0.861	0.825	4.00%	0.1614	
2063	108,482	4,588,518	4229.8%	165	16,837	712,178	4229.8%	1.0000	N/A	0.1412	0.0000	0.859	0.823	4.00%	0.1552	
2064	89,047	3,992,295	4483.4%	141	13,289	595,807	4483.4%	1.0000	N/A	0.1416	0.0000	0.858	0.821	4.00%	0.1492	
2065	72,901	3,458,207	4743.7%	121	10,461	498,250	4743.7%	1.0000	N/A	0.1444	0.0000	0.856	0.819	4.00%	0.1435	
2066	59,546	2,985,399	5013.6%	103	8,216	411,925	5013.6%	1.0000	N/A	0.1482	0.0000	0.852	0.817	4.00%	0.1380	
2067	48,524	2,572,213	5300.9%	88	6,438	341,264	5300.9%	1.0000	N/A	0.1485	0.0000	0.852	0.815	4.00%	0.1327	
2068	39,430	2,210,684	5606.6%	74	5,030	282,018	5606.6%	1.0000	N/A	0.1520	0.0000	0.848	0.813	4.00%	0.1276	
2069	31,949	1,893,434	5926													

Exhibit I
Metropolitan Life Insurance Company
Nationwide Experience Projections With 42% Future Increase
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency		
Historical Experience	1998	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.9865
	1999	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.9101
	2000	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.8366
	2001	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.7660
	2002	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.6980
	2003	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.6327
	2004	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.5699
	2005	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.5096
	2006	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.4515
	2007	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.3957
	2008	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	4.00%	1.3420
	2009	1,005,858	-	0.0%	1,619	1,297,937	-	0.0%	-	-	-	-	-	-	4.00%	1.2904
	2010	7,230,907	481,183	6.7%	5,675	8,971,728	597,027	6.7%	-	-	-	-	-	-	4.00%	1.2407
	2011	14,370,661	187,137	1.3%	6,893	17,144,577	223,259	1.3%	-	-	-	-	-	-	4.00%	1.1930
2012	14,081,103	35,990	0.3%	6,667	16,153,007	41,286	0.3%	-	-	-	-	-	-	4.00%	1.1471	
2013	13,453,803	760,271	5.7%	6,410	14,839,813	836,594	5.7%	-	-	-	-	-	-	4.00%	1.1030	
2014	12,414,159	870,746	7.0%	6,265	13,166,408	923,510	7.0%	-	-	-	-	-	-	4.00%	1.0606	
2015	12,115,116	1,171,518	9.7%	6,153	12,355,042	1,194,719	9.7%	-	-	-	-	-	-	4.00%	1.0198	
Projected Future Experience	2016	11,707,072	2,373,855	20.3%	5,998	11,479,728	2,327,756	20.3%	1.0000	1.0000	0.0251	1.0000	0.975	0.966	4.00%	0.9806
	2017	12,472,676	2,499,006	20.0%	5,814	11,760,062	2,356,227	20.0%	1.1167	0.9917	0.0307	0.9889	0.969	0.973	4.00%	0.9429
	2018	14,633,912	2,592,610	17.7%	5,566	13,267,133	2,350,465	17.7%	1.4069	0.9709	0.0428	0.9613	0.957	0.978	4.00%	0.9066
	2019	14,376,459	2,851,984	19.8%	5,443	12,532,429	2,486,168	19.8%	1.4200	0.9700	0.0221	0.9600	0.978	0.976	4.00%	0.8717
	2020	13,675,195	3,157,080	23.1%	5,324	11,462,608	2,665,278	23.1%	1.4200	0.9700	0.0219	0.9600	0.978	0.951	4.00%	0.8362
	2021	12,963,314	3,518,118	27.1%	5,201	10,464,108	2,835,483	27.1%	1.4200	0.9700	0.0231	0.9600	0.977	0.949	4.00%	0.8060
	2022	12,591,707	3,940,206	31.3%	5,075	9,758,160	3,053,530	31.3%	1.4200	0.9700	0.0242	0.9600	0.976	0.970	4.00%	0.7750
	2023	12,199,691	4,431,274	36.3%	4,945	9,090,731	3,302,011	36.3%	1.4200	0.9700	0.0256	0.9600	0.974	0.969	4.00%	0.7452
	2024	11,796,471	4,998,014	42.4%	4,812	8,452,180	3,581,081	42.4%	1.4200	0.9700	0.0269	0.9600	0.973	0.967	4.00%	0.7165
	2025	11,381,747	5,642,977	49.6%	4,675	7,841,375	3,887,690	49.6%	1.4200	0.9700	0.0284	0.9600	0.972	0.965	4.00%	0.6889
	2026	10,955,959	6,369,396	58.1%	4,535	7,257,722	4,219,376	58.1%	1.4200	0.9700	0.0300	0.9600	0.970	0.963	4.00%	0.6624
	2027	10,519,462	6,881,260	65.4%	4,391	6,700,545	4,571,323	65.4%	1.4200	0.9700	0.0316	0.9600	0.968	0.960	4.00%	0.6370
	2028	10,072,691	8,060,600	80.0%	4,243	6,169,199	4,936,858	80.0%	1.4200	0.9700	0.0336	0.9600	0.966	0.958	4.00%	0.6125
	2029	9,616,728	9,012,363	93.7%	4,091	5,663,400	5,307,483	93.7%	1.4200	0.9700	0.0357	0.9600	0.964	0.955	4.00%	0.5889
	2030	9,152,630	10,025,575	109.5%	3,937	5,182,776	5,677,091	109.5%	1.4200	0.9700	0.0378	0.9600	0.962	0.952	4.00%	0.5663
	2031	8,681,838	11,082,211	127.6%	3,778	4,727,101	6,034,060	127.6%	1.4200	0.9700	0.0403	0.9600	0.960	0.949	4.00%	0.5445
	2032	8,206,025	12,161,254	148.2%	3,617	4,296,183	6,366,903	148.2%	1.4200	0.9700	0.0426	0.9600	0.957	0.945	4.00%	0.5235
	2033	7,727,513	13,247,864	171.4%	3,453	3,890,060	6,669,026	171.4%	1.4200	0.9700	0.0453	0.9600	0.955	0.942	4.00%	0.5034
	2034	7,248,271	14,320,064	197.6%	3,288	3,508,469	6,931,515	197.6%	1.4200	0.9700	0.0480	0.9600	0.952	0.938	4.00%	0.4840
	2035	6,770,694	15,368,994	226.8%	3,120	3,151,252	7,148,414	226.8%	1.4200	0.9700	0.0509	0.9600	0.949	0.934	4.00%	0.4654
	2036	6,297,495	16,324,258	259.2%	2,952	2,818,281	7,305,501	259.2%	1.4200	0.9700	0.0540	0.9600	0.946	0.930	4.00%	0.4475
	2037	5,831,356	17,212,979	295.2%	2,783	2,509,301	7,406,947	295.2%	1.4200	0.9700	0.0571	0.9600	0.943	0.926	4.00%	0.4303
	2038	5,374,734	17,990,299	334.7%	2,615	2,223,857	7,443,690	334.7%	1.4200	0.9700	0.0605	0.9600	0.939	0.922	4.00%	0.4138
	2039	4,930,606	18,627,633	377.8%	2,448	1,961,629	7,410,955	377.8%	1.4200	0.9700	0.0637	0.9600	0.936	0.917	4.00%	0.3978
	2040	4,501,321	19,129,524	425.0%	2,283	1,721,960	7,317,915	425.0%	1.4200	0.9700	0.0674	0.9600	0.933	0.913	4.00%	0.3825
	2041	4,089,047	19,471,980	476.2%	2,121	1,504,083	7,162,423	476.2%	1.4200	0.9700	0.0709	0.9600	0.929	0.908	4.00%	0.3678
	2042	3,695,958	19,654,716	531.8%	1,963	1,307,204	6,951,578	531.8%	1.4200	0.9700	0.0746	0.9600	0.925	0.904	4.00%	0.3537
	2043	3,323,758	19,662,237	591.6%	1,809	1,130,349	6,686,766	591.6%	1.4200	0.9700	0.0783	0.9600	0.922	0.899	4.00%	0.3401
	2044	2,973,686	19,518,081	656.4%	1,661	972,400	6,382,443	656.4%	1.4200	0.9700	0.0822	0.9600	0.918	0.895	4.00%	0.3270
	2045	2,646,666	19,224,319	726.4%	1,518	832,177	6,044,598	726.4%	1.4200	0.9700	0.0860	0.9600	0.914	0.890	4.00%	0.3144
	2046	2,343,340	18,767,584	800.9%	1,382	708,465	5,674,029	800.9%	1.4200	0.9700	0.0896	0.9600	0.910	0.885	4.00%	0.3023
	2047	2,063,957	18,191,797	881.4%	1,253	599,999	5,288,413	881.4%	1.4200	0.9700	0.0935	0.9600	0.907	0.881	4.00%	0.2907
	2048	1,808,492	17,493,687	967.3%	1,131	505,514	4,889,948	967.3%	1.4200	0.9700	0.0973	0.9600	0.903	0.876	4.00%	0.2795
	2049	1,576,521	16,677,638	1057.9%	1,017	423,724	4,482,473	1057.9%	1.4200	0.9700	0.1008	0.9600	0.900	0.868	4.00%	0.2688
	2050	1,367,256	15,794,905	1155.2%	911	353,345	4,081,942	1155.2%	1.4200	0.9700	0.1043	0.9600	0.896	0.867	4.00%	0.2584
	2051	1,179,485	14,841,537	1258.3%	812	293,095	3,688,038	1258.3%	1.4200	0.9700	0.1081	0.9600	0.892	0.863	4.00%	0.2485
	2052	1,012,704	13,838,860	1366.5%	722	241,972	3,306,613	1366.5%	1.4200	0.9700	0.1114	0.9600	0.889	0.859	4.00%	0.2389
	2053	865,394	12,815,745	1480.9%	639	198,822	2,944,379	1480.9%	1.4200	0.9700	0.1150	0.9600	0.885	0.855	4.00%	0.2297
	2054	735,871	11,780,345	1600.9%	563	162,562	2,602,402	1600.9%	1.4200	0.9700	0.1181	0.9600	0.882	0.850	4.00%	0.2209
	2055	622,972	10,760,288	1727.2%	495	132,328	2,285,631	1727.2%	1.4200	0.9700	0.1212	0.9600	0.879	0.847	4.00%	0.2124
	2056	525,143	9,768,006	1860.1%	434	107,257	1,995,059	1860.1%	1.4200	0.9700	0.1241	0.9600	0.876	0.843	4.00%	0.2042
	2057	440,891	8,812,777	1998.9%	378	86,586	1,730,730	1998.9%	1.4200	0.9700	0.1273	0.9600	0.873	0.840	4.00%	0.1964
	2058	368,696	7,913,074	2146.2%	330	69,623	1,494,267	2146.2%	1.4200	0.9700	0.1291	0.9600	0.871	0.836	4.00%	0.1888
	2059	307,121	7,064,854	2300.3%	286	55,765	1,282,782	2300.3%	1.4200	0.9700	0.1317	0.9600	0.868	0.833	4.00%	0.1816
2060	255,061	6,281,774	2462.9%	248	44,531	1,096,728	2462.9%	1.4200	0.9700	0.1343	0.9600	0.866	0.830	4.00%	0.1746	
2061	211,140	5,550,101	2628.6%	214	35,445	931,717	2628.6%	1.4200	0.9700	0.1371	0.9600	0.863	0.828	4.00%	0.1679	
2062	174,270	4,881,204	2800.9%	184	28,130	787,910	2800.9%	1.4200	0.9700	0.1389	0.9600	0.861	0.825	4.00%	0.1614	
2063	143,446	4,272,828	2978.7%	158	22,254	663,294	2978.7%	1.4200	0.9700	0.1412	0.9600	0.859	0.823	4.00%	0.1552	
2064	117,747	3,717,625	3157.3%	136	17,572	554,816	3157.3%	1.4200	0.9700	0.1416	0.9600	0.858	0.821			

Attachment 1
Metropolitan Life Insurance Company
State of Virginia Experience Projections With No Future Increase
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors		
		Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency			Premium Persistency
Historical Experience	1998	-	-	N/A	-	-	-	N/A							4.00%	1.9865
	1999	-	-	N/A	-	-	-	N/A							4.00%	1.9101
	2000	-	-	N/A	-	-	-	N/A							4.00%	1.8366
	2001	-	-	N/A	-	-	-	N/A							4.00%	1.7660
	2002	-	-	N/A	-	-	-	N/A							4.00%	1.6980
	2003	-	-	N/A	-	-	-	N/A							4.00%	1.6327
	2004	-	-	N/A	-	-	-	N/A							4.00%	1.5699
	2005	-	-	N/A	-	-	-	N/A							4.00%	1.5096
	2006	-	-	N/A	-	-	-	N/A							4.00%	1.4515
	2007	-	-	N/A	-	-	-	N/A							4.00%	1.3957
	2008	-	-	N/A	-	-	-	N/A							4.00%	1.3420
	2009	-	-	N/A	-	-	-	N/A							4.00%	1.2904
	2010	49,245	-	0.0%	50	61,101	-	0.0%							4.00%	1.2407
	2011	142,744	-	0.0%	66	170,297	-	0.0%							4.00%	1.1930
	2012	139,746	-	0.0%	63	160,308	-	0.0%							4.00%	1.1471
2013	132,626	-	0.0%	60	146,289	-	0.0%							4.00%	1.1030	
2014	122,808	271	0.2%	60	130,250	287	0.2%							4.00%	1.0606	
2015	121,002	5,818	4.8%	58	123,398	5,933	4.8%							4.00%	1.0198	
Projected Future Experience	2016	116,123	21,480	18.5%	57	113,868	21,062	18.5%	1.0000	N/A	0.0243	0.0000	0.976	0.960	4.00%	0.9806
	2017	113,294	22,571	19.9%	55	106,821	21,282	19.9%	1.0000	N/A	0.0210	0.0000	0.979	0.976	4.00%	0.9429
	2018	111,260	24,236	21.8%	55	100,868	21,973	21.8%	1.0000	N/A	0.0119	0.0000	0.988	0.982	4.00%	0.9066
	2019	109,448	26,414	24.1%	54	95,409	23,026	24.1%	1.0000	N/A	0.0203	0.0000	0.980	0.984	4.00%	0.8717
	2020	96,217	30.1%	30.1%	53	80,649	30.1%	30.1%	1.0000	N/A	0.0201	0.0000	0.980	0.879	4.00%	0.8382
	2021	88,166	32,031	36.3%	51	71,059	25,816	36.3%	1.0000	N/A	0.0221	0.0000	0.978	0.916	4.00%	0.8060
	2022	85,833	36,312	42.3%	50	66,518	28,141	42.3%	1.0000	N/A	0.0226	0.0000	0.977	0.974	4.00%	0.7750
	2023	83,412	41,154	49.3%	49	62,156	30,666	49.3%	1.0000	N/A	0.0245	0.0000	0.976	0.972	4.00%	0.7452
	2024	80,907	47,085	58.2%	48	57,970	33,737	58.2%	1.0000	N/A	0.0257	0.0000	0.974	0.970	4.00%	0.7165
	2025	78,312	54,110	69.1%	46	53,952	37,279	69.1%	1.0000	N/A	0.0266	0.0000	0.973	0.968	4.00%	0.6889
	2026	75,625	61,960	81.9%	45	50,098	41,045	81.9%	1.0000	N/A	0.0284	0.0000	0.972	0.966	4.00%	0.6624
	2027	72,854	71,312	97.9%	44	46,405	45,423	97.9%	1.0000	N/A	0.0306	0.0000	0.969	0.963	4.00%	0.6370
	2028	69,895	81,828	116.9%	42	42,870	50,117	116.9%	1.0000	N/A	0.0324	0.0000	0.968	0.961	4.00%	0.6125
	2029	67,051	93,941	140.1%	41	39,487	55,323	140.1%	1.0000	N/A	0.0342	0.0000	0.966	0.958	4.00%	0.5889
	2030	64,026	107,225	167.5%	39	36,255	60,717	167.5%	1.0000	N/A	0.0364	0.0000	0.964	0.955	4.00%	0.5663
	2031	60,923	121,447	199.3%	38	33,171	66,126	199.3%	1.0000	N/A	0.0378	0.0000	0.962	0.952	4.00%	0.5445
	2032	57,749	137,279	237.7%	36	30,234	71,871	237.7%	1.0000	N/A	0.0409	0.0000	0.959	0.948	4.00%	0.5235
	2033	54,514	153,764	282.1%	35	27,443	77,405	282.1%	1.0000	N/A	0.0443	0.0000	0.956	0.944	4.00%	0.5034
	2034	51,232	169,961	331.7%	33	24,798	82,268	331.7%	1.0000	N/A	0.0463	0.0000	0.954	0.940	4.00%	0.4840
	2035	47,920	185,889	387.9%	32	22,303	86,517	387.9%	1.0000	N/A	0.0492	0.0000	0.951	0.935	4.00%	0.4654
	2036	44,606	200,459	449.4%	30	19,962	89,710	449.4%	1.0000	N/A	0.0527	0.0000	0.947	0.931	4.00%	0.4475
	2037	41,314	216,073	523.0%	28	17,778	92,979	523.0%	1.0000	N/A	0.0549	0.0000	0.945	0.926	4.00%	0.4303
	2038	38,058	228,485	600.4%	27	15,747	94,538	600.4%	1.0000	N/A	0.0585	0.0000	0.942	0.921	4.00%	0.4138
	2039	34,867	237,983	682.5%	25	13,872	94,681	682.5%	1.0000	N/A	0.0613	0.0000	0.939	0.916	4.00%	0.3978
	2040	31,765	247,467	779.1%	23	12,152	94,667	779.1%	1.0000	N/A	0.0666	0.0000	0.933	0.911	4.00%	0.3825
	2041	28,774	251,819	875.2%	22	10,584	92,627	875.2%	1.0000	N/A	0.0683	0.0000	0.932	0.906	4.00%	0.3678
	2042	25,918	254,753	982.9%	20	9,167	90,102	982.9%	1.0000	N/A	0.0719	0.0000	0.928	0.901	4.00%	0.3537
	2043	23,213	254,380	1095.9%	19	7,894	86,510	1095.9%	1.0000	N/A	0.0765	0.0000	0.923	0.896	4.00%	0.3401
	2044	20,671	252,600	1222.0%	17	6,759	82,601	1222.0%	1.0000	N/A	0.0785	0.0000	0.921	0.890	4.00%	0.3270
	2045	18,296	248,198	1356.6%	16	5,753	78,039	1356.6%	1.0000	N/A	0.0823	0.0000	0.918	0.885	4.00%	0.3144
	2046	16,107	241,444	1499.0%	14	4,870	72,996	1499.0%	1.0000	N/A	0.0852	0.0000	0.915	0.880	4.00%	0.3023
	2047	14,102	234,418	1662.3%	13	4,099	68,146	1662.3%	1.0000	N/A	0.0883	0.0000	0.912	0.875	4.00%	0.2907
	2048	12,284	223,498	1819.4%	12	3,434	62,473	1819.4%	1.0000	N/A	0.0900	0.0000	0.910	0.871	4.00%	0.2795
	2049	10,654	212,128	1991.0%	11	2,864	57,014	1991.0%	1.0000	N/A	0.0947	0.0000	0.905	0.867	4.00%	0.2688
	2050	9,197	200,432	2179.2%	10	2,377	51,798	2179.2%	1.0000	N/A	0.0972	0.0000	0.903	0.863	4.00%	0.2584
	2051	7,910	189,286	2393.1%	9	1,965	47,037	2393.1%	1.0000	N/A	0.0964	0.0000	0.904	0.860	4.00%	0.2485
	2052	6,778	178,762	2637.5%	8	1,619	42,713	2637.5%	1.0000	N/A	0.0942	0.0000	0.906	0.857	4.00%	0.2389
	2053	5,789	168,015	2902.4%	7	1,330	38,601	2902.4%	1.0000	N/A	0.1040	0.0000	0.896	0.854	4.00%	0.2297
	2054	4,928	158,104	3208.3%	6	1,089	34,927	3208.3%	1.0000	N/A	0.1021	0.0000	0.898	0.851	4.00%	0.2209
	2055	4,185	148,791	3555.5%	6	889	31,605	3555.5%	1.0000	N/A	0.1075	0.0000	0.893	0.849	4.00%	0.2124
2056	3,541	137,867	3893.3%	5	723	28,158	3893.3%	1.0000	N/A	0.1047	0.0000	0.895	0.846	4.00%	0.2042	
2057	2,990	127,859	4276.5%	5	587	25,110	4276.5%	1.0000	N/A	0.1111	0.0000	0.889	0.844	4.00%	0.1964	
2058	2,522	116,386	4614.5%	4	476	21,978	4614.5%	1.0000	N/A	0.1118	0.0000	0.888	0.844	4.00%	0.1888	
2059	2,127	105,661	4967.0%	4	386	19,185	4967.0%	1.0000	N/A	0.1111	0.0000	0.889	0.843	4.00%	0.1816	
2060	1,795	96,888	5397.5%	3	313	16,916	5397.5%	1.0000	N/A	0.1250	0.0000	0.875	0.844	4.00%	0.1746	
2061	1,515	87,464	5773.8%	3	254	14,683	5773.8%	1.0000	N/A	0.1206	0.0000	0.879	0.844	4.00%	0.1679	
2062	1,282	78,686	6138.6%	2	207	12,701	6138.6%	1.0000	N/A	0.1155	0.0000	0.884	0.846	4.00%	0.1614	
2063	1,067	71,190	6550.5%	2	169	11,049	6550.5%	1.0000	N/A	0.1285	0.0000	0.873	0.848	4.00%	0.1552	
2064	923	63,621	6894.7%	2	138	9,495	6894.7%	1.0000	N/A	0.1308	0.0000	0.869	0.849	4.00%	0.1492	
2065	783	56,469	7208.0%	2	112	8,103	7208.0%	1.0000	N/A	0.1344	0.0000	0.866	0.849	4.00%	0.1435	
2066	670	49,550	7400.7%	1	92	6,837	7400.7%	1.0000	N/A	0.1366	0.0000	0.863	0.855	4.00%	0.1380	
2067	574	43,499	7573.4%	1	76	5,771	7573.4%	1.0000	N/A	0.1439	0.0000	0.856	0.858	4.00%	0.1327	
2068	494	37,939	7680.9%	1	63	4,840	7680.9%	1.0000	N/A	0.1429	0.0000	0.857	0.860	4.00%	0.1276	
2069	424	32,914	7759.5%	1	52	4,037	7759.5%	1.0000	N/A	0.1275	0.0000	0.873	0.859	4.00%	0.1227	
2070	363	28,233	7774.0%	1	43	3,333	7774.0%	1.0000	N/A	0.1680	0.0000	0.831	0.856	4.00%	0.1179	
2071	311	23,978	7719.8%	1	35	2,719	7719.8%	1.0000	N/A	0.1351	0.0000	0.865	0.855	4.00%	0.1134	
2072	265	20,018	7547.6%	1	29	2,183	7547.6%	1.0000	N/A	0.1563	0.0000	0.844	0.854	4.00%	0.1090	
2073	226	16,879	7478.9%	0	24	1,770	7478.9%	1.0000	N/A	0.1667	0.0000	0.833	0.851	4.00%	0.1049	
2074	191	13,911	7292.2%	0	19	1,402	7292.2%	1.0000	N/A	0.1778	0.0000	0.822	0.845	4.00%	0.1008	
2075-2095	612	45,931	7505.7%													

