Filing at a Glance

Company:	Southern Farm Bureau Life Insurance company
Product Name:	2019 LTC Rate Increase
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	06/03/2019
SERFF Tr Num:	SFBL-131934915
SERFF Status:	Closed-Approved and Filed
State Tr Num:	SFBL-131934915
State Status:	Approved & Filed
Co Tr Num:	
Effective Date Requested:	
Author(s):	Hart Sullivan, Sarah Lee, Terri Livingston, Nya Williams
Reviewer(s):	Bobby Toone (primary)
Disposition Date:	03/01/2023
Disposition Status:	Approved and Filed
Effective Date:	

General Information

Project Name:
Project Number:
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date: 03/30/2023
Submitted By: Sarah Lee

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 03/01/2023
State Status Changed: 03/01/2023
Created By: Sarah Lee
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

Please find attached for your consideration a premium rate increase filing for the following Long Term Care policy forms:
Form 3034 - Comprehensive Long Term Care Coverage, sold from 1996 to 1997
Form 3034Q - Comprehensive Long Term Care Coverage, sold from 1997 to 2003
Form 3035 - Facility Only Long Term Care Coverage, sold from 1996 to 1997
Form 3035Q - Facility Only Long Term Care Coverage, sold from 1997 to 2003
HL200 - Facility Only Long Term Care coverage, sold from 2003 to 2006

A cover letter can be found under the Supporting Documentation

Company and Contact

Filing Contact Information

Sarah Lee,
PO Box 78
Jackson, MS 39205

slee@sfbli.com
601-981-5332 [Phone] 1090 [Ext]
601-713-3071 [FAX]

Filing Company Information

Southern Farm Bureau Life Insurance company
1401 Livingston Lane
Jackson, MS 39213
(601) 981-7422 ext. [Phone]

CoCode: 68896
Group Code:
Group Name:
FEIN Number: 64-0283583

State of Domicile: Mississippi
Company Type:
State ID Number:

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Filing Fees

State Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /
Filing Company: Southern Farm Bureau Life Insurance company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bobby Toone	03/01/2023	03/01/2023

Objection Letters and Response Letters

Objection Letters / Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Info has been requested from company	Bobby Toone	02/28/2023	02/28/2023	Sarah Lee	02/28/2023	02/28/2023
Info has been requested from company	Bobby Toone	02/03/2023	02/03/2023	Sarah Lee	02/08/2023	02/23/2023
Info has been requested from company	Bobby Toone	12/12/2022	12/12/2022	Sarah Lee	12/14/2022	12/14/2022
Info has been requested from company	Bobby Toone	12/07/2022	12/07/2022	Sarah Lee	12/10/2022	12/10/2022
Info has been requested from company	Bobby Toone	12/07/2022	12/07/2022	Sarah Lee	12/10/2022	12/10/2022
Info has been requested from company	Bobby Toone	12/07/2022	12/07/2022	Sarah Lee	12/10/2022	12/10/2022
Info has been requested from company	Bobby Toone	11/03/2022	11/03/2022	Sarah Lee	11/21/2022	11/23/2022
Info has been requested from company	Bobby Toone	11/03/2022	11/03/2022	Sarah Lee	11/21/2022	11/21/2022
Info has been requested from company	Bobby Toone	10/07/2022	10/07/2022	Sarah Lee	10/27/2022	10/28/2022
Info has been requested from company	Bobby Toone	10/07/2022	10/07/2022	Avery Ray	10/28/2022	10/28/2022

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /
Filing Company: Southern Farm Bureau Life Insurance company