Attachment 1
Metropolitan Life Insurance Company
State of Virginia Experience Projections and With 42% Future Increase
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest			Premium		Persistency Factors				Calendar Year	Mid-Year
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	-	-	N/A	-	-	-	N/A							4.00%	1.9865
	1999	-	-	N/A	-	-	-	N/A							4.00%	1.9101
	2000	-	-	N/A	-	-	-	N/A							4.00%	1.8366
	2001	-	-	N/A	-	-	-	N/A							4.00%	1.7660
	2002	-	-	N/A	-	-	-	N/A							4.00%	1.6980
	2003	-	-	N/A	-	-	-	N/A							4.00%	1.6327
	2004	-	-	N/A	-	-	-	N/A							4.00%	1.5699
	2005	-	-	N/A	-	-	-	N/A							4.00%	1.5096
	2006	-	-	N/A	-	-	-	N/A							4.00%	1.4515
	2007	-	-	N/A	-	-	-	N/A							4.00%	1.3957
	2008	-	-	N/A	-	-	-	N/A							4.00%	1.3420
	2009	-	-	N/A	-	-	-	N/A							4.00%	1.2904
	2010	49,245	-	0.0%	50	61,101	-	0.0%							4.00%	1.2407
	2011	142,744	-	0.0%	66	170,297	-	0.0%							4.00%	1.1930
	2012	139,746	-	0.0%	63	160,308	-	0.0%							4.00%	1.1471
	2013	132,626	-	0.0%	60	146,289	-	0.0%							4.00%	1.1030
2014	122,808	271	0.2%	60	130,250	287	0.2%							4.00%	1.0606	
2015	121,002	5,818	4.8%	58	123,398	5,933	4.8%							4.00%	1.0198	
Projected Future Experience	2016	116,123	21,480	18.5%	57	113,868	21,062	18.5%	1.0000	1.0000	0.0243	1.0000	0.976	0.960	4.00%	0.9806
	2017	124,063	22,135	17.8%	55	116,975	20,870	17.8%	1.1167	0.9917	0.0319	0.9889	0.968	0.976	4.00%	0.9429
	2018	146,090	22,620	15.5%	53	132,446	20,507	15.5%	1.4069	0.9709	0.0395	0.9613	0.960	0.982	4.00%	0.9066
	2019	144,723	24,596	17.0%	51	126,160	21,442	17.0%	1.4200	0.9700	0.0216	0.9600	0.978	0.984	4.00%	0.8717
	2020	127,228	26,330	21.2%	50	106,643	22,572	21.2%	1.4200	0.9700	0.0221	0.9600	0.980	0.879	4.00%	0.8362
	2021	116,582	29,827	25.6%	49	93,961	24,040	25.6%	1.4200	0.9700	0.0221	0.9600	0.978	0.916	4.00%	0.8060
	2022	113,497	33,814	29.8%	48	87,957	26,205	29.8%	1.4200	0.9700	0.0226	0.9600	0.977	0.974	4.00%	0.7750
	2023	110,296	38,322	34.7%	47	82,189	28,556	34.7%	1.4200	0.9700	0.0245	0.9600	0.976	0.972	4.00%	0.7452
	2024	106,984	43,846	41.0%	46	76,654	31,415	41.0%	1.4200	0.9700	0.0257	0.9600	0.974	0.970	4.00%	0.7165
	2025	103,552	50,387	48.7%	45	71,342	34,714	48.7%	1.4200	0.9700	0.0266	0.9600	0.973	0.968	4.00%	0.6889
	2026	100,000	57,697	57.7%	43	66,244	38,221	57.7%	1.4200	0.9700	0.0284	0.9600	0.972	0.966	4.00%	0.6624
	2027	96,434	66,406	68.9%	42	61,362	42,298	68.9%	1.4200	0.9700	0.0306	0.9600	0.969	0.963	4.00%	0.6370
	2028	92,555	76,199	82.3%	41	56,687	46,669	82.3%	1.4200	0.9700	0.0324	0.9600	0.968	0.961	4.00%	0.6125
	2029	88,662	87,477	98.7%	39	52,214	51,516	98.7%	1.4200	0.9700	0.0342	0.9600	0.966	0.958	4.00%	0.5889
	2030	84,661	99,848	117.9%	38	47,940	56,540	117.9%	1.4200	0.9700	0.0364	0.9600	0.964	0.955	4.00%	0.5663
	2031	80,559	113,092	140.4%	36	43,863	61,576	140.4%	1.4200	0.9700	0.0378	0.9600	0.962	0.952	4.00%	0.5445
	2032	76,362	127,835	167.4%	35	39,979	66,927	167.4%	1.4200	0.9700	0.0409	0.9600	0.959	0.948	4.00%	0.5235
	2033	72,084	143,185	198.6%	33	36,288	72,080	198.6%	1.4200	0.9700	0.0443	0.9600	0.956	0.944	4.00%	0.5034
	2034	67,744	158,268	233.6%	32	32,791	76,608	233.6%	1.4200	0.9700	0.0463	0.9600	0.954	0.940	4.00%	0.4840
	2035	63,365	173,100	273.2%	30	29,492	80,565	273.2%	1.4200	0.9700	0.0492	0.9600	0.951	0.935	4.00%	0.4654
	2036	58,983	186,667	316.5%	29	26,396	83,538	316.5%	1.4200	0.9700	0.0527	0.9600	0.947	0.931	4.00%	0.4475
	2037	54,630	201,207	368.3%	27	23,508	86,582	368.3%	1.4200	0.9700	0.0549	0.9600	0.945	0.926	4.00%	0.4303
	2038	50,324	212,766	422.8%	26	20,822	88,034	422.8%	1.4200	0.9700	0.0585	0.9600	0.942	0.921	4.00%	0.4138
	2039	46,105	221,610	480.7%	24	18,343	88,167	480.7%	1.4200	0.9700	0.0613	0.9600	0.939	0.916	4.00%	0.3978
	2040	42,003	230,441	548.6%	22	16,068	88,154	548.6%	1.4200	0.9700	0.0666	0.9600	0.933	0.911	4.00%	0.3825
	2041	38,048	234,494	616.3%	21	13,995	86,254	616.3%	1.4200	0.9700	0.0683	0.9600	0.932	0.906	4.00%	0.3678
	2042	34,272	237,226	692.2%	19	12,121	83,903	692.2%	1.4200	0.9700	0.0719	0.9600	0.928	0.901	4.00%	0.3537
	2043	30,695	236,879	771.7%	18	10,439	80,558	771.7%	1.4200	0.9700	0.0765	0.9600	0.923	0.896	4.00%	0.3401
	2044	27,333	235,221	860.6%	16	8,938	76,918	860.6%	1.4200	0.9700	0.0785	0.9600	0.921	0.890	4.00%	0.3270
	2045	24,193	231,122	955.3%	15	7,607	72,670	955.3%	1.4200	0.9700	0.0823	0.9600	0.918	0.885	4.00%	0.3144
	2046	21,299	224,833	1055.6%	14	6,439	67,974	1055.6%	1.4200	0.9700	0.0852	0.9600	0.915	0.880	4.00%	0.3023
	2047	18,647	218,290	1170.7%	13	5,421	63,458	1170.7%	1.4200	0.9700	0.0883	0.9600	0.912	0.875	4.00%	0.2907
	2048	16,243	208,122	1281.3%	11	4,540	58,175	1281.3%	1.4200	0.9700	0.0900	0.9600	0.910	0.871	4.00%	0.2795
	2049	14,068	197,533	1402.1%	10	3,787	53,091	1402.1%	1.4200	0.9700	0.0947	0.9600	0.905	0.867	4.00%	0.2688
	2050	12,162	186,642	1534.7%	9	3,143	48,235	1534.7%	1.4200	0.9700	0.0972	0.9600	0.903	0.863	4.00%	0.2584
	2051	10,459	176,263	1685.3%	8	2,599	43,800	1685.3%	1.4200	0.9700	0.0964	0.9600	0.904	0.860	4.00%	0.2485
	2052	8,962	166,463	1857.4%	8	2,141	39,774	1857.4%	1.4200	0.9700	0.0942	0.9600	0.906	0.857	4.00%	0.2389
	2053	7,655	156,456	2043.9%	7	1,759	35,945	2043.9%	1.4200	0.9700	0.1040	0.9600	0.896	0.854	4.00%	0.2297
	2054	6,516	147,227	2259.4%	6	1,440	32,524	2259.4%	1.4200	0.9700	0.1021	0.9600	0.898	0.851	4.00%	0.2209
	2055	5,534	138,554	2503.9%	6	1,175	29,431	2503.9%	1.4200	0.9700	0.1075	0.9600	0.893	0.849	4.00%	0.2124
	2056	4,682	128,382	2741.8%	5	956	26,221	2741.8%	1.4200	0.9700	0.1047	0.9600	0.895	0.846	4.00%	0.2042
	2057	3,953	119,062	3011.6%	4	776	23,383	3011.6%	1.4200	0.9700	0.1111	0.9600	0.889	0.844	4.00%	0.1964
	2058	3,335	108,379	3249.6%	4	630	20,466	3249.6%	1.4200	0.9700	0.1118	0.9600	0.888	0.844	4.00%	0.1888
	2059	2,813	98,391	3497.9%	3	511	17,865	3497.9%	1.4200	0.9700	0.1111	0.9600	0.889	0.843	4.00%	0.1816
	2060	2,374	90,222	3801.0%	3	414	15,752	3801.0%	1.4200	0.9700	0.1250	0.9600	0.875	0.844	4.00%	0.1746
	2061	2,003	81,447	4066.1%	3	336	13,673	4066.1%	1.4200	0.9700	0.1206	0.9600	0.879	0.844	4.00%	0.1679
	2062	1,695	73,273	4323.0%	2	274	11,827	4323.0%	1.4200	0.9700	0.1155	0.9600	0.884	0.846	4.00%	0.1614
	2063	1,437	66,292	4613.1%	2	223	10,289	4613.1%	1.4200	0.9700	0.1223	0.9600	0.885	0.847	4.00%	0.1552
	2064	1,220	59,244	4855.4%	2	182	8,841	4855.4%	1.4200	0.9700	0.1308	0.9600	0.869	0.849	4.00%	0.1492
	2065	1,036	52,584	5076.1%	2	149	7,546	5076.1%	1.4200	0.9700	0.1344	0.9600	0.866	0.849	4.00%	0.1435
	2066	885	46,141	5211.7%	1	122	6,367	5211.7%	1.4200	0.9700	0.1366	0.9600	0.863	0.855	4.00%	0.1380
	2067	759	40,506	5333.4%	1	101	5,374	5333.4%	1.4200	0.9700	0.1439	0.9600	0.856	0.858	4.00%	0.1327
	2068	653	35,329	5409.1%	1	83	4,507	5409.1%	1.4200	0.9700	0.1429	0.9600	0.857	0.860	4.00%	0.1276
2069	561	30,650	5464.4%	1	69	3,760	5464.4%	1.4200	0.9700	0.1275	0.9600	0.873	0.859	4.00%	0.1227	
2070	480	26,290	5474.6%	1	57	3,165	5474.6%	1.4200	0.9700	0.1685	0.9600	0.851	0.851	4.00%	0.1179	
2071	411	22,329	5436.4%	1	47	2,532	5436.4%	1.4200	0.9700	0.1351	0.9600	0.865	0.855	4.00%	0.1134	
2072	351	18,641	5315.2%	1	38	2,033	5315.2%	1.4200	0.9700	0.1563	0.9600	0.844	0.854	4.00%	0.1090	
2073	298	15,718	5266.8%	0	3											

Attachment 2
Metropolitan Life Insurance Company
Nationwide Experience Projections With 42% Rate Increase Applied Since Inception
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors			
		Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	N/A								4.00%	1.9865
	1999	-	-	N/A	-	-	-	N/A								4.00%	1.9101
	2000	-	-	N/A	-	-	-	N/A								4.00%	1.8366
	2001	-	-	N/A	-	-	-	N/A								4.00%	1.7660
	2002	-	-	N/A	-	-	-	N/A								4.00%	1.6980
	2003	-	-	N/A	-	-	-	N/A								4.00%	1.6327
	2004	-	-	N/A	-	-	-	N/A								4.00%	1.5699
	2005	-	-	N/A	-	-	-	N/A								4.00%	1.5096
	2006	-	-	N/A	-	-	-	N/A								4.00%	1.4515
	2007	-	-	N/A	-	-	-	N/A								4.00%	1.3957
	2008	-	-	N/A	-	-	-	N/A								4.00%	1.3420
	2009	1,428,319	-	0.0%	1,619	1,843,070	-	0.0%								4.00%	1.2904
	2010	10,267,887	481,183	4.7%	5,675	12,739,854	597,027	4.7%								4.00%	1.2407
	2011	20,406,339	187,137	0.9%	6,893	24,345,299	223,259	0.9%								4.00%	1.1930
	2012	19,995,167	35,990	0.2%	6,667	22,937,270	41,286	0.2%								4.00%	1.1471
2013	19,104,401	760,271	4.0%	6,410	21,072,534	838,594	4.0%								4.00%	1.1030	
2014	17,628,106	870,746	4.9%	6,265	18,696,300	923,510	4.9%								4.00%	1.0606	
2015	17,203,464	1,171,518	6.8%	6,153	17,544,160	1,194,719	6.8%								4.00%	1.0198	
Projected Future Experience	2016	16,624,042	2,373,855	14.3%	5,998	16,301,214	2,327,756	14.3%	1.4200	N/A	0.0251	0.0000	0.975	0.966	4.00%	0.9806	
	2017	16,173,768	2,548,320	15.8%	5,880	15,249,697	2,402,725	15.8%	1.4200	N/A	0.0198	0.0000	0.980	0.973	4.00%	0.9429	
	2018	15,825,798	2,777,855	17.6%	5,790	14,347,700	2,518,409	17.6%	1.4200	N/A	0.0153	0.0000	0.985	0.978	4.00%	0.9066	
	2019	15,438,637	3,062,698	19.8%	5,670	13,458,364	2,669,854	19.8%	1.4200	N/A	0.0208	0.0000	0.979	0.976	4.00%	0.8717	
	2020	14,685,561	3,390,335	23.1%	5,545	12,309,503	2,841,798	23.1%	1.4200	N/A	0.0219	0.0000	0.978	0.951	4.00%	0.8362	
	2021	13,942,563	3,778,048	27.1%	5,418	11,237,229	3,044,977	27.1%	1.4200	N/A	0.0231	0.0000	0.977	0.949	4.00%	0.8064	
	2022	13,522,023	4,231,321	31.3%	5,286	10,479,123	3,279,135	31.3%	1.4200	N/A	0.0242	0.0000	0.976	0.970	4.00%	0.7750	
	2023	13,101,043	4,758,670	36.3%	5,151	9,762,382	3,545,974	36.3%	1.4200	N/A	0.0256	0.0000	0.974	0.969	4.00%	0.7452	
	2024	12,668,032	5,367,283	42.4%	5,012	9,076,654	3,845,662	42.4%	1.4200	N/A	0.0269	0.0000	0.973	0.967	4.00%	0.7165	
	2025	12,222,667	6,059,898	49.6%	4,870	8,420,720	4,174,924	49.6%	1.4200	N/A	0.0284	0.0000	0.972	0.965	4.00%	0.6889	
	2026	11,765,420	6,839,987	58.1%	4,724	7,793,945	4,531,117	58.1%	1.4200	N/A	0.0300	0.0000	0.970	0.963	4.00%	0.6624	
	2027	11,296,674	7,706,946	68.2%	4,573	7,195,603	4,909,067	68.2%	1.4200	N/A	0.0316	0.0000	0.968	0.960	4.00%	0.6370	
	2028	10,816,893	8,656,143	80.0%	4,420	6,624,999	5,301,609	80.0%	1.4200	N/A	0.0336	0.0000	0.966	0.958	4.00%	0.6125	
	2029	10,327,242	9,678,225	93.7%	4,262	6,081,830	5,699,617	93.7%	1.4200	N/A	0.0357	0.0000	0.964	0.955	4.00%	0.5889	
	2030	9,828,855	10,766,296	109.5%	4,101	5,565,696	6,096,533	109.5%	1.4200	N/A	0.0378	0.0000	0.962	0.952	4.00%	0.5663	
	2031	9,323,280	11,901,000	127.6%	3,936	5,076,355	6,479,876	127.6%	1.4200	N/A	0.0403	0.0000	0.960	0.949	4.00%	0.5445	
	2032	8,812,312	13,059,766	148.2%	3,768	4,613,598	6,837,310	148.2%	1.4200	N/A	0.0426	0.0000	0.957	0.945	4.00%	0.5235	
	2033	8,298,446	14,226,658	171.4%	3,597	4,177,470	7,161,755	171.4%	1.4200	N/A	0.0453	0.0000	0.955	0.942	4.00%	0.5034	
	2034	7,783,796	15,378,076	197.6%	3,425	3,767,686	7,443,638	197.6%	1.4200	N/A	0.0480	0.0000	0.952	0.938	4.00%	0.4840	
	2035	7,270,934	16,493,653	226.8%	3,250	3,384,076	7,676,562	226.8%	1.4200	N/A	0.0509	0.0000	0.949	0.934	4.00%	0.4654	
	2036	6,762,773	17,530,345	259.2%	3,075	3,026,505	7,845,254	259.2%	1.4200	N/A	0.0540	0.0000	0.946	0.930	4.00%	0.4475	
	2037	6,262,195	18,484,728	295.2%	2,899	2,694,696	7,954,196	295.2%	1.4200	N/A	0.0571	0.0000	0.943	0.926	4.00%	0.4303	
	2038	5,771,836	19,319,480	334.7%	2,724	2,388,163	7,993,653	334.7%	1.4200	N/A	0.0605	0.0000	0.939	0.922	4.00%	0.4138	
	2039	5,294,895	20,003,901	377.8%	2,550	2,106,560	7,958,500	377.8%	1.4200	N/A	0.0637	0.0000	0.936	0.917	4.00%	0.3978	
	2040	4,833,893	20,542,873	425.0%	2,378	1,849,184	7,858,585	425.0%	1.4200	N/A	0.0674	0.0000	0.933	0.913	4.00%	0.3825	
	2041	4,391,158	20,910,631	476.2%	2,210	1,615,210	7,691,605	476.2%	1.4200	N/A	0.0709	0.0000	0.929	0.908	4.00%	0.3678	
	2042	3,969,027	21,106,369	531.8%	2,045	1,403,785	7,465,181	531.8%	1.4200	N/A	0.0746	0.0000	0.925	0.904	4.00%	0.3537	
	2043	3,569,328	21,114,946	591.6%	1,885	1,213,863	7,180,805	591.6%	1.4200	N/A	0.0783	0.0000	0.922	0.899	4.00%	0.3401	
	2044	3,193,391	20,960,139	656.4%	1,730	1,044,244	6,853,998	656.4%	1.4200	N/A	0.0822	0.0000	0.918	0.895	4.00%	0.3270	
	2045	2,842,210	20,644,672	726.4%	1,581	893,661	6,491,192	726.4%	1.4200	N/A	0.0860	0.0000	0.914	0.890	4.00%	0.3144	
	2046	2,516,474	20,154,193	800.9%	1,439	760,809	6,093,244	800.9%	1.4200	N/A	0.0896	0.0000	0.910	0.885	4.00%	0.3023	
	2047	2,216,449	19,535,864	881.4%	1,305	644,329	5,679,138	881.4%	1.4200	N/A	0.0935	0.0000	0.907	0.881	4.00%	0.2907	
	2048	1,942,109	18,786,455	967.3%	1,178	542,863	5,251,233	967.3%	1.4200	N/A	0.0973	0.0000	0.903	0.876	4.00%	0.2795	
	2049	1,692,999	17,909,834	1057.9%	1,059	455,030	4,813,652	1057.9%	1.4200	N/A	0.1008	0.0000	0.899	0.872	4.00%	0.2688	
	2050	1,468,273	16,961,882	1155.2%	949	379,452	4,383,529	1155.2%	1.4200	N/A	0.1043	0.0000	0.896	0.867	4.00%	0.2584	
	2051	1,286,629	15,938,077	1258.3%	846	314,750	3,960,522	1258.3%	1.4200	N/A	0.1081	0.0000	0.892	0.863	4.00%	0.2485	
	2052	1,087,526	14,861,319	1366.5%	752	259,850	3,550,916	1366.5%	1.4200	N/A	0.1114	0.0000	0.889	0.859	4.00%	0.2389	
	2053	929,332	13,762,613	1480.9%	665	213,511	3,161,918	1480.9%	1.4200	N/A	0.1150	0.0000	0.885	0.855	4.00%	0.2297	
	2054	790,239	12,650,715	1600.9%	587	174,572	2,794,676	1600.9%	1.4200	N/A	0.1181	0.0000	0.882	0.850	4.00%	0.2209	
	2055	668,999	11,555,271	1727.2%	516	142,105	2,454,501	1727.2%	1.4200	N/A	0.1212	0.0000	0.879	0.847	4.00%	0.2124	
	2056	563,942	10,489,697	1860.1%	452	115,182	2,142,460	1860.1%	1.4200	N/A	0.1241	0.0000	0.876	0.843	4.00%	0.2042	
	2057	473,466	9,463,893	1998.9%	394	92,983	1,858,601	1998.9%	1.4200	N/A	0.1273	0.0000	0.873	0.840	4.00%	0.1964	
	2058	395,937	8,497,716	2146.2%	343	74,767	1,604,668	2146.2%	1.4200	N/A	0.1291	0.0000	0.871	0.836	4.00%	0.1888	
	2059	329,812	7,586,828	2300.3%	298	59,885	1,377,558	2300.3%	1.4200	N/A	0.1317	0.0000	0.868	0.833	4.00%	0.1816	
	2060	273,905	6,745,892	2462.9%	258	47,821	1,177,757	2462.9%	1.4200	N/A	0.1343	0.0000	0.866	0.830	4.00%	0.1746	
	2061	226,740	5,960,160	2628.6%	223	38,064	1,000,555	2628.6%	1.4200	N/A	0.1371	0.0000	0.863	0.828	4.00%	0.1679	
	2062	187,145	5,241,843	2800.9%	192	30,208	846,123	2800.9%	1.4200	N/A	0.1389	0.0000	0.861	0.825	4.00%	0.1614	
	2063	154,044	4,588,518	2978.7%	165	23,909	712,178	2978.7%	1.4200	N/A	0.1412	0.0000	0.859	0.823	4.00%	0.1552	
	2064	126,447	3,992,295	3157.3%	141	18,871	595,807	3157.3%	1.4200	N/A	0.1416	0.0000	0.858	0.821	4.00%	0.1492	
	2065	103,519	3,458,207	3340.6%	121	14,855	496,250	3340.6%	1.4200	N/A	0.1444	0.0000	0.856	0.819	4.00%	0.1435	
	2066	84,555	2,985,399	3530.7%	103	11,667	411,925	3530.7%	1.4200	N/A	0.1482	0.0000	0.852	0.817	4.00%	0.1380	
	2067	68,904	2,572,213	3733.0%	88	9,142	341,264	3733.0%	1.4200	N/A	0.1485	0.0000	0.852	0.815	4.00%	0.1327	
	2068	55,990	2,210,684	3948.3%	74	7,143	282,018	3948.3%	1.4200	N/A	0.1520	0.0000	0.848				

Attachment 3
Metropolitan Life Insurance Company
State of Virginia Experience Projections With 42% Rate Increase Applied Since Inception
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	N/A								4.00%	1.9865
	1999	-	-	N/A	-	-	-	N/A								4.00%	1.9101
	2000	-	-	N/A	-	-	-	N/A								4.00%	1.8366
	2001	-	-	N/A	-	-	-	N/A								4.00%	1.7660
	2002	-	-	N/A	-	-	-	N/A								4.00%	1.6980
	2003	-	-	N/A	-	-	-	N/A								4.00%	1.6327
	2004	-	-	N/A	-	-	-	N/A								4.00%	1.5699
	2005	-	-	N/A	-	-	-	N/A								4.00%	1.5096
	2006	-	-	N/A	-	-	-	N/A								4.00%	1.4515
	2007	-	-	N/A	-	-	-	N/A								4.00%	1.3957
	2008	-	-	N/A	-	-	-	N/A								4.00%	1.3420
	2009	-	-	N/A	-	-	-	N/A								4.00%	1.2904
	2010	69,929	-	0.0%	50	86,764	-	0.0%								4.00%	1.2407
	2011	202,696	-	0.0%	66	241,821	-	0.0%								4.00%	1.1930
	2012	198,439	-	0.0%	63	227,637	-	0.0%								4.00%	1.1471
	2013	188,329	-	0.0%	60	207,730	-	0.0%								4.00%	1.1030
2014	174,387	271	0.2%	60	184,954	287	0.2%								4.00%	1.0606	
2015	171,823	5,818	3.4%	58	175,226	5,933	3.4%								4.00%	1.0198	
Projected Future Experience	2016	164,895	21,480	13.0%	57	161,693	21,062	13.0%	1.4200	N/A	0.0243	0.0000	0.976	0.960	4.00%	0.9806	
	2017	160,877	22,571	14.0%	55	151,685	21,282	14.0%	1.4200	N/A	0.0210	0.0000	0.979	0.976	4.00%	0.9429	
	2018	157,989	24,236	15.3%	55	143,233	21,973	15.3%	1.4200	N/A	0.0119	0.0000	0.988	0.982	4.00%	0.9066	
	2019	155,416	26,414	17.0%	54	135,481	23,026	17.0%	1.4200	N/A	0.0203	0.0000	0.980	0.984	4.00%	0.8717	
	2020	136,628	28,919	21.2%	53	114,522	24,240	21.2%	1.4200	N/A	0.0201	0.0000	0.980	0.879	4.00%	0.8362	
	2021	125,196	32,031	25.6%	51	100,903	25,816	25.6%	1.4200	N/A	0.0221	0.0000	0.978	0.916	4.00%	0.8060	
	2022	121,883	36,312	29.8%	50	94,455	28,141	29.8%	1.4200	N/A	0.0226	0.0000	0.977	0.974	4.00%	0.7750	
	2023	118,446	41,154	34.7%	49	88,261	30,666	34.7%	1.4200	N/A	0.0245	0.0000	0.976	0.972	4.00%	0.7452	
	2024	114,888	47,085	41.0%	48	82,317	33,737	41.0%	1.4200	N/A	0.0257	0.0000	0.974	0.970	4.00%	0.7165	
	2025	111,203	54,110	48.7%	46	76,612	37,279	48.7%	1.4200	N/A	0.0266	0.0000	0.973	0.968	4.00%	0.6889	
	2026	107,388	61,960	57.7%	45	71,139	41,045	57.7%	1.4200	N/A	0.0284	0.0000	0.972	0.966	4.00%	0.6624	
	2027	103,452	68,912	66.6%	44	65,895	45,423	66.6%	1.4200	N/A	0.0306	0.0000	0.969	0.963	4.00%	0.6370	
	2028	99,393	81,828	82.3%	42	60,875	50,117	82.3%	1.4200	N/A	0.0324	0.0000	0.968	0.961	4.00%	0.6125	
	2029	95,213	93,941	98.7%	41	56,072	55,323	98.7%	1.4200	N/A	0.0342	0.0000	0.966	0.958	4.00%	0.5889	
	2030	90,916	107,225	117.9%	39	51,482	60,717	117.9%	1.4200	N/A	0.0364	0.0000	0.964	0.955	4.00%	0.5663	
	2031	86,511	121,447	140.4%	38	47,103	66,126	140.4%	1.4200	N/A	0.0378	0.0000	0.962	0.952	4.00%	0.5445	
	2032	82,004	137,279	167.4%	36	42,932	71,871	167.4%	1.4200	N/A	0.0409	0.0000	0.959	0.948	4.00%	0.5235	
	2033	77,410	153,764	198.6%	35	38,969	77,405	198.6%	1.4200	N/A	0.0443	0.0000	0.956	0.944	4.00%	0.5034	
	2034	72,749	169,961	233.6%	33	35,214	82,268	233.6%	1.4200	N/A	0.0463	0.0000	0.954	0.940	4.00%	0.4840	
	2035	68,047	185,889	273.2%	32	31,671	86,517	273.2%	1.4200	N/A	0.0492	0.0000	0.951	0.935	4.00%	0.4654	
	2036	63,341	200,459	316.5%	30	28,347	89,710	316.5%	1.4200	N/A	0.0527	0.0000	0.947	0.931	4.00%	0.4475	
	2037	58,666	216,073	368.3%	28	25,245	92,979	368.3%	1.4200	N/A	0.0549	0.0000	0.945	0.926	4.00%	0.4303	
	2038	54,042	228,485	422.8%	27	22,360	94,538	422.8%	1.4200	N/A	0.0585	0.0000	0.942	0.921	4.00%	0.4138	
	2039	49,512	237,983	480.7%	25	19,698	94,681	480.7%	1.4200	N/A	0.0613	0.0000	0.939	0.916	4.00%	0.3978	
	2040	45,106	247,467	548.6%	23	17,255	94,667	548.6%	1.4200	N/A	0.0666	0.0000	0.933	0.911	4.00%	0.3825	
	2041	40,859	251,819	616.3%	22	15,029	92,627	616.3%	1.4200	N/A	0.0683	0.0000	0.932	0.906	4.00%	0.3678	
	2042	36,804	254,753	692.2%	20	13,017	90,102	692.2%	1.4200	N/A	0.0719	0.0000	0.928	0.901	4.00%	0.3537	
	2043	32,962	254,380	771.7%	19	11,210	86,510	771.7%	1.4200	N/A	0.0765	0.0000	0.923	0.896	4.00%	0.3401	
	2044	29,353	252,600	860.6%	17	9,598	82,601	860.6%	1.4200	N/A	0.0785	0.0000	0.921	0.890	4.00%	0.3270	
	2045	25,980	248,198	955.3%	16	8,169	78,039	955.3%	1.4200	N/A	0.0823	0.0000	0.918	0.885	4.00%	0.3144	
	2046	22,872	241,444	1055.6%	14	6,915	72,996	1055.6%	1.4200	N/A	0.0852	0.0000	0.915	0.880	4.00%	0.3023	
	2047	20,024	234,418	1170.7%	13	5,821	68,146	1170.7%	1.4200	N/A	0.0883	0.0000	0.912	0.875	4.00%	0.2907	
	2048	17,447	223,498	1281.3%	12	4,876	62,473	1281.3%	1.4200	N/A	0.0900	0.0000	0.910	0.871	4.00%	0.2795	
	2049	15,129	212,128	1402.1%	11	4,066	57,014	1402.1%	1.4200	N/A	0.0947	0.0000	0.905	0.867	4.00%	0.2688	
	2050	13,060	200,432	1534.7%	10	3,375	51,798	1534.7%	1.4200	N/A	0.0972	0.0000	0.903	0.863	4.00%	0.2584	
	2051	11,231	189,286	1685.3%	9	2,791	47,037	1685.3%	1.4200	N/A	0.0964	0.0000	0.904	0.860	4.00%	0.2485	
	2052	9,624	178,762	1857.4%	8	2,300	42,713	1857.4%	1.4200	N/A	0.0942	0.0000	0.906	0.857	4.00%	0.2389	
	2053	8,220	168,015	2043.9%	7	1,889	38,601	2043.9%	1.4200	N/A	0.1040	0.0000	0.896	0.854	4.00%	0.2297	
	2054	6,998	158,104	2259.4%	6	1,546	34,927	2259.4%	1.4200	N/A	0.1021	0.0000	0.898	0.851	4.00%	0.2209	
	2055	5,942	148,791	2503.9%	6	1,262	31,605	2503.9%	1.4200	N/A	0.1075	0.0000	0.893	0.849	4.00%	0.2124	
2056	5,028	137,867	2741.8%	5	1,027	28,158	2741.8%	1.4200	N/A	0.1047	0.0000	0.892	0.847	4.00%	0.2042		
2057	4,245	127,859	3011.6%	5	834	25,110	3011.6%	1.4200	N/A	0.1111	0.0000	0.889	0.844	4.00%	0.1964		
2058	3,581	116,386	3249.6%	4	676	21,978	3249.6%	1.4200	N/A	0.1118	0.0000	0.888	0.844	4.00%	0.1888		
2059	3,021	105,661	3497.9%	4	548	19,185	3497.9%	1.4200	N/A	0.1111	0.0000	0.889	0.843	4.00%	0.1816		
2060	2,549	96,888	3801.0%	3	445	16,916	3801.0%	1.4200	N/A	0.1250	0.0000	0.875	0.844	4.00%	0.1746		
2061	2,151	87,464	4066.1%	3	361	14,683	4066.1%	1.4200	N/A	0.1206	0.0000	0.879	0.844	4.00%	0.1679		
2062	1,820	78,686	4323.0%	2	294	12,701	4323.0%	1.4200	N/A	0.1155	0.0000	0.884	0.846	4.00%	0.1614		
2063	1,543	71,130	4613.1%	2	240	11,049	4613.1%	1.4200	N/A	0.1282	0.0000	0.872	0.848	4.00%	0.1552		
2064	1,310	63,621	4855.4%	2	196	9,495	4855.4%	1.4200	N/A	0.1308	0.0000	0.869	0.849	4.00%	0.1492		
2065	1,112	56,469	5076.1%	2	160	8,103	5076.1%	1.4200	N/A	0.1344	0.0000	0.866	0.849	4.00%	0.1435		
2066	951	49,550	5211.7%	1	131	6,837	5211.7%	1.4200	N/A	0.1366	0.0000	0.863	0.855	4.00%	0.1380		
2067	816	43,499	5333.4%	1	108	5,771	5333.4%	1.4200	N/A	0.1439	0.0000	0.856	0.858	4.00%	0.1327		
2068	701	37,939	5409.1%	1	89	4,840	5409.1%	1.4200	N/A	0.1429	0.0000	0.857	0.860	4.00%	0.1276		
2069	602	32,914	5464.4%	1	74	4,037	5464.4%	1.4200	N/A	0.1275	0.0000	0.873	0.859	4.00%	0.1227		
2070	516	28,233	5474.6%	1	61	3,407	5474.6%	1.4200	N/A	0.1680	0.0000	0.831	0.885	4.00%	0.1179		
2071	441	23,978	5436.4%	1	50	2,719	5436.4%	1.4200	N/A	0.1351	0.0000	0.865	0.855	4.00%	0.1134		
2072	377	20,018	5315.2%	1	41	2,183	5315.2%	1.4200	N/A	0.1563	0.0000	0.844	0.854	4.00%	0.1090		
2073	320	16,879	5266.8%	0	34	1,770	5266.8%	1.4200	N/A	0.1667	0.0000	0.833	0.851	4.00%	0.1049		
2074	271	13,911	5135.4%	0	27	1,402	5135.4%	1.4200	N/A	0.1778	0.0000						

Attachment 4
Metropolitan Life Insurance Company
Actual to Expected* Incidence by Calendar Year
Experience through June 30, 2015

Individual Business																				
Calendar Year	Female										Male									
	FC					HC					FC					HC				
	Current Basis			2008 Basis		Current Basis			2008 Basis		Current Basis			2008 Basis		Current Basis			2008 Basis	
	Actual Claims	Expected Claims	A/E%	Expected Claims	A/E%	Actual Claims	Expected Claims	A/E%	Expected Claims	A/E%	Actual Claims	Expected Claims	A/E%	Expected Claims	A/E%	Actual Claims	Expected Claims	A/E%	Expected Claims	A/E%
1991	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
1992	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
1993	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
1994	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
1995	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
1996	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
1997	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
1998	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
1999	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
2000	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A	0	0	N/A	0	N/A
2001	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
2002	3	2	152%	2	152%	1	1	78%	1	95%	2	1	268%	1	255%	0	1	0%	0	0%
2003	14	8	186%	8	186%	5	5	96%	4	116%	4	3	127%	3	120%	2	3	67%	2	98%
2004	19	17	114%	17	114%	16	13	127%	10	154%	7	7	106%	7	101%	5	7	71%	5	104%
2005	33	27	121%	27	121%	15	20	74%	17	90%	15	11	134%	12	127%	10	12	85%	8	124%
2006	48	38	125%	38	125%	33	30	109%	25	132%	23	16	141%	17	134%	17	18	96%	12	140%
2007	77	53	146%	53	146%	52	45	116%	37	140%	35	25	143%	26	136%	31	28	110%	19	161%
2008	107	73	147%	73	147%	89	67	132%	56	160%	32	36	88%	38	84%	42	44	95%	30	139%
2009	104	94	111%	94	111%	85	89	96%	74	116%	51	47	107%	50	102%	58	57	101%	39	148%
2010	118	116	102%	116	102%	95	107	88%	89	107%	65	58	113%	61	107%	81	70	116%	48	170%
2011	145	139	104%	139	104%	133	128	104%	106	126%	62	72	87%	75	82%	72	86	84%	58	123%
2012	176	164	107%	164	107%	157	147	107%	121	129%	81	86	94%	90	90%	119	102	117%	70	171%
2013	166	193	86%	193	86%	158	170	93%	140	113%	94	102	92%	107	88%	104	118	88%	80	129%
2014	205	227	90%	227	90%	198	194	102%	160	123%	91	120	76%	127	72%	141	137	103%	94	150%
2015 (thru Q3 only)	205	206	99%	206	99%	168	179	94%	148	113%	82	115	71%	121	68%	162	132	122%	90	179%
Total	1,420	1,356	105%	1,356	105%	1,205	1,196	101%	988	122%	644	698	92%	735	88%	839	815	103%	557	151%

Note:

- Current expected claims are calculated by applying assumptions derived using data through June 30, 2014 to the exposures through June 30, 2015.
- Ultimate incidence rates are considered credible when the sum of actual claims from year 2014 and prior are at least 1,000.

Attachment 4
Metropolitan Life Insurance Company Individual Business
Comparison of Actual to Expected* Claim Terminations
Experience through June 30, 2015

Individual Business																				
	Female										Male									
	FC					HC					FC					HC				
Calendar	Current Basis			2008 Basis		Current Basis			2008 Basis		Current Basis			2008 Basis		Current Basis			2008 Basis	
Year	Actual	Expected	A/E%	Expected	A/E%	Actual	Expected	A/E%	Expected	A/E%	Actual	Expected	A/E%	Expected	A/E%	Actual	Expected	A/E%	Expected	A/E%
1991	1	0	200%	1	199%	1	0	386%	0	220%	-	0	0%	0	0%	-	0	0%	1	0%
1992	3	1	282%	1	258%	3	1	209%	2	164%	2	2	102%	2	108%	-	0	0%	0	0%
1993	3	2	136%	2	131%	5	3	179%	4	142%	2	3	65%	3	60%	3	1	204%	2	189%
1994	5	6	81%	7	76%	8	7	114%	9	92%	5	7	67%	8	63%	7	6	121%	6	112%
1995	13	14	90%	16	84%	7	6	114%	9	80%	8	13	61%	14	57%	9	5	171%	6	146%
1996	24	19	128%	21	116%	13	13	101%	16	83%	24	19	127%	20	117%	10	9	110%	11	91%
1997	29	23	125%	27	106%	22	18	121%	23	95%	23	24	94%	27	85%	18	12	146%	15	118%
1998	38	32	119%	38	100%	28	24	117%	31	89%	34	28	121%	32	108%	23	15	155%	18	125%
1999	89	43	206%	51	175%	32	26	125%	35	93%	72	42	173%	45	159%	32	21	152%	25	129%
2000	47	57	82%	65	72%	38	33	114%	42	90%	48	58	83%	62	77%	18	26	69%	33	55%
2001	76	77	99%	90	84%	54	45	121%	59	91%	75	73	103%	80	94%	40	34	116%	44	92%
2002	105	109	96%	129	81%	68	65	105%	85	80%	110	98	113%	108	102%	51	52	97%	64	80%
2003	142	148	96%	177	80%	100	98	102%	129	77%	112	112	100%	126	89%	80	77	104%	93	86%
2004	169	188	90%	226	75%	161	140	115%	187	86%	144	141	102%	158	91%	122	106	115%	129	95%
2005	234	238	98%	288	81%	202	174	116%	231	88%	172	175	98%	196	88%	125	128	98%	159	79%
2006	301	295	102%	356	85%	244	207	118%	279	88%	211	224	94%	253	83%	164	162	102%	204	80%
2007	312	337	93%	403	77%	279	235	119%	324	86%	234	269	87%	304	77%	201	201	100%	257	78%
2008	376	409	92%	491	77%	297	287	103%	392	76%	306	311	98%	353	87%	240	233	103%	303	79%
2009	433	477	91%	575	75%	334	330	101%	457	73%	347	362	96%	410	85%	281	272	103%	360	78%
2010	541	553	98%	657	82%	389	379	103%	531	73%	414	408	102%	463	89%	296	303	98%	396	75%
2011	589	625	94%	743	79%	432	410	105%	576	75%	430	460	93%	514	84%	365	331	110%	439	83%
2012	679	705	96%	826	82%	398	467	85%	652	61%	512	515	100%	568	90%	337	370	91%	485	69%
2013	784	776	101%	889	88%	485	543	89%	759	64%	558	547	102%	600	93%	444	439	101%	576	77%
2014	925	813	114%	531	174%	573	601	95%	470	122%	598	563	106%	352	170%	478	485	99%	358	133%
Total	5,918	5,950	99%	6,609	90%	4,173	4,112	101%	5,302	79%	4,441	4,454	100%	4,699	95%	3,344	3,290	102%	3,984	84%

Attachment 4
Metropolitan Life Insurance Company Individual Business
Actual to Expected* Mortality by Issue Age and Duration
Experience through June 30, 2015