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	09/28/2022	09/28/2022
Info has been requested from company	Bobby Toone	06/14/2022	06/14/2022
Info has been requested from company	Bobby Toone	05/11/2022	05/11/2022
Info has been requested from company	Bobby Toone	04/04/2022	04/04/2022
Info has been requested from company	Bobby Toone	02/09/2022	02/09/2022
Info has been requested from company	Bobby Toone	02/04/2022	02/04/2022
Info has been requested from company	Bobby Toone	01/05/2022	01/05/2022
Info has been requested from company	Bobby Toone	12/10/2021	12/10/2021
Info has been requested from company	Bobby Toone	06/24/2021	06/24/2021
Info has been requested from company	Bobby Toone	06/08/2021	06/08/2021
Info has been requested from company	Bobby Toone	05/24/2021	05/24/2021
Info has been requested from company	Bobby Toone	04/15/2021	04/15/2021

Response Letters

Responded By	Created On	Date Submitted
Avery Ray	10/28/2022	10/28/2022
Sarah Lee	07/25/2022	07/25/2022
Sarah Lee	05/16/2022	05/16/2022
Sarah Lee	05/06/2022	05/06/2022
Avery Ray	03/09/2022	03/09/2022
Sarah Lee	02/04/2022	02/04/2022
Sarah Lee	02/01/2022	02/01/2022
Sarah Lee	12/22/2021	12/22/2021
Sarah Lee	07/08/2021	07/08/2021
Nya Williams	06/08/2021	06/08/2021
Nya Williams	06/03/2021	06/07/2021
Sarah Lee	05/12/2021	05/12/2021

State: Virginia
Filing Company: Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	01/26/2021	01/26/2021
Info has been requested from company	Bobby Toone	12/22/2020	12/22/2020
Info has been requested from company	Bobby Toone	08/17/2020	08/17/2020
Info has been requested from company	Bobby Toone	07/14/2020	07/14/2020
Info has been requested from company	Bobby Toone	05/13/2020	05/13/2020
Info has been requested from company	Bobby Toone	04/29/2020	04/29/2020
Info has been requested from company	Bobby Toone	04/28/2020	04/28/2020
Info has been requested from company	Bobby Toone	04/28/2020	04/28/2020
Info has been requested from company	Bobby Toone	04/27/2020	04/27/2020
Info has been requested from company	Bobby Toone	04/13/2020	04/13/2020
Info has been requested from company	Bobby Toone	04/02/2020	04/02/2020
Info has been requested from company	Bobby Toone	02/19/2020	02/19/2020

Response Letters

Responded By	Created On	Date Submitted
Nya Williams	03/25/2021	03/25/2021
Sarah Lee	01/05/2021	01/05/2021
Nya Williams	08/28/2020	08/28/2020
Nya Williams	08/11/2020	08/11/2020
Nya Williams	06/12/2020	06/12/2020
Sarah Lee	04/29/2020	05/07/2020
Nya Williams	04/29/2020	04/29/2020
Sarah Lee	04/29/2020	04/29/2020
Nya Williams	04/28/2020	04/28/2020
Nya Williams	04/20/2020	04/21/2020
Nya Williams	04/20/2020	04/21/2020
Nya Williams	03/17/2020	03/17/2020

State: Virginia
Filing Company: Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	09/26/2019	09/26/2019

Response Letters

Responded By	Created On	Date Submitted
Sarah Lee	09/27/2019	09/27/2019

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Exhibits by Rate Stability Type	Nya Williams	05/07/2020	05/07/2020

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Clarification on Objection 09/28/2022	Note To Filer	Bobby Toone	10/07/2022	10/07/2022
Clarification on Objection 09/28/2022	Note To Reviewer	Sarah Lee	10/01/2022	10/01/2022
Clarification on Objection	Note To Filer	Bobby Toone	04/06/2022	04/06/2022
Clarification on Objection	Note To Reviewer	Sarah Lee	04/06/2022	04/06/2022
Clarification on Post-Submission Update	Note To Filer	Bobby Toone	05/27/2021	05/27/2021
Clarification on Post Submission Update	Note To Reviewer	Sarah Lee	05/26/2021	05/26/2021
Alternate Approach to Rate Increase	Note To Filer	Bobby Toone	03/17/2021	03/17/2021
Alternate approach to rate increase	Note To Reviewer	Sarah Lee	03/01/2021	03/01/2021
Post Submission Update	Note To Reviewer	Nya Williams	07/22/2020	07/22/2020
If-Knew/Make-Up Approach	Note To Filer	Bobby Toone	07/22/2020	07/22/2020
If-Knew/Make-Up Approach	Note To Reviewer	Nya Williams	07/20/2020	07/20/2020
Clarification	Note To Filer	Bobby Toone	05/04/2020	05/04/2020
Request for Clarification	Note To Reviewer	Sarah Lee	04/30/2020	04/30/2020
RRS	Reviewer Note	Bobby Toone	04/12/2021	
Actuarial Summary and Opinion Report	Reviewer Note	Bobby Toone	09/18/2020	

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Disposition

Disposition Date: 03/01/2023
Effective Date:
Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase. We would expect the first of the three experience report filings to be made no later than 15-18 months after implementation, capturing a full 12 months of experience following the rate implementation, and including updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Southern Farm Bureau Life Insurance company	20.000%	20.000%	$400,069	1,081	$2,047,007	72.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Coverage Election form	Filed	Yes
Form	Coverage Election form	Withdrawn	No
Form	Coverage Election form	Withdrawn	No
Form (revised)	Policyholder Notification Letter	Filed	Yes
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form (revised)	FAQ Document	Filed	Yes
Form	Coverage Election form Description of Options	Filed	Yes
Form	Coverage Election form	Withdrawn	No
Form	Coverage Election form	Withdrawn	No
Form	Coverage Election form	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No
Form	Policyholder Notification Letter	Withdrawn	No

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Policyholder Notification Letter	Withdrawn	No
Form	FAQ Document	Withdrawn	No
Form	FAQ Document	Withdrawn	No
Form	Policyholder Notification Letter - 2nd phase in	Filed	Yes
Form	LTC Rate Increase Disclosure	Filed	Yes
Rate (revised)	Comprehensive Long Term Care Coverage	Approved	Yes
Rate (revised)	Qualified Long Term Care Rates	Approved	Yes
Rate (revised)	Facility Only Long Term Care coverage	Approved	Yes
Rate (revised)	Qualified Facility Only Long Term Care coverage	Approved	Yes
Rate (revised)	Qualified Long Term Care Rates	Approved	Yes
Rate (revised)	All above forms	Approved	Yes
Rate	Comprehensive Long Term Care Coverage	Withdrawn	No
Rate	Comprehensive Long Term Care Coverage	Withdrawn	No
Rate	Comprehensive Long Term Care Coverage	Withdrawn	No
Rate	Qualified Long Term Care Rates	Withdrawn	No
Rate	Qualified Long Term Care Rates	Withdrawn	No
Rate	Qualified Long Term Care Rates	Withdrawn	No
Rate	Facility Only Long Term Care coverage	Withdrawn	No
Rate	Facility Only Long Term Care coverage	Withdrawn	No
Rate	Facility Only Long Term Care coverage	Withdrawn	No
Rate	Qualified Facility Only Long Term Care coverage	Withdrawn	No
Rate	Qualified Facility Only Long Term Care coverage	Withdrawn	No
Rate	Qualified Facility Only Long Term Care coverage	Withdrawn	No
Rate	Qualified Long Term Care Rates	Withdrawn	No
Rate	Qualified Long Term Care Rates	Withdrawn	No
Rate	Qualified Long Term Care Rates	Withdrawn	No
Rate	All above forms	Withdrawn	No
Rate	All above forms	Withdrawn	No
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	HL403-VA - Statement of Variability	Received & Acknowledged	Yes
Supporting Document	HL403-VA - Statement of Variability	Received & Acknowledged	No
Supporting Document	Rate Review Requirements Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	VA Rate Sheets	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notification Letter	Withdrawn	Yes
Supporting Document	Filing Cover Letter	Received & Acknowledged	Yes
Supporting Document (revised)	VA Rates with Applied Increase Factors	Received & Acknowledged	Yes
Supporting Document (revised)	HL100 - Notification Letter Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Exhibits by Rate Stability Type	Received & Acknowledged	Yes
Supporting Document	Response to May 13 Request	Received & Acknowledged	Yes
Supporting Document	Response to July 14 Request	Received & Acknowledged	Yes
Supporting Document	Response to August 17 Request	Received & Acknowledged	Yes
Supporting Document	Response to December 22 Request	Received & Acknowledged	Yes
Supporting Document	Response to January 26 Request	Received & Acknowledged	Yes
Supporting Document	Response to May 24 Request	Received & Acknowledged	Yes
Supporting Document (revised)	Increase Endorsement	Received & Acknowledged	Yes
Supporting Document	FAQ Document Statement of Variability	Received & Acknowledged	Yes
Supporting Document (revised)	John Doe Samples	Received & Acknowledged	Yes
Supporting Document	John Doe Samples	Withdrawn	No
Supporting Document	John Doe Samples	Withdrawn	No
Supporting Document	Form HL200-VA	Received & Acknowledged	Yes
Supporting Document	Form HL101 Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Form HL801-VA Statement of Variability	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	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	HL403 - Statement of Variability	Withdrawn	No