Policy Duration		Issue Age												TOTAL
		Under 35	35 TO 39	40 TO 44	45 TO 49	50 TO 54	55 TO 59	60 TO 64	65 TO 69	70 TO 74	75 TO 79	Over 79		
1	Exposure	7,087	6,703	12,550	24,556	46,859	63,402	50,804	24,786	9,785	3,107	834	250,472	
	Actual	1	2	7	14	31	46	56	37	34	13	4	245	
	Expected	2	2	7	23	73	150	187	152	100	54	24	774	
	Actual Rate	0.01%	0.03%	0.06%	0.06%	0.07%	0.07%	0.11%	0.15%	0.35%	0.42%	0.48%	0.10%	
	A/E %	53.02%	87.80%	105.14%	59.76%	42.73%	30.70%	30.00%	24.31%	33.87%	24.24%	16.55%	31.67%	
2	Exposure	5,568	5,826	11,335	22,721	44,116	60,357	48,416	23,498	9,128	2,857	714	234,535	
	Actual	2	0	3	19	35	76	104	86	60	19	20	424	
	Expected	2	2	7	24	74	153	194	160	103	54	23	795	
	Actual Rate	0.04%	0.00%	0.03%	0.08%	0.08%	0.13%	0.21%	0.37%	0.66%	0.67%	2.80%	0.18%	
	A/E %	127.11%	0.00%	44.18%	79.01%	47.13%	49.74%	53.74%	53.89%	58.04%	34.95%	87.51%	53.32%	
3	Exposure	4,613	5,204	10,442	21,393	42,255	58,214	46,723	22,659	8,678	2,686	653	223,520	
	Actual	3	4	5	26	56	107	136	96	78	43	15	569	
	Expected	1	2	7	25	77	158	204	171	108	57	23	834	
	Actual Rate	0.07%	0.08%	0.05%	0.12%	0.13%	0.18%	0.29%	0.42%	0.90%	1.60%	2.30%	0.25%	
	A/E %	221.04%	196.27%	71.39%	103.94%	72.79%	67.73%	66.57%	56.10%	72.05%	75.92%	65.20%	68.25%	
4	Exposure	3,934	4,747	9,763	20,358	40,775	56,552	45,480	21,970	8,349	2,526	599	215,053	
	Actual	0	1	5	20	54	126	141	118	88	49	23	625	
	Expected	1	2	7	26	80	165	219	184	115	59	23	882	
	Actual Rate	0.00%	0.02%	0.05%	0.10%	0.13%	0.22%	0.31%	0.54%	1.05%	1.94%	3.84%	0.29%	
	A/E %	0.00%	48.75%	67.76%	76.53%	67.48%	76.51%	64.47%	64.02%	76.61%	82.82%	98.33%	70.87%	
5	Exposure	3,353	4,295	9,097	19,322	39,145	54,609	43,848	21,118	7,920	2,295	527	205,529	
	Actual	2	2	6	20	80	145	167	131	82	60	39	734	
	Expected	1	2	8	27	83	172	234	197	121	60	23	927	
	Actual Rate	0.06%	0.05%	0.07%	0.10%	0.20%	0.27%	0.38%	0.62%	1.04%	2.61%	7.40%	0.36%	
	A/E %	188.99%	96.33%	77.71%	74.03%	96.79%	84.49%	71.46%	66.45%	67.62%	99.99%	168.15%	79.14%	
6	Exposure	2,741	3,815	8,269	17,866	36,713	51,435	41,036	19,572	7,138	1,879	390	190,855	
	Actual	1	1	2	15	63	152	196	147	108	67	35	787	
	Expected	1	2	8	27	83	176	244	205	123	58	22	949	
	Actual Rate	0.04%	0.03%	0.02%	0.08%	0.17%	0.30%	0.48%	0.75%	1.51%	3.57%	8.98%	0.41%	
	A/E %	112.25%	48.41%	25.66%	55.06%	75.53%	86.40%	80.24%	71.71%	87.84%	116.01%	161.98%	82.94%	
7	Exposure	2,236	3,270	7,385	16,138	33,573	47,107	37,120	17,709	6,465	1,594	299	172,897	
	Actual	2	3	7	17	85	146	189	151	95	47	22	764	
	Expected	1	2	8	27	82	177	248	208	125	57	20	954	
	Actual Rate	0.09%	0.09%	0.09%	0.11%	0.25%	0.31%	0.51%	0.85%	1.47%	2.95%	7.35%	0.44%	
	A/E %	262.55%	148.87%	90.02%	63.47%	103.08%	82.42%	76.32%	72.74%	76.05%	82.80%	108.68%	80.08%	
8	Exposure	1,626	2,501	6,137	13,649	28,753	40,331	31,478	15,364	5,735	1,353	259	147,185	
	Actual	0	0	6	25	55	160	184	139	126	72	15	782	
	Expected	1	2	7	25	77	168	237	202	125	56	20	918	
	Actual Rate	0.00%	0.00%	0.10%	0.18%	0.19%	0.40%	0.58%	0.90%	2.20%	5.32%	5.80%	0.53%	
	A/E %	0.00%	0.00%	83.26%	101.48%	71.85%	95.01%	77.69%	68.68%	101.08%	129.18%	76.08%	85.14%	
9	Exposure	1,126	1,961	5,116	11,583	24,480	34,029	26,391	13,185	5,003	1,133	212	124,219	
	Actual	0	3	8	24	68	154	173	156	124	68	26	804	
	Expected	0	2	7	23	71	159	223	196	123	54	18	876	
	Actual Rate	0.00%	0.15%	0.16%	0.21%	0.28%	0.45%	0.66%	1.18%	2.48%	6.00%	12.26%	0.65%	
	A/E %	0.00%	192.69%	120.94%	104.90%	95.95%	96.95%	77.46%	79.74%	100.66%	125.55%	142.00%	91.80%	
Total	Exposure	33,608	41,280	88,795	188,387	383,054	528,587	423,984	209,682	80,876	22,842	5,051	2,006,146	
	Actual	12	19	59	239	682	1,417	1,871	1,668	1,306	727	287	8,287	
	Expected	10	21	80	283	892	1,905	2,650	2,352	1,540	763	262	10,759	
	Actual Rate	0.04%	0.05%	0.07%	0.13%	0.18%	0.27%	0.44%	0.80%	1.61%	3.18%	5.68%	0.41%	
	A/E %	115.06%	90.52%	73.65%	84.57%	76.45%	74.37%	70.60%	70.91%	84.81%	95.25%	109.37%	77.02%	
Ultimate 10+	Exposure	1,324	2,956	8,702	20,802	46,384	62,552	52,689	29,821	12,675	3,411	564	241,880	
	Actual	1	3	10	59	155	305	525	607	511	289	88	2,553	
	Expected	1	3	15	55	192	428	661	677	496	255	66	2,850	
	Actual Rate	0.08%	0.10%	0.11%	0.28%	0.33%	0.49%	1.00%	2.04%	4.03%	8.47%	15.59%	1.06%	
	A/E %	153.99%	98.79%	65.94%	106.45%	80.57%	71.26%	79.40%	89.63%	103.02%	113.32%	133.50%	89.58%	
Ultimate 11+	Exposure	553	1,432	4,518	11,237	26,142	34,835	31,019	18,895	8,454	2,454	394	139,932	
	Actual	0	2	5	41	100	189	349	445	384	224	63	1,802	
	Expected	0	2	9	35	128	283	454	494	378	201	49	2,033	
	Actual Rate	0.00%	0.14%	0.11%	0.36%	0.38%	0.54%	1.13%	2.36%	4.54%	9.13%	16.01%	1.29%	
	A/E %	0.00%	118.81%	54.29%	117.63%	78.21%	66.89%	76.79%	90.13%	101.61%	111.22%	127.49%	88.62%	
Ultimate 12+	Exposure	174	549	2,123	5,488	13,511	17,617	16,875	11,246	5,341	1,686	257	74,867	
	Actual	0	1	1	25	58	108	220	309	262	168	46	1,198	
	Expected	0	1	5	21	81	177	297	343	274	150	35	1,384	
	Actual Rate	0.00%	0.18%	0.05%	0.46%	0.43%	0.61%	1.30%	2.75%	4.91%	9.97%	17.90%	1.60%	
	A/E %	0.00%	126.20%	18.84%	120.47%	71.56%	61.15%	74.05%	90.02%	95.52%	111.90%	133.23%	86.57%	
Ultimate 13+	Exposure	46	191	998	2,647	6,864	8,936	9,161	6,537	3,240	1,053	151	39,823	
	Actual	0	1	0	12	29	63	142	207	170	116	29	769	
	Expected	0	0	3	12	50	108	190	228	186	101	21	898	
	Actual Rate	0.00%	0.52%	0.00%	0.45%	0.42%	0.70%	1.55%	3.17%	5.25%	11.02%	19.19%	1.93%	
	A/E %	0.00%	285.08%	0.00%	100.53%	58.46%	58.54%	74.92%	90.92%	91.19%	115.15%	135.03%	85.60%	
Ultimate 16+	Exposure	2	4	36	104	323	488	572	446	205	64	5	2,249	
	Actual	0	0	0	2	3	6	21	25	20	12	1	90	
	Expected	0	0	0	1	3	8	15	20	15	8	1	71	
	Actual Rate	0.00%	0.00%	0.00%	1.92%	0.93%	1.23%	3.67%	5.61%	9.76%	18.88%	19.61%	4.00%	
	A/E %	0.00%	0.00%	0.00%	330.60%	97.92%	76.90%	136.64%	124.01%	132.16%	158.89%	118.34%	127.31%	
Ultimate 21+	Exposure	0	0	0	0	0	0	0	0	0	0	0	0	
	Actual	0	0	0	0	0	0	0	0	0	0	0	0	
	Expected	0	0	0	0	0	0	0	0	0	0	0	0	
	Actual Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
	A/F %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

- Expected deaths are calculated by applying assumptions derived using data through June 30, 2014 to the exposures through June 30, 2015.

Attachment 4
Metropolitan Life Insurance Company
Comparison of Actual to Expected* Lapse
Experience through June 30, 2015

Individual Business				
Policy Duration	Exposure	Actual	Expected*	A/E %
1	250,497	11,006	12,525	88%
2	234,560	13,869	10,555	131%
3	223,545	9,584	8,942	107%
4	215,077	6,976	7,528	93%
5	205,553	6,112	5,139	119%
6	190,879	4,527	3,818	119%
7	172,920	3,219	3,113	103%
8	147,206	2,237	2,355	95%
9	124,240	1,589	1,864	85%
10	101,968	995	1,377	72%
11	65,085	684	814	84%
12	35,064	439	438	100%
13	19,871	371	248	149%
14	11,660	244	146	167%
15	6,055	165	76	218%
16	1,963	55	25	224%
17	283	18	4	508%
18	3	1	0	2516%
19	0	0	0	N/A
20	0	0	0	N/A
21	0	0	0	N/A
22	0	0	0	N/A
23	0	0	0	N/A
24	0	0	0	N/A
25	0	0	0	N/A
26	0	0	0	N/A
Total	2,006,430	62,091	58,964	105%

- Expected lapses are calculated by applying assumptions derived using data through June 30, 2014 to the exposures through June 30, 2015.

Attachment 6
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Policy Forms: LTC2007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors		
		Without Interest				With Interest			Premium		Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency			Premium Persistency
Historical Experience	1998	-	-	N/A	-	-	-	N/A							4.00%	1.9865
	1999	-	-	N/A	-	-	-	N/A							4.00%	1.9101
	2000	-	-	N/A	-	-	-	N/A							4.00%	1.8366
	2001	-	-	N/A	-	-	-	N/A							4.00%	1.7660
	2002	-	-	N/A	-	-	-	N/A							4.00%	1.6980
	2003	-	-	N/A	-	-	-	N/A							4.00%	1.6327
	2004	-	-	N/A	-	-	-	N/A							4.00%	1.5699
	2005	-	-	N/A	-	-	-	N/A							4.00%	1.5096
	2006	-	-	N/A	-	-	-	N/A							4.00%	1.4515
	2007	-	-	N/A	-	-	-	N/A							4.00%	1.3957
	2008	-	-	N/A	-	-	-	N/A							4.00%	1.3420
	2009	1,005,858	-	0.0%	1,619	1,297,937	-	0.0%							4.00%	1.2904
	2010	7,230,907	481,183	6.7%	5,675	8,971,728	597,027	6.7%							4.00%	1.2407
	2011	14,370,661	187,137	1.3%	6,893	17,144,577	223,259	1.3%							4.00%	1.1930
2012	14,081,103	35,990	0.3%	6,667	16,153,007	41,286	0.3%							4.00%	1.1471	
2013	13,453,803	760,271	5.7%	6,410	14,839,813	838,794	5.7%							4.00%	1.1030	
2014	12,414,159	7,046,746	7.0%	6,265	13,166,408	1,020,510	7.0%							4.00%	1.0606	
2015	12,115,116	1,171,518	9.7%	6,153	12,355,042	1,194,719	9.7%							4.00%	1.0198	
Projected Future Experience	2016	11,707,072	2,373,855	20.3%	5,998	11,479,728	2,327,756	20.3%	1.0000	N/A	0.0251	0.0000	0.975	0.966	4.00%	0.9806
	2017	11,389,977	2,548,320	22.4%	5,880	10,739,223	2,402,725	22.4%	1.0000	N/A	0.0198	0.0000	0.980	0.973	4.00%	0.9429
	2018	11,144,928	2,777,855	24.9%	5,790	10,104,014	2,518,409	24.9%	1.0000	N/A	0.0153	0.0000	0.985	0.978	4.00%	0.9066
	2019	10,872,280	3,062,698	28.2%	5,670	9,477,721	2,669,854	28.2%	1.0000	N/A	0.0208	0.0000	0.979	0.976	4.00%	0.8717
	2020	10,341,344	3,390,335	32.8%	5,545	8,668,664	2,841,794	32.8%	1.0000	N/A	0.0219	0.0000	0.978	0.951	4.00%	0.8382
	2021	9,818,706	3,770,048	38.5%	5,418	7,913,542	3,044,977	38.5%	1.0000	N/A	0.0231	0.0000	0.977	0.949	4.00%	0.8060
	2022	9,522,551	4,231,321	44.4%	5,286	7,379,664	3,279,135	44.4%	1.0000	N/A	0.0242	0.0000	0.976	0.970	4.00%	0.7750
	2023	9,226,086	4,758,670	51.6%	5,151	6,874,917	3,545,974	51.6%	1.0000	N/A	0.0256	0.0000	0.974	0.969	4.00%	0.7452
	2024	8,921,149	5,367,283	60.2%	5,012	6,392,010	3,845,662	60.2%	1.0000	N/A	0.0269	0.0000	0.973	0.967	4.00%	0.7165
	2025	8,607,512	6,059,898	70.4%	4,870	5,930,085	4,174,924	70.4%	1.0000	N/A	0.0284	0.0000	0.972	0.965	4.00%	0.6889
	2026	8,285,507	6,839,987	82.6%	4,724	5,488,694	4,531,117	82.6%	1.0000	N/A	0.0300	0.0000	0.970	0.963	4.00%	0.6624
	2027	7,955,430	7,706,946	96.9%	4,573	5,067,326	4,908,067	96.9%	1.0000	N/A	0.0318	0.0000	0.968	0.960	4.00%	0.6370
	2028	7,617,530	8,656,143	113.6%	4,420	4,665,492	5,301,609	113.6%	1.0000	N/A	0.0336	0.0000	0.966	0.958	4.00%	0.6125
	2029	7,272,705	9,678,225	133.1%	4,262	4,282,979	5,699,617	133.1%	1.0000	N/A	0.0357	0.0000	0.964	0.955	4.00%	0.5889
	2030	6,921,729	10,766,296	155.5%	4,101	3,919,504	6,096,533	155.5%	1.0000	N/A	0.0378	0.0000	0.962	0.952	4.00%	0.5663
	2031	6,565,690	11,901,000	181.3%	3,936	3,574,898	6,479,876	181.3%	1.0000	N/A	0.0403	0.0000	0.960	0.949	4.00%	0.5445
	2032	6,205,854	13,059,766	210.4%	3,768	3,249,013	6,837,310	210.4%	1.0000	N/A	0.0426	0.0000	0.957	0.945	4.00%	0.5235
	2033	5,843,976	14,226,658	243.4%	3,597	2,941,880	7,161,755	243.4%	1.0000	N/A	0.0453	0.0000	0.955	0.942	4.00%	0.5034
	2034	5,481,547	15,378,076	280.5%	3,425	2,653,300	7,443,638	280.5%	1.0000	N/A	0.0480	0.0000	0.952	0.938	4.00%	0.4840
	2035	5,120,376	16,493,653	322.1%	3,250	2,383,152	7,676,562	322.1%	1.0000	N/A	0.0509	0.0000	0.949	0.934	4.00%	0.4654
	2036	4,762,517	17,530,345	368.1%	3,075	2,131,341	7,845,254	368.1%	1.0000	N/A	0.0540	0.0000	0.946	0.930	4.00%	0.4475
	2037	4,409,996	18,484,728	419.2%	2,899	1,897,673	7,954,196	419.2%	1.0000	N/A	0.0571	0.0000	0.943	0.926	4.00%	0.4303
	2038	4,064,674	19,319,480	475.3%	2,724	1,681,805	7,993,653	475.3%	1.0000	N/A	0.0605	0.0000	0.939	0.922	4.00%	0.4138
	2039	3,728,799	20,003,901	536.5%	2,550	1,483,493	7,958,500	536.5%	1.0000	N/A	0.0637	0.0000	0.936	0.917	4.00%	0.3978
	2040	3,404,150	20,542,873	603.5%	2,378	1,302,242	7,858,585	603.5%	1.0000	N/A	0.0674	0.0000	0.933	0.913	4.00%	0.3825
	2041	3,092,365	20,910,631	676.2%	2,210	1,137,472	7,691,605	676.2%	1.0000	N/A	0.0709	0.0000	0.929	0.908	4.00%	0.3678
	2042	2,795,989	21,106,369	755.1%	2,045	988,581	7,465,181	755.1%	1.0000	N/A	0.0746	0.0000	0.925	0.904	4.00%	0.3537
	2043	2,513,611	21,114,946	840.0%	1,885	854,833	7,180,805	840.0%	1.0000	N/A	0.0783	0.0000	0.922	0.899	4.00%	0.3401
	2044	2,248,867	20,960,139	932.0%	1,730	735,383	6,853,998	932.0%	1.0000	N/A	0.0822	0.0000	0.918	0.895	4.00%	0.3270
	2045	2,001,556	20,644,672	1031.4%	1,581	629,338	6,491,192	1031.4%	1.0000	N/A	0.0860	0.0000	0.914	0.890	4.00%	0.3144
	2046	1,772,165	20,154,193	1137.3%	1,439	535,781	6,093,244	1137.3%	1.0000	N/A	0.0896	0.0000	0.910	0.885	4.00%	0.3023
	2047	1,560,879	19,535,864	1251.6%	1,305	453,753	5,679,138	1251.6%	1.0000	N/A	0.0935	0.0000	0.907	0.881	4.00%	0.2907
	2048	1,367,683	18,786,455	1373.6%	1,178	362,298	5,251,233	1373.6%	1.0000	N/A	0.0973	0.0000	0.903	0.876	4.00%	0.2795
	2049	1,192,253	17,909,834	1502.2%	1,059	320,444	4,813,652	1502.2%	1.0000	N/A	0.1008	0.0000	0.899	0.872	4.00%	0.2688
	2050	1,033,995	16,961,882	1640.4%	949	267,220	4,383,529	1640.4%	1.0000	N/A	0.1043	0.0000	0.896	0.867	4.00%	0.2584
	2051	891,993	15,938,077	1786.8%	846	221,655	3,960,522	1786.8%	1.0000	N/A	0.1081	0.0000	0.892	0.863	4.00%	0.2485
	2052	765,863	14,861,319	1940.5%	752	182,993	3,550,916	1940.5%	1.0000	N/A	0.1114	0.0000	0.889	0.859	4.00%	0.2389
	2053	654,459	13,762,613	2102.9%	665	150,360	3,161,918	2102.9%	1.0000	N/A	0.1150	0.0000	0.885	0.855	4.00%	0.2297
	2054	556,506	12,650,715	2273.2%	587	122,938	2,794,676	2273.2%	1.0000	N/A	0.1181	0.0000	0.882	0.850	4.00%	0.2209
	2055	471,126	11,555,271	2452.7%	516	100,074	2,454,501	2452.7%	1.0000	N/A	0.1212	0.0000	0.879	0.847	4.00%	0.2124
	2056	397,142	10,489,697	2641.3%	452	81,114	2,142,460	2641.3%	1.0000	N/A	0.1241	0.0000	0.876	0.843	4.00%	0.2042
	2057	333,427	9,463,893	2838.4%	394	65,481	1,858,601	2838.4%	1.0000	N/A	0.1273	0.0000	0.873	0.840	4.00%	0.1964
	2058	278,829	8,497,716	3047.6%	343	52,653	1,604,668	3047.6%	1.0000	N/A	0.1291	0.0000	0.871	0.836	4.00%	0.1888
	2059	232,262	7,586,828	3266.5%	298	42,172	1,377,558	3266.5%	1.0000	N/A	0.1317	0.0000	0.868	0.833	4.00%	0.1816
2060	192,891	6,745,892	3497.3%	258	33,677	1,177,757	3497.3%	1.0000	N/A	0.1343	0.0000	0.866	0.830	4.00%	0.1746	
2061	159,676	5,960,160	3732.7%	223	26,805	1,000,555	3732.7%	1.0000	N/A	0.1371	0.0000	0.863	0.828	4.00%	0.1679	
2062	131,792	5,241,843	3977.3%	192	21,274	846,123	3977.3%	1.0000	N/A	0.1389	0.0000	0.861	0.825	4.00%	0.1614	
2063	108,482	4,588,518	4229.8%	165	16,837	712,178	4229.8%	1.0000	N/A	0.1412	0.0000	0.859	0.823	4.00%	0.1552	
2064	89,047	3,992,295	4483.4%	141	13,289	595,807	4483.4%	1.0000	N/A	0.1416	0.0000	0.858	0.821	4.00%	0.1492	
2065	72,901	3,458,207	4743.7%	121	10,461	498,250	4743.7%	1.0000	N/A	0.1444	0.0000	0.856	0.819	4.00%	0.1435	
2066	59,546	2,985,399	5013.6%	103	8,216	411,925	5013.6%	1.0000	N/A	0.1482	0.0000	0.852	0.817	4.00%	0.1380	
2067	48,524	2,572,213	5300.9%	88	6,438	341,264	5300.9%	1.0000	N/A	0.1485	0.0000	0.852	0.815	4.00%	0.1327	
2068	39,430	2,210,684	5606.6%	74	5,030	282,018	5606.6%	1.0000	N/A	0.1520	0.0000	0.848	0.813	4.00%	0.1276	
2069	31,949	1,893,434	592													

Attachment 6
Metropolitan Life Insurance Company
Nationwide Experience Projections With 42% Future Increase
Without Adjustment for Policy Lapses and Benefit Downgrades Associated with Proposed Rate Increase
Policy Forms LT62007
Policies Issued After October 27, 2009, on New Rate Basis

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors			
		Without Interest			With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor		
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	N/A								4.00%	1.9865
	1999	-	-	N/A	-	-	-	N/A								4.00%	1.9101
	2000	-	-	N/A	-	-	-	N/A								4.00%	1.8366
	2001	-	-	N/A	-	-	-	N/A								4.00%	1.7660
	2002	-	-	N/A	-	-	-	N/A								4.00%	1.6980
	2003	-	-	N/A	-	-	-	N/A								4.00%	1.6327
	2004	-	-	N/A	-	-	-	N/A								4.00%	1.5699
	2005	-	-	N/A	-	-	-	N/A								4.00%	1.5096
	2006	-	-	N/A	-	-	-	N/A								4.00%	1.4515
	2007	-	-	N/A	-	-	-	N/A								4.00%	1.3957
	2008	-	-	N/A	-	-	-	N/A								4.00%	1.3420
	2009	1,005,858	-	0.0%	1,619	1,297,937	-	0.0%								4.00%	1.2904
	2010	7,230,907	481,183	6.7%	5,675	8,971,728	597,027	6.7%								4.00%	1.2407
	2011	14,370,661	187,137	1.3%	6,893	17,144,577	223,259	1.3%								4.00%	1.1930
	2012	14,061,103	35,990	0.3%	6,667	16,153,007	41,286	0.3%								4.00%	1.1471
	2013	13,453,803	760,271	5.7%	6,410	14,839,813	838,594	5.7%								4.00%	1.1030
2014	12,414,159	870,746	7.0%	6,265	13,166,408	923,510	7.0%								4.00%	1.0606	
2015	12,115,116	1,171,518	9.7%	6,153	12,355,042	1,194,719	9.7%								4.00%	1.0198	
Projected Future Experience	2016	11,707,072	2,373,855	20.3%	5,998	11,479,728	2,327,756	20.3%	1.0000	1.0000	0.0251	1.0000	0.975	0.966	4.00%	0.9806	
	2017	12,718,808	2,548,320	20.0%	5,880	11,992,132	2,402,725	20.0%	1.1167	1.0000	0.0198	1.0000	0.980	0.973	4.00%	0.9429	
	2018	15,679,521	2,777,855	17.7%	5,790	14,215,085	2,518,409	17.7%	1.4069	1.0000	0.0153	1.0000	0.985	0.978	4.00%	0.9066	
	2019	15,438,637	3,062,698	19.8%	5,670	13,458,364	2,669,854	19.8%	1.4200	1.0000	0.0206	1.0000	0.979	0.976	4.00%	0.8717	
	2020	14,685,561	3,390,335	23.1%	5,545	12,309,503	2,841,794	23.1%	1.4200	1.0000	0.0219	1.0000	0.978	0.951	4.00%	0.8382	
	2021	13,942,563	3,778,048	27.1%	5,418	11,237,229	3,044,977	27.1%	1.4200	1.0000	0.0231	1.0000	0.977	0.949	4.00%	0.8060	
	2022	13,522,023	4,231,321	31.3%	5,286	10,479,123	3,279,135	31.3%	1.4200	1.0000	0.0242	1.0000	0.976	0.970	4.00%	0.7750	
	2023	13,101,043	4,758,670	36.3%	5,151	9,762,382	3,545,974	36.3%	1.4200	1.0000	0.0256	1.0000	0.974	0.969	4.00%	0.7452	
	2024	12,668,032	5,367,283	42.4%	5,012	9,076,654	3,845,662	42.4%	1.4200	1.0000	0.0269	1.0000	0.973	0.967	4.00%	0.7165	
	2025	12,222,667	6,059,898	49.6%	4,870	8,420,720	4,174,924	49.6%	1.4200	1.0000	0.0284	1.0000	0.972	0.965	4.00%	0.6889	
	2026	11,765,420	6,839,987	58.1%	4,724	7,793,945	4,531,117	58.1%	1.4200	1.0000	0.0300	1.0000	0.970	0.963	4.00%	0.6624	
	2027	11,296,674	7,706,946	68.2%	4,573	7,195,603	4,909,067	68.2%	1.4200	1.0000	0.0318	1.0000	0.968	0.960	4.00%	0.6370	
	2028	10,816,893	8,656,143	80.0%	4,420	6,624,999	5,301,609	80.0%	1.4200	1.0000	0.0336	1.0000	0.966	0.958	4.00%	0.6125	
	2029	10,327,242	9,678,225	93.7%	4,262	6,081,830	5,699,617	93.7%	1.4200	1.0000	0.0357	1.0000	0.964	0.955	4.00%	0.5889	
	2030	9,828,855	10,766,296	109.5%	4,101	5,565,696	6,096,533	109.5%	1.4200	1.0000	0.0378	1.0000	0.962	0.952	4.00%	0.5663	
	2031	9,323,280	11,901,000	127.6%	3,936	5,076,355	6,479,876	127.6%	1.4200	1.0000	0.0403	1.0000	0.960	0.949	4.00%	0.5445	
	2032	8,812,312	13,059,766	148.2%	3,768	4,613,598	6,837,310	148.2%	1.4200	1.0000	0.0426	1.0000	0.957	0.945	4.00%	0.5235	
	2033	8,298,446	14,226,658	171.4%	3,597	4,177,470	7,161,755	171.4%	1.4200	1.0000	0.0453	1.0000	0.955	0.942	4.00%	0.5034	
	2034	7,763,796	15,376,076	197.6%	3,425	3,767,686	7,443,658	197.6%	1.4200	1.0000	0.0480	1.0000	0.952	0.938	4.00%	0.4840	
	2035	7,270,934	16,493,653	226.8%	3,250	3,384,076	7,676,562	226.8%	1.4200	1.0000	0.0509	1.0000	0.949	0.934	4.00%	0.4654	
	2036	6,762,773	17,530,345	259.2%	3,075	3,026,505	7,845,254	259.2%	1.4200	1.0000	0.0540	1.0000	0.946	0.930	4.00%	0.4475	
	2037	6,262,195	18,484,728	295.2%	2,899	2,694,696	7,954,196	295.2%	1.4200	1.0000	0.0571	1.0000	0.943	0.926	4.00%	0.4303	
	2038	5,771,836	19,319,480	334.7%	2,724	2,388,163	7,993,653	334.7%	1.4200	1.0000	0.0605	1.0000	0.939	0.922	4.00%	0.4138	
	2039	5,294,895	20,003,901	377.8%	2,550	2,106,560	7,958,500	377.8%	1.4200	1.0000	0.0637	1.0000	0.936	0.917	4.00%	0.3978	
	2040	4,833,893	20,542,873	425.0%	2,378	1,849,184	7,858,585	425.0%	1.4200	1.0000	0.0674	1.0000	0.933	0.913	4.00%	0.3825	
	2041	4,391,158	20,910,631	476.2%	2,210	1,615,210	7,691,605	476.2%	1.4200	1.0000	0.0709	1.0000	0.929	0.908	4.00%	0.3678	
	2042	3,969,027	21,106,869	531.8%	2,045	1,403,785	7,465,181	531.8%	1.4200	1.0000	0.0746	1.0000	0.925	0.904	4.00%	0.3537	
	2043	3,569,328	21,114,946	591.6%	1,885	1,213,863	7,180,805	591.6%	1.4200	1.0000	0.0783	1.0000	0.922	0.899	4.00%	0.3401	
	2044	3,193,391	20,960,139	656.4%	1,730	1,044,244	6,853,998	656.4%	1.4200	1.0000	0.0822	1.0000	0.918	0.895	4.00%	0.3270	
	2045	2,842,210	20,644,672	726.4%	1,581	893,661	6,491,192	726.4%	1.4200	1.0000	0.0860	1.0000	0.914	0.890	4.00%	0.3144	
	2046	2,516,474	20,154,193	800.9%	1,439	760,809	6,093,244	800.9%	1.4200	1.0000	0.0896	1.0000	0.910	0.885	4.00%	0.3023	
	2047	2,216,449	19,535,864	881.4%	1,305	642,329	5,679,138	881.4%	1.4200	1.0000	0.0935	1.0000	0.907	0.881	4.00%	0.2907	
	2048	1,942,109	18,786,455	967.3%	1,178	544,363	5,251,233	967.3%	1.4200	1.0000	0.0973	1.0000	0.903	0.876	4.00%	0.2795	
	2049	1,692,999	17,909,834	1057.9%	1,059	455,030	4,813,652	1057.9%	1.4200	1.0000	0.1008	1.0000	0.899	0.872	4.00%	0.2688	
	2050	1,468,273	16,961,882	1155.2%	949	379,452	4,383,529	1155.2%	1.4200	1.0000	0.1043	1.0000	0.896	0.867	4.00%	0.2584	
	2051	1,266,629	15,938,077	1258.3%	846	314,750	3,960,522	1258.3%	1.4200	1.0000	0.1081	1.0000	0.892	0.863	4.00%	0.2485	
	2052	1,087,526	14,861,319	1366.5%	752	259,850	3,550,916	1366.5%	1.4200	1.0000	0.1114	1.0000	0.889	0.859	4.00%	0.2389	
	2053	929,332	13,762,613	1480.9%	665	213,511	3,161,918	1480.9%	1.4200	1.0000	0.1150	1.0000	0.885	0.855	4.00%	0.2297	
	2054	790,239	12,650,715	1600.9%	587	174,572	2,794,676	1600.9%	1.4200	1.0000	0.1181	1.0000	0.882	0.850	4.00%	0.2209	
	2055	668,999	11,555,271	1727.2%	516	142,105	2,454,501	1727.2%	1.4200	1.0000	0.1212	1.0000	0.879	0.847	4.00%	0.2124	
	2056	563,942	10,489,697	1860.1%	452	115,182	2,142,460	1860.1%	1.4200	1.0000	0.1241	1.0000	0.876	0.843	4.00%	0.2042	
	2057	473,466	9,463,893	1998.9%	394	92,983	1,858,601	1998.9%	1.4200	1.0000	0.1273	1.0000	0.873	0.840	4.00%	0.1964	
	2058	395,937	8,497,716	2146.2%	343	74,767	1,604,668	2146.2%	1.4200	1.0000	0.1291	1.0000	0.871	0.836	4.00%	0.1888	
	2059	329,812	7,586,828	2300.3%	298	59,885	1,377,558	2300.3%	1.4200	1.0000	0.1317	1.0000	0.868	0.833	4.00%	0.1816	
	2060	273,905	6,745,892	2462.9%	258	47,821	1,177,757	2462.9%	1.4200	1.0000	0.1343	1.0000	0.866	0.830	4.00%	0.1746	
	2061	226,740	5,960,160	2628.6%	223	38,064	1,000,555	2628.6%	1.4200	1.0000	0.1371	1.0000	0.863	0.828	4.00%	0.1679	
	2062	187,345	5,241,843	2800.9%	192	30,208	846,123	2800.9%	1.4200	1.0000	0.1399	1.0000	0.861	0.825	4.00%	0.1614	
	2063	154,044	4,588,518	2978.7%	165	23,909	712,178	2978.7%	1.4200	1.0000	0.1412	1.0000	0.859	0.823	4.00%	0.1552	
	2064	126,447	3,992,295	3157.3%	141	18,871	595,807	3157.3%	1.4200	1.0000	0.1416	1.0000	0.858	0.821	4.00%	0.1492	
	2065	103,519	3,458,207	3340.6%	121	14,855	496,250	3340.6%	1.4200	1.0000	0.1444	1.0000	0.856	0.819	4.00%	0.1435	
2066	84,555	2,985,399	3530.7%	103	11,667	411,925	3530.7%	1.4200	1.0000	0.1482	1.0000	0.852	0.817	4.00%	0.1380		
2067	68,																

Policies Issued After October 27, 2009, on New Rate Basis

1	Accumulated value of initial earned premium	83,928,512	x	58%	=	48,678,537
2a	Accumulated value of earned premium	83,928,512				
2b	Accumulated value of prior premium rate schedule increases (2a-1)	0		85%	=	0
3	Present value of future projected initial earned premium	139,164,898		58%	=	80,715,641
4a	Present value of future projected premium *	189,402,491				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	50,237,592		85%	=	42,701,953
5	Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b					172,096,131
6a	Accumulated value of incurred claims without the inclusion of active life reserves					3,818,394
6b	Present value of future projected incurred claims without the inclusion of active life reserves					224,253,213
7	Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b					228,071,607
8	Test: 7 is not less than 5					TRUE

* Projections not adjusted for policy lapses and benefit downgrades associated with proposed rate increase

**** Projections based on assumptions derived using data through 6/30/2015.**

Patricia A. Lanza
Manager, Contracts Development
Institutional Contracts

August 31, 2007

Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218

Re: Individual Long-Term Care Insurance Forms
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

The following individual long-term care insurance forms are submitted for your review and approval for use in your state. These forms are new and do not replace any forms previously filed with your Department.

Form Number

Description

LTC2007-VA

Individual Long-Term Care Insurance Policy: Provides long-term care insurance that is intended to be federally tax-qualified. The policy provides a reimbursement benefit for actual charges incurred up to 100% of the insured's monthly benefit amount for the following covered services: nursing home; hospice facility; assisted living facility; home care services; and adult day care. The policy provides benefits for bed reservations (limited to 50 days per calendar year), and one needs assessment. The policy provides that MetLife may agree to pay for alternate services which are qualified long-term care services which are not specifically defined in the policy as covered services in accordance with the requirements for alternate services as set forth in the policy. Payment of benefits under the policy, other than the benefit for the needs assessment, reduce the insured's total benefit amount. The policy includes the following features: International Benefit (pays 50% of the monthly benefit amount, regardless of actual charges incurred up to a maximum as stated in the policy); Return of Earned Premium On Death (if the insured dies on or before his/her 70th birthday, the policy pays an amount equal to all premiums paid by the insured, less any benefits paid); and Contingent Benefit Upon Lapse.

Riders: All riders listed below are for use with the above referenced individual policy form. Riders may be marketed in various combinations and not all of the riders included in this filing will be marketed; however the 5% Automatic Compound Inflation Protection Rider and the Nonforfeiture Coverage Rider will always be offered. In addition, we may make approved riders available at some times and discontinue offering them at other times. The Application(s) and the Outline of Coverage have been bracketed and will vary to reflect those riders that will be available and marketed at a given time.

The following are benefit increase riders that are intended for use with policy form LTC2007-VA. As previously noted, the 5% Automatic Compound Inflation Protection Rider will always be offered to the applicant. We may offer other benefit increase riders variously. The insured may only select one of these benefit increase riders, and some benefit increase riders may not be available with certain coverage amounts or in combination with other optional riders.

Form Number	Description (Continued/Rider)
LTC2007-5AIP-VA	5% Automatic Compound Inflation Protection Rider: Provides for an automatic benefit increase of 5% per year, compounded annually, with no corresponding increase in premium for each increase.
LTC2007-3AIP-VA	3% Automatic Compound Inflation Protection Rider: Provides for an automatic benefit increase of 3% per year, compounded annually, with no corresponding increase in premium for each increase.
LTC2007-5SIP-VA	5% Automatic Simple Inflation Protection Rider: Provides for an automatic simple benefit increase of 5% per year, with no corresponding increase in premium for each increase.
LTC2007-GAIP	Graded Automatic Compound Inflation Protection Rider: Provides for an automatic benefit increase of 5% per year, compounded annually, through 60, and for an automatic benefit increase of 3% per year, compounded annually, beginning at age 61. There is no corresponding increase in premium for each increase.
LTC2007-GAIP75	Graded Automatic Compound Inflation Protection Through Age 75 Rider: Provides for an automatic benefit increase of 5% per year, compounded annually, through age 60, and for an automatic benefit increase of 3% per year, compounded annually, from age 61 through age 75. There are no further increases at or after age 76. There is no corresponding increase in premium for each increase.
LTC2007-UCPI-VA	Urban CPI Compound Inflation Protection Rider: Provides for an automatic benefit increase, compounded annually, based on the change in the non-seasonally adjusted Urban CPI.
LTC2007-CIP	Convertible Inflation Protection Rider: Provides for an automatic benefit increase of 5% per year, compounded annually, through age 60, with no increase in premium. At ages 61 and better, the insured will receive an automatic benefit increase of 5% per year, compounded annually, unless he/she rejects the increase. The premium for these latter increases will be based upon the insured's age at the time the increase takes effect; and the following in effect on the effective date of the increase: premium rates; discounts, if any; and the insured's health rating.
LTC2007-APIP-VA	Annual Purchase Inflation Protection Rider: Provides for annual benefit increases of 5% per year, unless the insured rejects the increase. The premium for these increases will be based upon the insured's age at the time the increase takes effect; and the following in effect on the effective date of the increase: premium rates; discounts, if any; and the insured's health rating. Increases under this rider will occur without regard to the insured's age, claim status, claim history, health, or the length of time he/she has been covered under this policy.
LTC2007-FP-VA	Future Purchase Rider: Provides for annual benefit increases of 5% per year, unless the insured rejects the increase. The premium for these increases will be based upon the insured's age at the time the increase takes effect; and the following in effect on the effective date of the increase: premium rates; discounts, if any; and the insured's health rating. The insured cannot receive an increase if he/she is eligible for benefits on the date that the increase is to take effect.
LTC2007-GPO-2-VA	Guaranteed Purchase Option Rider: Provides options for benefit increases of up to 100% (2 times) of the coverage initially purchased.

Form Number	Description (Continued/Rider)
LTC2007-GPO-3-VA	<p>Guaranteed Purchase Option Rider: Provides options for benefit increases of up to 200% (3 times) of the coverage initially purchased.</p> <p>The following optional riders are intended for use with policy form LTC2007-VA. As previously noted the Nonforfeiture Coverage Rider will always be offered to the applicant. We may offer other optional riders variously, and some optional riders may not be available with certain coverage amounts or in combination with other optional riders.</p>
LTC2007-NF-VA	Nonforfeiture Coverage Rider: Provides limited coverage if the policy ends due to non-payment of premium or a request to cancel the policy.
LTC2007-SC-VA	Shared Care Rider: Allows the insured's covered partner to receive benefits under the insured's policy if the covered partner has exhausted the total benefit amount under his/her policy. It also provides for the transfer of the covered partner's remaining total benefit amount to the insured's policy on death of the covered partner. Coverage for both persons must be identical, as specified in the rider.
LTC2007-CB-VA	Cash Benefit Rider: Provides for payment of a cash benefit, in lieu of reimbursement for covered services.
LTC2007-10YP-VA	Ten Year Premium Payment Rider: Provides for coverage for which premium has been paid for 10 years to be paid-up after 10 years.
LTC2007-CBUL(AP)-VA	Contingent Benefit Upon Lapse for Accelerated Premium Payment Option Endorsement. This policy endorsement provides an additional contingent benefit upon lapse benefit for insureds who select the Ten Year Premium Payment Rider.
	Endorsements: There is no premium charge for any of the following policy endorsements, which will be issued, as noted below.
LTC2007-PD	Payroll Deduction Endorsement. This policy endorsement explains the payroll deduction requirements, and will be issued to insureds who use this premium payment method.
LTC2007-EPA	Endorsement for Employer Paid Arrangements. This policy endorsement explains the requirements for employer paid arrangements, and will be issued to all insureds under a multi-life arrangement in which some or all of the insureds are receiving payment of all or part of their premiums by the employer or association sponsor of the multi-life arrangement.
LTC2007-RG-VA	Rate Guarantee Endorsement. This policy endorsement will be issued to insureds in the future if we decide to provide a rate guarantee for policy form LTC2007-VA.
LTC2007-OC2-VA	Outline of Coverage: Outline of coverage for policy form LTC2007-VA. The outline may be printed in a booklet format and enclosed in a client package that will be provided prior to the presentation of an application. The inflation graphs will vary to illustrate those options that are then being offered with the policy.

Form Number	Description (Continued/Applications)
	Applications:
LTC4APP-IND-VA	Application form for use by individuals applying for policy form LTC2007-VA.
LTC4APP-ML-VA	Multi-Life Application form for use by individuals applying for policy form LTC2007-VA under a multi-life arrangement sponsored by an employer or association. Individuals using this application will be employees of an employer or members of an association where the employer or association has entered into a "multi-life" arrangement with us. The application will also be available to family members of the employee or member to whom the multi-life arrangement applies.
LTC4-TAPP-VA	LTC Insurance Preliminary Request Form. Form that may be used for recording preliminary information provided by a prospective applicant prior to completing one of the applications included with this filing. When this form is used, the prospective applicant will be provided with a packet containing regulatory forms, including an Outline of Coverage. An application will subsequently be completed and signed by the insured.
LTC4-REINST-VA	Reinstatement application for use by individuals applying for reinstatement for policy form LTC2007-VA.
CPR07-60	Conditional Premium Receipt: For use by individuals applying for policy form LTC2007-VA. If requirements set forth in the receipt are met, provides coverage from the application date. This form may be enclosed in a document package that will be provided to the applicant.
PW07	Personal Worksheet: For use by individuals applying for policy form LTC2007-VA. This form may be enclosed in a document package that will be provided to the applicant.
PRD07-60	Rate Disclosure Form: For use by individuals applying for policy form LTC2007-VA. This form may be enclosed in a document package that will be provided to the applicant.
PRD07-10PAY-60	Rate Disclosure Form: For use by individuals applying for policy form LTC2007-VA. This form will be used with the Ten Year Premium Payment Rider. This form may be enclosed in a document package that will be provided to the applicant.

Extension of Use with Previously Approved Forms

We wish to extend the use of Application Amendment Forms, LTC-APP-AMEND and LTC-GRO-APP-AMEND, approved by your Department on September 7, 2006 for use with the forms LTC4APP-IND-VA and LTC4APP-ML-VA included in this filing.

Variable Material

The variable material contained in each of the filed forms is indicated by brackets. Attached to this letter, please find Appendix A which contains an explanation of the variable material contained in the forms included in this filing.

Rates

We are enclosing an actuarial memorandum and supporting rates for policy form LTC2007-VA.

The enclosed materials contain formulas, statistics, assumptions and other information that are proprietary trade secrets of MetLife. Disclosure of this information would cause substantial injury to MetLife's competitive position. Therefore, we request the Department treat these materials as confidential and not release them to any third parties. We further request that the Department notify Shen Wu at (908) 253-1899 so that MetLife has an opportunity to oppose any request for disclosure, if necessary.

Certification

The company has reviewed the enclosed forms 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.

Virginia Long-Term Care Partnership Program

We intend for individual long-term care insurance policy form LTC2007-VA to be a qualifying partnership policy when the appropriate inflation protection is included on the policy effective date. In this regard, a Partnership Certification form is enclosed.

Disclosure notice Form 200-B was approved by your Department on August 22, 2007 and we intend to use this form with policy form LTC2007-VA. We are enclosing partnership notice form PSNOTICE-VA-LSA for your review and approval.

We submit the following inflation protection riders as meeting the requirements of 14 VAC 5-200-205 B 4 when included with the policy as of policy effective date. Please be advised that all prospective insureds will be offered the 5% Automatic Compound Inflation Protection Rider and must specifically reject this rider prior to be offered any other inflation protection rider.

Form Number	Description of Rider
LTC2007-5AIP-VA	5% Automatic Compound Inflation Protection Rider. This rider provides automatic compound inflation protection at a rate of 5% throughout the life of the policy. We believe this rider qualifies regardless of the age of the insured at the time of policy purchase.
LTC2007-3AIP-VA	3% Automatic Compound Inflation Protection Rider. This rider provides automatic compound inflation protection at a rate of 3% throughout the life of the policy. We believe this rider qualifies regardless of the age of the insured at the time of policy purchase.
LTC2007-5SIP-VA	5% Automatic Simple Inflation Protection Rider. This rider provides automatic simple inflation protection at a rate of 5% throughout the life of the policy. This rider will only qualify as partnership-appropriate inflation protection if the insured is age 61 or over at the time of the effective date of the policy.
LTC2007-GAIP	Graded Automatic Inflation Protection Rider. This rider provides 5% automatic compound inflation protection until the insured reaches 61 years of age. After the insured reaches the age of 61, the rider provides inflation protection at a rate of 3%, compounded annually, for the remainder of the policy life. This comports with the Deficit Reduction Act's inflation protection requirement that a person under the age of 61 have compound annual inflation protection, and a person over the age of 61 have some level of inflation protection.

LTC2007-GAIP75

Graded Automatic Inflation Protection Through Age 75 Rider. This rider works in a similar fashion to the Graded Automatic Inflation Protection Rider with the following exception. Inflation protection ends when the insured reaches 76 years of age. The Deficit Reduction Act does not require person of this age group to have any inflation protection. We understand that the Department has not yet considered this type of inflation protection compliant for Partnership purposes, but we understand that the Department is re-considering its position on this and submit this rider in hopes that the Department will approve it.

LTC2007-CIP

Convertible Inflation Protection Rider. This rider provides an automatic inflation protection at a rate of 5% per year through age 60. At ages 61 and better, the insured will receive an automatic benefit increase of 5% per year, compounded annually, unless he/she rejects the increase. We believe this rider qualifies regardless of the age of the insured at the time of policy purchase.

LTC2007-APIP-VA

Annual Purchase Inflation Protection Rider. This rider provides for annual benefit increases of 5% per year, unless the insured rejects the increase. An insured would therefore be receiving compound inflation protection at a rate of 5% per year, unless the insured rejects the increase. We believe this rider qualifies regardless of the age of the insured at the time of policy purchase.

Filing Correspondence Instructions

Please address all correspondence regarding this filing as follows:

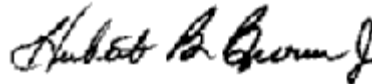
Metropolitan Life Insurance Company
Contract Filing Unit, Area 6E
1 MetLife Plaza
Long Island City, NY 11101-4015

If you have any questions or comments that you feel could best be handled by contacting MetLife, please feel free to contact Patricia Lanza via telephone, fax or e-mail (see upper left corner of the first page of this letter for contact information).

Very truly yours,



Patricia A. Lanza
Manager, Contracts Development



Herbert B. Brown, Jr.
Vice President

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002



Mark Newton, FSA, MAAA
Actuarial Director

September 7, 2017

Ms. Janet Houser
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated June 7, 2017
SERFF/STATE Tracking #: META-130643303
Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Ms. Houser:

Thank you for your response dated June 7, 2017. Here are the answers to your questions:

1. Thank you for adding form numbers to the Rate/Rule Schedule as requested. The forms in this filing should match the forms listed on the Rate/Rule Schedule in the original filing META-125279795. It appears form LTC2007-UCPI-VA was not included in that filing and was withdrawn. Please clarify and remove from the rate schedule.
[Form LTC2007-UCPI-VA has been removed from the rate schedule.](#)

Please remove all other forms that were not included in the initial filing under the Rate/Rule Schedule such as the application forms, endorsement forms, reinstatement forms, or personal worksheets.

[The forms have been removed from the Rate Schedule as requested.](#)

2. Thank you for providing a copy of the Long Term Care Insurance Coverage Change Form. Please confirm this form is not attached and becomes a part of the policy.
[We confirm the Coverage Change form is not attached and becomes part of the policy.](#)

We note the name of the company is bracketed on the form. Although such forms may not be subject for approval, please provide a copy of the Statement of Variability in Supporting Documentation.

[The company name was bracketed as a whole block with the address for the purpose of updating the address as needed based on internal procedures. The company name would not change. The remaining bracketing on the form reflects areas to be updated to reflect the individual's specific plan design.](#)

3. In reviewing the letter and the Nonforfeiture Coverage Rider form LTC2007-NF-VA, the contingent benefit upon lapse benefit is not consistent with current requirements as revised in VAC5-200-185 and should be updated accordingly. Please attach a form for review and approval. A readability certification will also be required for any new riders and/or endorsements for compliance with 14VAC5-110-60.

MetLife monitors legislative and regulatory activity to keep its policies in compliance with all laws, regulations and bulletins. A copy of the nonforfeiture coverage rider in compliance with VA regulation VAC5-200-185 has been included.

4. Thank you for the revised policyholder letter. And as requested, the Company changed the following sentence: "In the event of future rate increase, options may be available; however, decreases in coverage can be made at any time, per the provisions of your policy."

After further review, there is a concern this sentence may be potentially confusing and contradictory. To meet regulatory requirement and address the company's concerns, please amend the sentence to state: "In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums per the provisions of your policy."

The sentence has been amended per the department's request.

5. The letter currently states the paid up amount of the nonforfeiture benefit will not exceed the remaining Total Lifetime Benefit of your policy immediately prior to your date of lapse. For consistency with 14VAC5-200-185F, please amend the language to state that is no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status.

The language has been amended per the department's request.

6. The policyholder letter indicates the rate increase will be implemented in two or three periods. The letter, however, should indicate the overall percentage increase and then indicate what the increase will be for each subsequent period. In addition, a policyholder notification letter must be sent at least 75 days prior to each implementation which satisfies all the requirements as set forth in 14VAC5-200-75D. As a result, the Company will need to furnish such letters for review. The Company may wish to add variability for this purpose or create a separate letter and attach it to the Form Schedule. Please provide a corresponding Statement of Variability.

A Statement of Variability has been provided.

7. (1) Attachment 4 shows total claim count for incidence of 4,108 but has a count of 17,876 for claim terminations. Are these based on different datasets? Please reconcile.

Incidence and claim continuance (terminations) are both analyzed using MetLife's own historical experience. Claim terminations require much more data due to the span of data points (incidence is a singular occurrence but terminations span years with many possible outcomes over time from the single claim). The larger amount of data needed to analyze claim terminations experience requires combining similar data from other MetLife LTC business to obtain enough credible data for the analysis. Incidence rates are based solely

on the experience of the individual business while claim termination experience includes data from MetLife's TIAA and Group blocks.

(2) Please provide in Excel format a calculation of the expected lifetime loss ratio based on all original assumptions including the original premium scale, but using the actual mix of business based on policies issued rather than the assumed mix of business.

[Please see Attachment 3.](#)

(3) Please provide in Excel format a projection of future experience utilizing the actual policies in force at the projection date, but utilizing original assumptions for mortality, lapse, morbidity and interest from the projection date forward and utilizing the original premium scale with no increase.

[Please see Attachment 5.](#)

(4) Please provide in Excel format an updated exhibit showing the rate increase history and status of existing rate increase requests in each state, including the in force annualized premium for each state.

[Please see Attachment 7.](#)

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads "Mark D. Newton". The signature is written in a cursive, flowing style.

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Attachment 3
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Original Pricing Assumptions Applied Since Inception, Using Actual Sales
Policy Forms: LTC2007

Policy Duration	Reproduced Expected Pricing Experience		
	Earned Premium	Incurred Claims	Loss Ratio
1	16,386,942	1,416,570	8.6%
2	15,283,335	1,816,736	11.9%
3	14,579,162	2,640,609	18.1%
4	14,037,060	3,248,245	23.1%
5	13,494,063	3,617,724	26.8%
6	12,942,886	4,152,326	32.1%
7	12,385,680	4,519,902	36.5%
8	11,816,811	5,017,403	42.5%
9	11,211,404	5,732,072	51.1%
10	10,562,712	6,103,173	57.8%
11	9,880,517	6,561,025	66.4%
12	9,188,297	6,778,350	73.8%
13	8,508,073	7,080,355	83.2%
14	7,841,717	7,428,864	94.7%
15	7,190,228	7,548,485	105.0%
16	6,568,439	7,730,545	117.7%
17	5,975,483	7,714,885	129.1%
18	5,410,684	7,756,011	143.3%
19	4,877,089	7,649,266	156.8%
20	4,377,390	7,512,248	171.6%
21	3,917,048	7,363,012	188.0%
22	3,492,830	7,075,579	202.6%
23	3,101,981	6,869,708	221.5%
24	2,746,106	6,390,318	232.7%
25	2,425,910	6,087,153	250.9%
26	2,139,794	5,810,333	271.5%
27	1,884,086	5,430,194	288.2%
28	1,656,043	5,147,206	310.8%
29	1,455,449	4,595,814	315.8%
30	1,281,065	4,316,608	337.0%
31	1,129,374	4,070,050	360.4%
32	996,312	3,774,795	378.9%
33	879,890	3,545,493	402.9%
34	779,312	3,162,739	405.8%
35	692,938	2,928,679	422.6%
36	617,832	2,780,248	450.0%
37	552,121	2,598,651	470.7%
38	494,931	2,457,474	496.5%
39	445,271	2,248,935	505.1%
40	402,018	2,182,639	542.9%
41	364,017	2,083,714	572.4%
42	329,869	2,022,723	613.2%
43	299,239	1,977,579	660.9%
44	271,416	1,943,009	715.9%
45	246,106	1,897,908	771.2%
46	223,120	1,840,369	824.8%
47	201,963	1,765,147	874.0%
48	182,475	1,725,778	945.8%
49	164,477	1,654,530	1005.9%
50	147,834	1,660,713	1123.4%
51	132,500	1,590,876	1200.7%
52	118,144	1,567,677	1326.9%
53	104,874	1,525,910	1455.0%
54	92,461	1,494,499	1616.4%
55	80,939	1,429,678	1766.4%
56	70,334	1,329,010	1889.6%
57	60,694	1,233,489	2032.3%
58	51,997	1,132,598	2178.2%
59	44,099	1,020,139	2313.3%
60	37,003	952,599	2574.4%
61	30,647	809,399	2641.1%
62	25,060	733,268	2926.0%
63	20,261	658,632	3250.7%
64	16,106	582,550	3616.9%
65	12,563	507,282	4037.8%
66	9,679	379,567	3921.5%
67	7,343	305,335	4158.2%
68	5,444	237,267	4358.7%
69	3,933	180,057	4577.9%
70	2,749	132,797	4830.2%
Lifetime	236,965,628	237,234,517	100%
Lifetime*	160,185,532	104,845,744	65%

* Discounted at 4%

Attachment 5
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Projections Reproduced Based on Anticipated Pricing Experience
Policy Forms: LTC2007
Policies with Application Dates after October 27, 2009 on New Rate Basis

	Calendar Year	Reproduced Expected Pricing Experience				
		Earned Premium	Incurred Claims	Loss Ratio	Discount Rate	Discount Factor
Historical Experience	2009	1,005,858	0	0.0%	4.00%	1.2904
	2010	7,230,907	481,183	6.7%	4.00%	1.2407
	2011	14,370,661	187,137	1.3%	4.00%	1.1930
	2012	14,081,103	35,990	0.3%	4.00%	1.1471
	2013	13,453,803	760,271	5.7%	4.00%	1.1030
	2014	12,414,159	870,746	7.0%	4.00%	1.0606
	2015	12,115,116	1,171,518	9.7%	4.00%	1.0198
Projected Future Experience	2016	11,682,802	4,301,672	36.8%	4.00%	0.9806
	2017	11,249,680	4,840,366	43.0%	4.00%	0.9429
	2018	10,820,105	5,483,385	50.7%	4.00%	0.9066
	2019	9,807,695	5,658,053	57.7%	4.00%	0.8717
	2020	7,882,566	5,161,806	65.5%	4.00%	0.8382
	2021	6,931,616	5,138,782	74.1%	4.00%	0.8060
	2022	6,539,069	5,463,383	83.5%	4.00%	0.7750
	2023	6,154,816	5,806,147	94.3%	4.00%	0.7452
	2024	5,779,897	6,089,930	105.4%	4.00%	0.7165
	2025	5,413,218	6,346,748	117.2%	4.00%	0.6889
	2026	5,057,235	6,550,327	129.5%	4.00%	0.6624
	2027	4,716,616	6,743,362	143.0%	4.00%	0.6370
	2028	4,389,301	6,885,900	156.9%	4.00%	0.6125
	2029	4,074,161	6,994,415	171.7%	4.00%	0.5889
	2030	3,772,065	7,065,219	187.3%	4.00%	0.5663
	2031	3,482,992	7,075,917	203.2%	4.00%	0.5445
	2032	3,204,897	7,034,495	219.5%	4.00%	0.5235
	2033	2,938,173	6,871,168	233.9%	4.00%	0.5034
	2034	2,684,276	6,736,306	251.0%	4.00%	0.4840
	2035	2,443,030	6,600,964	270.2%	4.00%	0.4654
	2036	2,214,573	6,398,572	288.9%	4.00%	0.4475
	2037	1,999,753	6,131,463	306.6%	4.00%	0.4303
	2038	1,798,643	5,734,774	318.8%	4.00%	0.4138
	2039	1,610,725	5,423,067	336.7%	4.00%	0.3978
	2040	1,435,890	5,148,745	358.6%	4.00%	0.3825
	2041	1,274,233	4,832,860	379.3%	4.00%	0.3678
	2042	1,125,572	4,478,213	397.9%	4.00%	0.3537
	2043	989,232	4,040,190	408.4%	4.00%	0.3401
	2044	864,710	3,665,842	423.9%	4.00%	0.3270
	2045	751,899	3,364,343	447.4%	4.00%	0.3144
	2046	650,126	3,059,781	470.6%	4.00%	0.3023
	2047	558,776	2,748,694	491.9%	4.00%	0.2907
	2048	477,493	2,435,843	510.1%	4.00%	0.2795
	2049	405,777	2,188,044	539.2%	4.00%	0.2688
	2050	342,740	1,963,109	572.8%	4.00%	0.2584
	2051	287,609	1,760,000	611.9%	4.00%	0.2485
	2052	239,987	1,581,901	659.2%	4.00%	0.2389
	2053	199,287	1,419,523	712.3%	4.00%	0.2297
	2054	164,770	1,263,992	767.1%	4.00%	0.2209
	2055	135,701	1,113,153	820.3%	4.00%	0.2124
	2056	111,396	974,288	874.6%	4.00%	0.2042
	2057	91,206	855,997	938.5%	4.00%	0.1964
	2058	74,532	754,194	1011.9%	4.00%	0.1888
	2059	60,824	673,679	1107.6%	4.00%	0.1816
	2060	44,861	534,246	1190.9%	4.00%	0.1746

Past	83,928,512	3,818,394	4.5%
Future	97,720,195	107,626,229	110.1%
Lifetime	181,648,707	111,444,623	61.4%

Attachment 7
Metropolitan Life Insurance Company
Rate Action Summary
Policy Forms: LTC2007

State	Pre/Post Rate Stability	Prior Authorized Increase (Cumulative)	Annualized Premium as of 9/30/2016	Current Increase Request	Status	Date of Disposition	Authorized Increase	Prior/Current Authorized Increase (as of 7/25/2017)	Comments
Alabama	Both	0.00%	287,068	42.00%	Approved	12/9/2016	37.00%	37.00%	
Arizona	Both	0.00%	364,474	42.00%				0.00%	Planned to file in 3rd/4th quarter
Arkansas	Both	0.00%	73,445	42.00%	Pending			0.00%	
California	Both	0.00%	919,007	42.00%				0.00%	Planned to file in 3rd/4th quarter
Colorado	Both	0.00%	1,805,209	42.00%	Disapproved			0.00%	
Connecticut	Both	0.00%	386,334	42.00%	Approved	4/25/2016	33.32%	33.32%	
Delaware	Both	0.00%	39,803	42.00%	Pending			0.00%	
District of Columbia	Both	0.00%	24,798	42.00%				0.00%	Planned to file in 3rd/4th quarter
Georgia	Both	0.00%	309,099	42.00%	Approved	1/19/2017	9.90%	9.90%	
Hawaii	Both	0.00%	25,097	42.00%				0.00%	Planned to file in 3rd/4th quarter
Idaho	Both	0.00%	8,945	42.00%	Pending			0.00%	
Illinois	Both	0.00%	829,218	42.00%	Pending			0.00%	
Indiana	Both	0.00%	55,049	42.00%	Pending			0.00%	
Iowa	Both	0.00%	107,324	42.00%				0.00%	Planned to file in 3rd/4th quarter
Kansas	Both	0.00%	132,227	42.00%	Pending			0.00%	
Kentucky	Both	0.00%	34,300	42.00%	Withdrawn			0.00%	
Louisiana	Both	0.00%	208,683	42.00%				0.00%	Planned to file in 3rd/4th quarter
Maine	Both	0.00%	62,326	42.00%				0.00%	Planned to file in 3rd/4th quarter
Maryland	Both	0.00%	189,000	42.00%	Pending			0.00%	
Massachusetts	Both	0.00%	751,440	42.00%				0.00%	Planned to file in 3rd/4th quarter
Michigan	Both	0.00%	170,042	42.00%	Pending			0.00%	
Minnesota	Both	0.00%	163,993	42.00%	Pending			0.00%	
Mississippi	Both	0.00%	114,125	42.00%	Pending			0.00%	
Missouri	Both	0.00%	210,951	42.00%	Approved	5/15/2016	42.00%	42.00%	
Montana	Both	0.00%	15,510	42.00%				0.00%	Planned to file in 3rd/4th quarter
Nebraska	Both	0.00%	148,897	42.00%	Pending			0.00%	
Nevada	Both	0.00%	32,401	42.00%	Pending			0.00%	
New Hampshire	Both	0.00%	160,103	42.00%	Pending			0.00%	
New Jersey	Both	0.00%	576,225	42.00%	Approved	5/20/2016	22.50%	22.50%	
New Mexico	Both	0.00%	41,019	42.00%				0.00%	Planned to file in 3rd/4th quarter
New York	Both	0.00%	1,244,247	42.00%	Pending			0.00%	
North Carolina	Both	0.00%	180,857	42.00%				0.00%	Planned to file in 3rd/4th quarter
North Dakota	Both	0.00%	4,483	42.00%				0.00%	Planned to file in 3rd/4th quarter
Ohio	Both	0.00%	249,112	42.00%	Pending			0.00%	
Oklahoma	Both	0.00%	142,971	42.00%	Pending			0.00%	
Oregon	Both	0.00%	64,003	42.00%	Pending			0.00%	
Pennsylvania	Both	0.00%	381,711	42.00%	Pending			0.00%	
Rhode Island	Both	0.00%	117,813	42.00%				0.00%	Planned to file in 3rd/4th quarter
South Carolina	Both	0.00%	173,685	42.00%	Pending			0.00%	
South Dakota	Both	0.00%	40,084	42.00%	Approved	1/18/2017	43.77%	43.77%	
Tennessee	Both	0.00%	153,097	42.00%				0.00%	Planned to file in 3rd/4th quarter
Texas	Both	0.00%	312,001	42.00%	Pending			0.00%	
Utah	Both	0.00%	33,784	42.00%				0.00%	Planned to file in 3rd/4th quarter
Virginia	Both	0.00%	119,126	42.00%	Pending			0.00%	
Washington	Both	0.00%	153,454	42.00%	Pending			0.00%	
West Virginia	Both	0.00%	48,035	42.00%				0.00%	Planned to file in 3rd/4th quarter
Wisconsin	Both	0.00%	191,238	42.00%				0.00%	Planned to file in 3rd/4th quarter
Wyoming	Both	0.00%	9,385	42.00%				0.00%	Planned to file in 3rd/4th quarter

METROPOLITAN LIFE INSURANCE COMPANY

Nonforfeiture Coverage Rider

This rider is part of your policy if it is listed on your Schedule of Benefits.

The Benefit provided by this rider is a reduced Total Benefit Amount that provides paid up long-term care insurance coverage after lapse

Requirements for Nonforfeiture Coverage

The following requirements must be met in order to qualify for nonforfeiture protection under this rider:

- this rider must have been in effect for at least 3 Policy Years;
- this rider must be in effect when your policy ends due to nonpayment of premiums or your Written request to cancel your policy.

If the above requirements have been met and your policy ends due to nonpayment of premium or your Written request to cancel your policy, we will convert your policy to paid-up status, as described below, as of the date your policy ends.

Note, that your policy includes a Contingent Benefit Upon Lapse provision. Your policy can only be converted to paid-up status under the Contingent Benefit Upon Lapse provision or this Nonforfeiture Protection Rider, but not both. If you meet the requirements for conversion to paid-up status under both this rider and the Contingent Benefit Upon Lapse provision of your policy, we will automatically apply the feature that will provide you with the higher adjusted Total Benefit Amount.

Paid-Up Status

If your policy is converted to paid-up status under this rider, we will pay the same Benefits that were in effect under the policy immediately prior to the date your policy was converted to paid-up status, except that:

- your Total Benefit Amount will be adjusted to equal the greater of:
 - the sum of all paid and waived premiums for your policy during the time that this rider is in effect; or
 - the Monthly Benefit Amount in effect immediately prior to the date your policy was converted to paid-up status; and
- Benefits cannot be changed and will not be changed under any provisions of the Changing Benefit Amounts and Other Coverage Changes section of the policy or any rider that increases Benefits.

The total Benefits that we will pay before and after your policy is converted to paid-up status will not exceed the remaining Total Benefit Amount in effect immediately prior to the date your policy was converted to paid-up status.

Limitations

Once your policy is converted to paid-up status under this rider, all riders under your policy end, other than the Cash Benefit Rider (if included in your policy).

Nonforfeiture Coverage that becomes effective under this rider may be adjusted only as necessary to reflect changes in claims, persistency and interest as reflected in changes in rates for premium paying insureds approved by the appropriate state regulatory agency for the same policy form issued with this rider.

Premium for this Rider

The premium for this rider is shown on your Schedule of Benefits.

Termination of this Rider

This rider will end on the earliest of:

- the date on which we receive your Written request to cancel this rider, or on such later date as you may specify. In this case, we will send you a revised Schedule of Benefits to be attached to your policy;
- the date on which your policy is converted to paid-up status under this rider or the Contingent Benefit Upon Lapse section of your policy; or
- the date on which your policy ends.

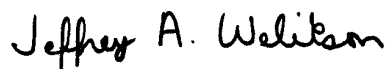
The premium for this rider will terminate as of the date this rider ends.

Effective Date of this Rider

This rider takes effect on the Rider Effective Date shown below. If this rider is in effect, it will be listed on your Schedule of Benefits.

In all other respects, the provisions and conditions of your policy remain the same. This rider is subject to the terms and provisions of your policy. It is to be attached to and made a part of your policy.

Signed for Metropolitan Life Insurance Company



Jeffrey A. Welikson
Senior Vice-President and Secretary

Rider Effective Date: [04/01/07]

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002



Gina Jisonna
Manager, Product Development

January 5, 2018

Ms. Janet Houser
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated October 12, 2017
SERFF/STATE Tracking #: META-130643303
Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Ms. Houser:

Thank you for your response dated October 12, 2017. Here are the answers to your questions:

Objection 1

- VA IB PH Ltr LSA (Supporting Document)

Comments: Please move this letter from Supporting Documentation to replace the policyholder letter currently on the Form Schedule which does not reflect the recent changes made in the letter.

All prior versions of the policyholder letter (PH-LTR-VA) have been removed from the filing and replaced with the revised versions (VA Insured RA ltr Revised & VA Insured RA ltr Revised – Phase 2). The revised versions can be found on the Form Schedule.

Please note that we recently changed the format of our policyholder letter and coverage change form. We are also including with this filing, a copy of our revised Coverage Change Form and corresponding explanation of variability for your approval.

Before doing so, please remove the "42%" located before the first paragraph on the first page of the letter. According to the Rate/Rule Schedule to overall percentage of the rate change is 43.33%; however, the rate attachments indicates two phases of 19.42% each. The Actuarial Memorandum indicates the two phases would be 19.72% each which would result in an overall increase of 43.33%. Please amend the letter accordingly to reflect 43.33% overall increase with each implementation to be 19.72% as well as the rate attachments in the Rate/Rule Schedule.

The updates to the policyholder letter and rate attachments have been made accordingly.

It does not appear any variability has been added to the letter so that it may be used when the second implementation is to occur. As previously stated, a second letter may be used and should be submitted for review OR this letter may contain a variable paragraph which will only be used when sending the second notice. Please address.

Please refer to the Phase 2 policyholder letter and explanation of variability included in this response. The Coverage Change form submitted with this response will be used for both Phase 1 and Phase 2.

The letter must be in its final version for review. As a result, under "Cancel your coverage" remove the language "Insert for insureds with no nonforfeiture feature", "Insert for insureds with no nonforfeiture feature (applies to insured with CBUL)" and "Insert for letters to insureds who have an existing NF benefit" since this language will not appear in the letter. Each paragraph should have a beginning bracket. Please amend the statement of variability to indicate paragraph 1, 2 or 3 will appear depending upon the specific benefits provided in the policy.

The changes have been made accordingly. Bracketing has been removed and explanation of variability has been revised.

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

Please refer to the Coverage Change form. The insured is advised that if they are in waiver of premium status, the change(s) will not become effective until premium payments are resumed. The insured is also advised that it may not be in their best interest to make reductions to coverage while in claim.

Objection 2

Comments: It appears the LCUL form submitted under META-130643672 has not been approved. Please be aware this filing may not be approved until such time all related forms to the rate increase have been reviewed and approved.

We understand that the LCUL filing and rate increase filings will be approved in conjunction with each other.

Note to Filer dated October 18, 2017:

Comments:

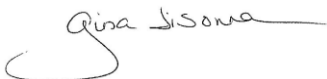
This rate increase has tentatively been approved pending completion of all regulation requirements regarding the policyholder letter and forms.

In addition, we note the Rate Request Summary refers to certificate holders. Since this is an individual and not group policy, this language should be amended accordingly. We apologize for not bringing this to your attention previously.

The Rate Request summary has been updated to reflect "policyholders" rather than "certificateholders."

Thank you for your timely response and consideration.

Sincerely,



Gina Jisonna
Manager, Product Development

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

Reset Form

Company Name and NAIC Number: Metropolitan Life Insurance Company NAIC#: 65978

SERFF Tracking Number: META-130643303

Effective Date: 5/1/17

Revised Rates

Average Annual Premium Per Member: \$2,042

Average Requested Percentage Rate Change Per Member: 43.33%

Minimum Requested Percentage Rate Change Per Member: 43.33%

Maximum Requested Percentage Rate Change Per Member: 43.33%

Number of Policy Holders Affected : 59

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

LTC2007-VA

Lifestage Advantage

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

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

Rate Increase Narrative

Over time, evidence emerged that LTC insurance policyholders keep their policies longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.



NAIC Company No. is 65978

STATEMENT OF VARIABILITY

Coverage Change Form

- First page: Distribution Alliance number is dependent upon which policy form the insured has.
- First page: Policy number – is variable and will be customized for each insured.
- First page: Policyholder name and Premium Rate Increase Date - is variable and will be customized for each policyholder.
- Page 2 – Coverage change selection box:
 - Far left column – Keep current coverage and pay premium increase – Information will be customized for each insured to show their daily benefit amount, total lifetime benefit and premium \$/mode. Coverage effective date [DATE] will also be customized for each insured.
 - Middle column – Reduce Daily Benefit and Minimize Premium Increase – Information will be customized for each insured to illustrate a reduced daily benefit amount and resulting premium \$/mode. If the insured is already at the lowest daily benefit amount, this section will not appear.
 - Right column – Reduce Total Lifetime Benefit and Minimize Premium Increase - Information will be customized for each insured to illustrate a reduced total lifetime benefit and resulting premium \$/mode. If the insured is already at the lowest total lifetime benefit, this section will not appear.
- Page 3 – Coverage change selection box:
 - Middle column – Customized Decrease Option – If the insured prefers to decrease to a different daily benefit amount, total lifetime benefit, or if they wish to make additional changes, if available, they may call the Customer Service team to discuss alternative options.
 - Right column – Coverage Termination – If the insured chooses to terminate their coverage, the appropriate bracketed text would appear, dependent upon whether or not the insured has a nonforfeiture feature.
- Page 3 – Third paragraph under coverage change selection box – bracketed text varies, dependent on which policy form the insured has.
- Page 3 – Signature box – Coverage Change Receipt Date – will be 30 days from the date of the policyholder notification letter.

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002



Gina Jisonna
Manager, Product Development

January 11, 2018

Ms. Janet Houser
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated October 12, 2017
SERFF/STATE Tracking #: META-130643303
Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Ms. Houser:

Thank you for your response dated October 12, 2017. Here are the answers to your questions:

Objection 1

- VA IB PH Ltr LSA (Supporting Document)

Comments: Please move this letter from Supporting Documentation to replace the policyholder letter currently on the Form Schedule which does not reflect the recent changes made in the letter.

All prior versions of the policyholder letter (PH-LTR-VA) have been removed from the filing and replaced with the revised versions (VA Insured RA ltr Revised & VA Insured RA ltr Revised – Phase 2). The revised versions can be found on the Form Schedule.

Please note that we recently changed the format of our policyholder letter and coverage change form. We are also including with this filing, a copy of our revised Coverage Change Form and corresponding explanation of variability for your approval.

Before doing so, please remove the "42%" located before the first paragraph on the first page of the letter. According to the Rate/Rule Schedule to overall percentage of the rate change is 43.33%; however, the rate attachments indicates two phases of 19.42% each. The Actuarial Memorandum indicates the two phases would be 19.72% each which would result in an overall increase of 43.33%. Please amend the letter accordingly to reflect 43.33% overall increase with each implementation to be 19.72% as well as the rate attachments in the Rate/Rule Schedule.

The updates to the policyholder letter and rate attachments have been made accordingly.

It does not appear any variability has been added to the letter so that it may be used when the second implementation is to occur. As previously stated, a second letter may be used and should be submitted for review OR this letter may contain a variable paragraph which will only be used when sending the second notice. Please address.

Please refer to the Phase 2 policyholder letter and explanation of variability included in this response. The Coverage Change form submitted with this response will be used for both Phase 1 and Phase 2.

The letter must be in its final version for review. As a result, under "Cancel your coverage" remove the language "Insert for insureds with no nonforfeiture feature", "Insert for insureds with no nonforfeiture feature (applies to insured with CBUL)" and "Insert for letters to insureds who have an existing NF benefit" since this language will not appear in the letter. Each paragraph should have a beginning bracket. Please amend the statement of variability to indicate paragraph 1, 2 or 3 will appear depending upon the specific benefits provided in the policy.

The changes have been made accordingly. Bracketing has been removed and explanation of variability has been revised.

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

Please refer to the Coverage Change form. The insured is advised that if they are in waiver of premium status, the change(s) will not become effective until premium payments are resumed. The insured is also advised that it may not be in their best interest to make reductions to coverage while in claim.

Objection 2

Comments: It appears the LCUL form submitted under META-130643672 has not been approved. Please be aware this filing may not be approved until such time all related forms to the rate increase have been reviewed and approved.

We understand that the LCUL filing and rate increase filings will be approved in conjunction with each other.

Note to Filer dated October 18, 2017:

Comments:

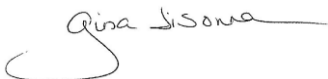
This rate increase has tentatively been approved pending completion of all regulation requirements regarding the policyholder letter and forms.

In addition, we note the Rate Request Summary refers to certificate holders. Since this is an individual and not group policy, this language should be amended accordingly. We apologize for not bringing this to your attention previously.

The Rate Request summary has been updated to reflect "policyholders" rather than "certificateholders."

Thank you for your timely response and consideration.

Sincerely,



Gina Jisonna
Manager, Product Development

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002



Gina Jisonna
Manager, Product Development

August 13, 2018

Mr. Greg Smith
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: SERFF/STATE Tracking #: META-130643303
Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Mr. Smith:

Thank you for your response dated April 30, 2018. Here are the answers to your questions:

Objection 1

- Policyholder Letter, (Form)

Comments: Initial Policyholder Notification Letter

1) Concern regarding clarity remains about some of the wording in paragraph 2, "What you need to know." We offer the following language as an example of wording that would satisfy our concerns and that also may assist you in getting future letters approved.

Specifically:

- We offer as a suggestion, the inclusion of variability brackets enclosing the specific triggers. Should the triggers change in future rate revisions, it would not be necessary for you to resubmit the letter for approval as long as the changes are addressed in the Statement of Variability.

- The following language includes a summary sentence explaining the rate increase action.

"We understand how important your long-term care insurance policy is to your personal financial plan. Any decision about premium increases is difficult and not taken lightly. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, we experienced a larger number of claims lasting longer than we anticipated. To account for the increasing claim costs, a premium increase is necessary to meet our future claim obligations.] You may be able to reduce the change in premium by adjusting your coverage. Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form."

Response: We are comfortable with the language the Department has proposed and have included the revised language on the letters. We have also bracketed the specific triggers and have addressed the variability in the Statement of Variability.

2) Please remove the word "approximately" that appears twice before [19.72%] in the 4th paragraph.

Response: We respectfully request leaving the word approximately before both phases of 19.72%. The actual percentage that will be implemented may vary by insured. We would vary only by rounding, which may involve pennies of difference, as the rates are the product of a number of factors.

3) As shown at the top of page 2 of the letter, please label the Current/Increased Premium Amounts box as "First Rate Increase". Create a second Current/Increased Premium Amounts box and label as "Second Rate Increase". Consider making the second Current/Increased Premium Amounts box variable to account for future changes.

Response: As discussed during the telephone conversation on May 18, 2018, Deb Fountas noted the reasons for concern with making this revision 1) Illustrating an insured's phase 2 premium on the phase 1 rate action notification letter is a large programming effort, both from a time and cost perspective. 2) Insured's phase 2 premium may not be accurately reflected on the phase 1 rate action notification letter, particularly if the insured makes a coverage change prior to the phase 2 rate increase being implemented. Our Customer Service team is available to respond to insured inquiries, should they have questions, once they receive the phase 1 rate action notification letter. We respectfully ask the Department to reconsider this request.

4) Please bold the second paragraph on page 2, "Please note that if you are on waiver of contribution...."

Response: This has been bolded on the letters.

5) Please explain the [FORM DATE] under "Your Options" on page 2 of the Policyholder letter and add this to the Statement of Variability since it is bracketed.

Response: I revised the explanation on the Statement of Variability to explain [FORM DATE].

6) Please update the Statement of Variability for the above changes as necessary.

Response: Statement of Variability has been updated as necessary.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please clarify your statement under Policy Forms regarding, "...the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated after October 27, 2009." Please provide a count of the number of policyholders that are active that submitted applications before and after 10/27/2009.

All 58 currently active policyholders submitted their application after 10/27/2009.

Objection 3

- Policyholder Letter Phase 2, (Form)

Comments: Second Policyholder Notification Letter

1) Concern regarding clarity remains about some of the wording in paragraph 2, "What you need to know." We offer the following language as an example of wording that would satisfy our concerns and that also may assist you in getting future letters approved.

Specifically:

- We offer as a suggestion, the inclusion of variability brackets enclosing the specific triggers. Should the triggers change in future rate revisions, it would not be necessary for you to resubmit the letter for approval as long as the changes are addressed in the Statement of Variability.

- The following language includes a summary sentence explaining the rate increase action.

"We understand how important your long-term care insurance policy is to your personal financial plan. Any decision about premium increases is difficult and not taken lightly. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, we experienced a larger number of claims lasting longer than we anticipated. To account for the increasing claim costs, a premium increase is necessary to meet our future claim obligations.] You may be able to reduce the change in premium by adjusting your coverage. Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form."

Response: We are comfortable with the language the Department has proposed and have included the revised language on the letters. We have also bracketed the specific triggers and have addressed the variability in the Statement of Variability.

2) Please remove the word "approximately" that appears twice before [19.72%] in the 3rd paragraph.

Response: We respectfully request leaving the word approximately before both phases of 19.72%. The actual percentage that will be implemented may vary by insured. We would vary only by rounding, which may involve pennies of difference, as the rates are the product of a number of factors.

3) As shown at the top of page 2 of the letter, please label the Current/Increased Premium Amounts box as "Second Rate Increase". Consider making the second Current/Increased Premium Amounts box variable to account for future changes.

Response: As discussed during the telephone conversation on May 18, 2018, Deb Fountas noted the reasons for concern with making this revision 1) Illustrating an insured's phase 2 premium on the phase 1 rate action notification letter is a large programming effort, both from a time and cost perspective. 2) Insured's phase 2 premium may not be accurately reflected on the phase 1 rate action notification letter, particularly if the insured makes a coverage change prior to the phase 2 rate increase being implemented. Our Customer Service team is available to respond to insured inquiries, should they have questions, once they receive the phase 1 rate action notification letter. We respectfully ask the Department to reconsider this request.

4) Please bold the first paragraph at the top of page 2, "Please note that if you are on waiver of contribution...."

Response: This has been bolded on the letters.

5) Please explain the [FORM DATE] under "Your Options" on page 2 of the Policyholder letter and add this to the Statement of Variability since it is bracketed.

Response: I revised the explanation on the Statement of Variability to explain [FORM DATE].

6) Please update the Statement of Variability for any changes or additions.

Response: Statement of Variability has been updated as necessary.

Objection 4

- Policyholder Letter, (Form)

- Policyholder Letter Phase 2, (Form)

Comments: Pursuant to 14VAC5-100-50 Form Requirements:

- Please assign form numbers for the Policyholder Letter and Policyholder Letter Phase 2 and list these under the Form Schedule for the appropriate form.

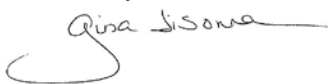
- Add the Long Term Care Increase Coverage Change Request Form to the Form Schedule and assign a form number, since this form will be attached to the policy.

- Update the Explanation of Variability for each Policyholder Letter and Coverage Change Request form as necessary to explain all bracketed items.

Response: Form numbers have been assigned to the Policyholder letters and Statements of Variability have been updated as necessary. SERFF instructions have been addressed as requested.

Thank you for your timely response and consideration.

Sincerely,



Gina Jisonna
Manager, Product Development

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002



Gina Jisonna
Manager, Product Development

December 5, 2018

Mr. Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: SERFF/STATE Tracking #: META-130643303
Company Tracking #: CT15-203 LSA-NEW (RW)

Dear Mr. Dismore:

Thank you for your response dated November 20, 2018. Here are the answers to your questions:

Objection 1

Comments: We have two concerns with the presentation of the full and corporate name.

1) V14VAC5-100-50 5 - The type size of the text must appear in a type size of at least 10 point.

The return address has been revised to 10 point.

2) 14VAC5-100-50 2 - The full and proper corporate name must be displayed prominently. The corporate name should appear at least as prominently as other text appearing on the form.

The full and proper name is displayed in two instances on the policyholder letters and the coverage change form. I have bolded the text in the body of the policyholder letters so that it is more prominently displayed. The corporate name was already bolded on the coverage change form, within the signature box.

Please also note that we have included with the policyholder letter, the chart noting MetLife's Inforce Rate Increase History.

Objection 2

Comments: 14VAC5-2-185 E provides that the standard nonforfeiture credit will equal 100% of the premiums paid; however the minimum shall not be less than 30 times the daily nursing home benefit.

For those policies with a maximum monthly benefit, we allow the insurer to state that the minimum shall not be less than the monthly benefit.

Please review the second paragraph on page 3 of the letter which states, "... waived prior to lapse; or 30 times the Monthly Benefit Amount in effect immediately prior to your date of lapse." Please explain if the word "Monthly" should be changed to "Daily".

As this letter will be used for 2 different policy forms, I have revised this paragraph to include both Monthly and Daily. The appropriate language will appear, dependent upon the policy form. The EOV's have also been updated.

Objection 3

Comments: Under SERFF Filing # META-130643279, a rate increase has been requested for 17.87% over three phases. The current policyholder letter only allows for increases over 2 phases. Please revise the policyholder letter language and the Statement of Variability to allow for rate increases of more than two phases.

The letters have been revised with bracketed information to reflect a third phased increase. The EOV's have also been updated.

Objection 4

- Policyholder rate increase is over multiple phases, each additional Current/Increased Premium Information box should be variable.

This was recommended and responded to in your letter to us on 8/13/2018. Your response was noted but in reviewing a different rate increase filing, META-130643279, we find that filing has requested a rate increase over 3 phases and the current structure of the policyholder letter forms PH-LTR-VA and PH-LTR-P2-VA would not be acceptable by the BOI.

A conference call will be scheduled to discuss all our filings. This is one of the items of discussion. It will be challenging to add the phase 2 and/or 3 premium on the policyholder's phase 1 letter. One of the main reasons is that the insured's phase 2 and/or 3 premium may not be accurately reflected on the phase 1 rate action notification letter, particularly if the insured makes a coverage change prior to the phase 2 and phase 3 rate increase being implemented.

Objection 5

- Comments: Your Options - Page 2

1) The policyholder option(s) should be stated and fully explained in the letter.

The coverage change form provides options for the policyholder to decrease their Daily Benefit and/or Total Lifetime Benefit, provided the insured is not at the lowest level available. There is also language on the coverage change form that I have included on the policyholder letter (under the Your Options section): "You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional cost riders that were added to your policy. Please contact our Customer Service team at (888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. **If you have a partnership policy, a change in inflation may result in a loss of partnership status.**"

2) Provide a clear explanation of what happens if the policyholder fails to submit a Coverage Change Form.

If the policyholder fails to submit a coverage change form, the rate increase, as authorized by the Department, will be implemented. Per the terms of the policyholder's policy, coverage decreases can be requested at any time. We do request the policyholder send in the coverage change form within 30 days, to ensure the coverage change is made prior to the insured's rate increase effective date.

Objection 6

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Enclosures

1) Please place a copy of the "Cost of Care Chart" in Supporting Documentation and provide an explanation for how the Company uses this document.

This document will be included with the policyholder letter as additional information to assist the policyholder as they consider their options as it relates to the rate increase and requesting coverage changes.

2) Please place a copy of the "Frequently Asked Questions" in Supporting Documentation.

Frequently Asked Questions is included in Supporting Documentation.

Objection 7

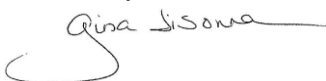
Comments: Company Address

There appears to be a bracket, rather than a digit at the end of the postal code. Does the Company intend to make the address variable?

The address is not variable and this issue has been fixed.

Thank you for your timely response and consideration.

Sincerely,



Gina Jisonna
Manager, Product Development



Summary of 2016 Long Term Care Costs

Take a look at the chart for the **average annual cost of long term care** in your area*.

You may discover it is more expensive than you thought.

Region ¹	State	Average Annual Rates		
		Nursing Home Semi-Private Room	Assisted Living Facility ²	Home Care ³
Anchorage	AK	\$168,280	\$60,658	\$37,037
Montgomery	AL	\$75,752	\$46,613	\$22,659
Little Rock-North Little Rock	AR	\$64,817	\$52,242	\$25,519
Tucson	AZ	\$76,843	\$54,484	\$30,459
Phoenix-Mesa	AZ	\$94,290	\$52,463	\$30,082
Los Angeles-Orange County	CA	\$98,776	\$61,074	\$29,575
San Francisco-Oakland	CA	\$122,983	\$64,203	\$34,047
San Diego	CA	\$101,269	\$57,957	\$30,771
Colorado Springs	CO	\$90,973	\$56,869	\$31,694
Hartford	CT	\$153,183	\$70,121	\$31,889
Bridgeport-Stamford-Norwalk	CT	\$167,966	\$79,784	\$33,475
District of Columbia-Baltimore	DC	\$124,034	\$71,861	\$29,471
Wilmington-Atlantic City-Philadelphia	DE	\$130,185	\$71,114	\$29,900
Miami-Fort Lauderdale	FL	\$101,612	\$47,792	\$22,984
Orlando	FL	\$105,160	\$49,094	\$26,403
Atlanta	GA	\$76,668	\$53,991	\$25,831
Honolulu	HI	\$123,107	\$70,629	\$32,799
Des Moines	IA	\$80,986	\$52,894	\$31,837
Boise City	ID	\$94,374	\$48,175	\$28,444
Chicago-Gary-Kenosha	IL	\$100,196	\$65,301	\$29,926
Springfield	IL	\$68,255	\$63,165	\$26,975
Indianapolis	IN	\$88,166	\$53,302	\$28,119
Wichita	KS	\$73,639	\$54,958	\$35,815
Lexington	KY	\$77,281	\$50,130	\$28,197
Shreveport-Bossier City	LA	\$62,079	\$39,696	\$24,427
Baton Rouge	LA	\$62,568	\$44,389	\$25,428
Boston-Worcester-Lawrence	MA	\$144,920	\$75,689	\$34,476
Baltimore-District of Columbia	MD	\$124,034	\$71,861	\$29,471
Portland	ME	\$126,359	\$80,876	\$32,357
Grand Rapids-Muskegon-Holland	MI	\$96,908	\$58,219	\$29,861
Detroit-Ann Arbor-Flint	MI	\$99,094	\$59,173	\$28,041
Minneapolis-St. Paul	MN	\$108,306	\$53,251	\$39,195

*Please note these are Annual Costs. Your Coverage is based on Daily or Monthly Benefit Amount

Average Annual Rates

Region ¹	State	Nursing Home Semi-Private Room	Assisted Living Facility ²	Home Care ³
St. Louis	MO	\$69,894	\$56,076	\$28,184
Kansas City	MO	\$75,183	\$55,341	\$28,041
Jackson	MS	\$70,748	\$40,103	\$23,595
Billings	MT	\$85,465	\$46,595	\$33,150
Charlotte-Gastonia-Rock Hill	NC	\$84,304	\$59,457	\$27,326
Raleigh-Durham-Chapel Hill	NC	\$92,630	\$64,977	\$27,261
Fargo-Moorhead	ND	\$96,513	\$36,302	\$36,439
Omaha	NE	\$92,312	\$51,598	\$30,979
Manchester-Nashua	NH	\$115,314	\$68,312	\$32,149
Northern New Jersey-New York-Long Island	NJ	\$137,952	\$79,771	\$30,498
Albuquerque	NM	\$94,488	\$50,886	\$28,860
Las Vegas	NV	\$79,928	\$47,170	\$28,028
Albany-Schenectady-Troy	NY	\$129,049	\$58,272	\$31,590
Syracuse	NY	\$131,437	\$54,045	\$36,049
New York-Long Island-Northern New Jersey	NY	\$137,952	\$79,771	\$30,498
Columbus	OH	\$87,480	\$61,084	\$29,003
Cleveland-Akron	OH	\$92,378	\$60,447	\$26,533
Tulsa	OK	\$56,677	\$57,807	\$30,355
Oklahoma City	OK	\$64,696	\$47,487	\$27,313
Portland-Salem	OR	\$108,033	\$56,223	\$32,357
Pittsburgh	PA	\$111,325	\$50,800	\$29,003
Philadelphia-Wilmington-Atlantic City	PA	\$130,185	\$71,114	\$29,900
Providence-Fall River-Warwick	RI	\$112,734	\$64,494	\$33,917
Columbia	SC	\$90,724	\$51,994	\$24,674
Sioux Falls	SD	\$81,943	\$48,250	\$30,953
Rapid City	SD	\$81,578	\$41,486	\$33,527
Memphis	TN	\$72,022	\$53,796	\$24,427
Nashville	TN	\$81,315	\$50,233	\$26,702
Dallas-Fort Worth	TX	\$61,181	\$54,471	\$27,846
Houston-Galveston-Brazoria	TX	\$62,349	\$60,592	\$29,003
Salt Lake City-Ogden	UT	\$84,377	\$50,019	\$32,188
Richmond-Petersburg	VA	\$90,440	\$60,135	\$27,248
Burlington	VT	\$113,909	\$61,220	\$34,502
Seattle-Tacoma-Bremerton	WA	\$116,789	\$63,580	\$35,698
Madison	WI	\$99,736	\$57,656	\$35,165
Milwaukee-Racine	WI	\$124,053	\$58,446	\$32,474
Charleston	WV	\$115,179	\$57,094	\$25,714
Casper	WY	\$83,768	\$46,890	\$33,579
Cheyenne	WY	\$93,060	\$60,276	\$30,654

1 – Geographical regions defined by the US Census Bureau Office of Management and Budget.

2 – Assisted Living Facilities based on 1 Bedroom

3 – Home Care based on 5 hours of care per day, 5 days per week.

Source:
LTCG 2016 Cost of Care Study,
Release date January 2017

These costs reflect 2016 prevailing market costs.






Metropolitan Life Insurance Company
Long-Term Care
PO Box 64911, St. Paul, MN 55164-0911

Policy #: 00000000000

April 24, 2019

 **New Long-Term Care Insurance**
coverage rates effective July 24, 2019.

John Doe
123 Any Street
Any City, State, 00000

Dear John Doe:

Premium Increase Notification – Please review

Why we're contacting you

After an in-depth analysis of our Long-Term Care business, Metropolitan Life Insurance Company ("MetLife") has determined that a premium increase is necessary on certain long-term care insurance policies. We are implementing a X% premium increase on your long-term care insurance policy, which was issued in Virginia.

What you need to know

We understand how important your long-term care insurance policy is to planning for your future. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by actuarial assumptions since the initial pricing. Over time, our pricing factors turned out to be much different from those used to price our policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected. **You may be able to reduce the change in premium due to this rate increase by adjusting your coverage. In fact, we are offering you an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same.** Please see the "Your Options" section of this letter, and the enclosed Coverage Change Form for more information.

About the Premium Increase

This premium increase will affect a broad group of policyholders and is not based on any individual's personal factors, such as age, health status or claim history.

We requested a X% premium increase on your policy and received authority from Virginia to implement the X% increase on your policy noted above. We are implementing the increase in two phases. The information below indicates the effective date and amount of your initial increase of approximately X%. The second phase of the increase of approximately X% will occur no sooner than one year from the date indicated below and will be based on your premium in effect at that time. You will be notified separately prior to the second [and third] phase of the increase.

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

Effective Date:	July 24, 2019
Current Premium Amount:	\$0.00/Monthly*
Increased Premium Amount:	\$0.00/Monthly

* Current Premium information is as of April 24, 2019 and may not reflect recent changes.

Your Options

We understand that a premium increase may not be affordable for some insureds. There are personalized options available that may mitigate the impact of the premium increase, and possibly better meet your current coverage needs. Details, **including an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same** are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional riders that were added to your policy. Please contact our Customer Service team at [(888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. Please note that all options available may not be of equal value. **If you have a partnership policy, a reduction of automatic inflation protection may result in a loss of partnership status.**

Things to consider

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your policy, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy. **Please note that if you are on waiver of premium at the time the increase becomes effective, there will be no impact to your coverage or premium unless and until your premium payments resume.**

Any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Please note that all options available may not be of equal value.

Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled electronic funds transfer date after the rate increase effective date. If you have automatic bill pay with your bank, or if you pay premium through an annuity, you will need to update the payment amount. Prior to being billed for a rate increase, you will receive confirmation of your new premium in a separate mailing and have a right to request this information at any time.

Cancellation Requests

If you choose to cancel your long-term care insurance policy, a limited long-term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") which provides limited coverage as described below. Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or 30 times the Nursing Home Daily Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that the reduced Total Lifetime Benefit payable under LCUL as described above will not exceed the remaining Total Lifetime Benefit of your policy immediately prior to your date of lapse. Once LCUL goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For policyholders who are eligible for and meet the requirements for payment of benefits under the Contingent Benefit Upon Lapse Feature ("CBUL") as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL, or any other nonforfeiture feature.

Next Steps

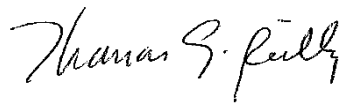
If you select an option to reduce your coverage, simply complete the Coverage Change Form and return it to MetLife by May 15, 2019.

If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary. Your new increased premium will become effective on July 15, 2019.

We're here to help

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our Customer Service team at 888-285-8140, between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,



Thomas G. Reilly, Assistant Vice President
Product Management & Compliance

Encl: Coverage Change Form, Frequently Asked Questions, Rate Increase History Chart, Business Reply Envelope

Frequently Asked Questions

MetLife Long-Term Care Insurance Rate Increase

Q1. Why is MetLife implementing this rate increase?

A. MetLife continues to remain committed to ensuring that our pricing is appropriate to the benefits and risks of our products. We considered many factors when we developed the premiums, including expectations about persistency rates (how many policyholders keep their policies), mortality rates (how long policyholders live) and morbidity rates (the frequency and severity of claims). These factors were based on the best available information at the time.

After an in-depth analysis of our Long-Term Care business, MetLife has determined that a premium increase is necessary on certain long-term care insurance policies.

We continue to offer ways to mitigate the impact of rate increases through the use of benefit decrease options, when available.

Q2. What are my options?

A. You can either maintain your current coverage and pay the increased premium, or you can consider reducing your coverage, if possible. The coverage change request form, included with your letter, includes options, where available, to reduce your coverage to minimize the impact of the increase.

You may also be able to mitigate this premium increase by reducing your future automatic inflation rate. Note that a reduction in your inflation protection is a reduction in the benefits you will receive in the future. In general, your “inflation protection” increases your daily benefit amount and your lifetime benefit so that those benefits keep pace with rising health care costs. If you choose to decrease your inflation protection, it means that your plan’s daily benefit amount and any remaining total lifetime benefit will be increased at a lower level of inflation in the future than it would with your plan’s current inflation rate.

Q3. My spouse and I have survivorship on our policies. Does the identical coverage requirement apply?

A. Some MetLife policies contain a paid-up survivorship feature. If you currently qualify for the paid-up survivorship feature of your policy, please note that both policyholders may be required to maintain identical coverage in order for this feature to remain in effect. Please refer to your policy for additional information.

Q4. Why was I not presented with options to decrease my coverage?

A. The most likely reason is that you are already at the lowest possible coverage option. If you did not receive a coverage decrease option, you may still contact our Customer Service team to discuss other potential options.

Q5. My premium is set up for automatic payments. Do I need to take any action?

A. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. If you have automatic bill pay or if you pay premium through an annuity, you will need to update the payment amount.

Q6. My Rate Increase Effective Date is not for some time, why do I need to return my coverage change form so quickly?

A. The sooner MetLife receives your request to change coverage, the more likely the request will be processed prior to the rate increase effective date. However, please note, per the terms of your policy, you may request a coverage decrease or cancellation at any time. If your policy does not include a nonforfeiture feature or you do not qualify for nonforfeiture under the terms of your policy, LCUL will

only be issued to you if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of the rate action notification letter and 120 days following the first due date of the increased premium.

Q7. If I was offered an option to decrease my future automatic inflation percentage and I choose to take that offer, when does the lower automatic inflation percentage take effect and when is my premium impacted?

A. If you were offered to decrease your future automatic inflation percentage and you choose to take the offer, the lower automatic inflation percentage and the premium decrease associated with this change both take effect on the effective date of your rate increase. If that date is on your policy anniversary, your automatic inflation increase on that policy anniversary would be calculated using the lower “inflation” percentage. If that date is NOT on your policy anniversary, your automatic inflation increase on the NEXT policy anniversary (even if it’s only 1 month later) would be calculated using the lower “inflation” percentage. In either case, if the inflation percentage decrease fully mitigated the rate increase (and this was the only coverage change you make), your premium would not change on the effective date of the rate increase.

Example:

- Insured Anniversary is January 1. Insured pays semi-annually with billing dates on 1/1 and 7/1.
- 7/1/20 Rate increase effective date. Insured selects automatic inflation decrease option, going from 5% automatic inflation to 3%.
- The premium from 1/1/20 - 6/30/20 was based on 5% automatic inflation. The premium from 7/1/20 – 12/31/20 is based on 3% automatic inflation.
- On 1/1/21 anniversary, automatic inflation feature provides a 3% increase to the benefit levels.

Q8. Will inflation offer acceptances and other coverage increases be subject to the new rates?

A. Yes, any inflation offer acceptances and other coverage increases made on or after the policyholder’s premium bill due date when the new premium becomes effective will be based on the new rates.

Q9. I have automatic simple inflation increases each year. How does that impact the rate increase?

A. If your coverage is subject to automatic simple inflation increases and you elect to reduce your daily benefit amount, this election will result in lower future increases to your daily benefit amount.

Q10. Can I change my bill mode prior to the effective date of the increase?

A. Bill mode changes can only be made on or after your policy anniversary date after the date the premium increase takes effect.

Q11. Is MetLife going to continue to provide service and pay claims?

A. Yes, MetLife remains committed to its existing LTCI insureds and will continue to ensure that they receive a high level of service, especially when they need it most—at time of claim.

Q12. Will policyholders currently on claim receive the rate increase?

A. An insured whose policy is impacted by the rate increase and is on waiver of premium will be notified at the same time as other affected policyholders. An insured on premium waiver will be informed that there will be no impact until such time as premium payments resume. Please note: It may not be in the policyholder’s best interest to make reductions to coverage while in claim.

Q13. Are MetLife’s financial strength and claims paying ability still strong?

A. Yes. MetLife continues to receive high ratings for financial strength and claims paying ability from the major rating agencies. You may review MetLife's ratings by various agencies at any time by visiting www.metlife.com, then tab along the top of the website and select "About Us", then "Investor Relations", then "Financials," then "Ratings."

Q14. Who should I contact with additional questions?

A. You may call the Customer Service team at 888-285-8140 between the hours of 8:30 a.m. and 6:30 p.m. Eastern Time, Monday through Friday.

Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy/Certificate Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016 2019	0-18% 0-58% 0-102% 0-123%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-18% 0-58% 0-126%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2009	2013 2016 2018	0-58% 0-88% 0-105%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2009-2011	2016 2018	0-34% 0-42%
Individual LTC	LTC2007	2008-2009	2013 2018	0-58% 0-64%
Individual LTC	LTC2007	2009-2011	2016 2018	0-42% 0-47%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TCL-04	2000-2004	2012 2015 2019	0-41% 0-73% 0-80%
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%
AARP LTC	G.LTC1697, G.LTC1497, G.LTC1797	1997 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-04-OP	2004 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-06-FC	2006 – 2008	2017	0-23.12%

Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.



Metropolitan Life Insurance Company
Long Term Care
PO Box 64911, St. Paul, MN 55164-0911

Policy #: 000000000

April 24, 2020

John Doe
123 Any Street
Any City, State, 00000



New Long-Term Care Insurance
coverage rates effective July 24, 2020.

Dear John Doe

Premium Increase Notification – Please review

In April 2019 we sent you a letter informing you that we were implementing a X% premium increase on your **Metropolitan Life Insurance Company (“MetLife”)**, Term Care Insurance policy, which was issued in Virginia. At that time, we notified you that this increase would be implemented in two phases, and that you would be notified separately prior to the second increase.

What you need to know

We understand how important your long-term care insurance policy is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by changes to actuarial assumptions since the initial pricing. Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected. **You may be able to reduce the change in premium due to this rate increase by adjusting your coverage. In fact, we are offering you an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same.** Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form.

The first phase of this increase of approximately X% has been completed. We are now beginning to implement phase two of the increase, which is approximately X%.

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

Effective Date:	July 24, 2020
Current Premium Amount:	\$0.00/Monthly*
Increased Premium Amount:	\$0.00/Monthly

* Current Premium information is as of April 24, 2020 and may not reflect recent changes.

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your

certificate, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy.

Please note that if you are on waiver of contribution at the time the increase becomes effective, there will be no impact to your coverage or premium unless and until your premium payments resume.

Your Options

We understand that a premium increase may not be affordable for some insureds. Your personalized options may help reduce the impact of the premium increase and, possibly, better meet your current coverage needs. Details, **including an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same** are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional cost riders that were added to your policy. Please contact our Customer Service team at (888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. Please note that all options available may not be of equal value. **If you have a partnership policy, a change in inflation may result in a loss of partnership status.**

Please carefully evaluate your individual situation before selecting one of these options. If you choose to cancel your coverage, or make any changes complete the attached form and submit to MetLife. In order to ensure processing prior to the implementation of the rate increase, please submit any change requests by May 24, 2020. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this confirmation at any time. Should you need more time to decide on a coverage decrease or termination of coverage, the provisions of your policy permit you to make these changes at any time. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. **If you have automatic bill pay with your bank, or if you pay your premium through an annuity, you will need to update your payment amount.**



Coverage Change Form due May 24, 2020.

Please note that any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary.

Cancellation Requests

If you choose to cancel your long term care insurance policy, a limited long term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a

Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") which provides limited coverage as described below. Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Once LCUL goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For policyholders who are eligible for and meet the requirements for payment of benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL") as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL, or any other nonforfeiture feature.

We're here to help

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our Customer Service team at 888-285-8140, between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas G. Reilly". The signature is fluid and cursive, with the first name "Thomas" being the most prominent part.

Thomas G. Reilly, Assistant Vice President
Product Management & Compliance

Encl: Frequently Asked Questions, Coverage Change Form, Cost of Care Chart, Rate Increase History Chart, Business Reply Envelope

Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.

Policy Type	Individual Policy/Certificate Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016 2019	0-18% 0-58% 0-102% 0-123%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-18% 0-58% 0-126%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2009	2013 2016 2018	0-58% 0-88% 0-105%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2009-2011	2016 2018	0-34% 0-42%
Individual LTC	LTC2007	2008-2009	2013 2018	0-58% 0-64%
Individual LTC	LTC2007	2009-2011	2016 2018	0-42% 0-47%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TCL-04	2000-2004	2012 2015 2019	0-41% 0-73% 0-80%
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%
AARP LTC	G.LTC1697, G.LTC1497, G.LTC1797	1997 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-04-OP	2004 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-06-FC	2006 – 2008	2017	0-23.12%

Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

Gina Jisonna
Manager – Product Development

April 25, 2019

Mr. Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated April 22, 2019
SERFF/STATE Tracking #: META-130643279
Company Tracking #: CT15-201 VIP1 (RW)

Dear Mr. Dismore:

The following is our response to your objection letter dated April 22, 2019:

Objection 1

- Policyholder Letter, PH-LTR-VA (Form)

Comments: Please bracket the percentages shown in the 2nd and 3rd paragraphs. The Explanation of Variability provides an explanation for the 2nd paragraph percentage. The EOV should expand the explanation to include the percentages shown in the 3rd paragraphs.

Response: The objection does not seem to correspond to the latest version of the policyholder letter. We are removing all prior versions from the filing and resubmitting revised letters, EOVs and John Doe versions to eliminate any possible cause for confusion. The updated letters are all inclusive of your department's latest recommendations and approved language. The templates also include variability for all possible filing requests (i.e., increases with or without proposed phased implementation; increases with or without landing spot offers). The updated forms can be found in this filing on the Forms tab for your review and approval.

We are also updating the following filings with the same revised forms:

META-130643303

META-131864670

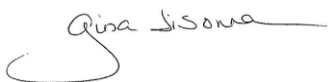
META-131864657

META-131864567

The forms will be included on the Supporting Documentation tab in each of the above filings.

Please contact me with any further questions or concerns. Thank you for your timely response and consideration.

Sincerely,



Gina Jisonna
Manager, Product Development