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HL403 - Statement of Variability	Withdrawn	No
Supporting Document	VA Rate Sheets	Withdrawn	No
Supporting Document	Policyholder Notification Letter	Withdrawn	No
Supporting Document	Policyholder Notification Letter	Withdrawn	No
Supporting Document	VA Rates with Applied Increase Factors	Withdrawn	No
Supporting Document	HL100 - Notification Letter Statement of Variability	Withdrawn	No
Supporting Document	HL100 - Notification Letter Statement of Variability	Withdrawn	No
Supporting Document	HL100 - Notification Letter Statement of Variability	Withdrawn	No
Supporting Document	HL100 - Notification Letter Statement of Variability	Withdrawn	No
Supporting Document	Increase Endorsement and Disclosure Forms	Withdrawn	No
Supporting Document	John Doe Samples	Withdrawn	No
Supporting Document	John Doe Samples	Withdrawn	No
Supporting Document	John Doe Samples	Withdrawn	No
Supporting Document	John Doe Samples	Withdrawn	No
Supporting Document	John Doe Samples	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/28/2023
Submitted Date	02/28/2023
Respond By Date	03/30/2023

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- John Doe Samples (Supporting Document)

Comments: Please remove all variability from the "John Doe" version of form HL403-VA. This should be completed as if it were being sent to a policyholder.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/03/2023
Submitted Date	02/03/2023
Respond By Date	02/15/2023

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Coverage Election form, HL403-VA (Form)

- Policyholder Notification Letter, (Form)

- Policyholder Notification Letter - 2nd phase in, Form HL101-VA (Rev. 01/22) (Form)

- John Doe Samples (Supporting Document)

Comments: 1. Please explain the reasoning behind the statement in the signature section that any changes made on this form are irrevocable on the decision date.

This seems to be stating that a policyholder has only 30 days to make a decision, and after that date, they can't change their mind.

2. Please provide a copy of the original policy as it was approved prior to SERFF.

3. Please include a section in the letter explaining to the policyholder what will happen if the Coverage Election Form is not received by the Decision Due Date.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Sincerely,
Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/12/2022
Submitted Date	12/12/2022
Respond By Date	01/11/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- John Doe Samples (Supporting Document)

Comments: This applies to forms HL100 and HL101:

Please explain how requiring a policyholder to make an important decision like this in less than 30 days complies with Virginia Regulation 14VAC5-200-75 D, which requires an insurer to provide a minimum of 75 days notification of an upcoming rate increase.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/07/2022
Submitted Date	12/07/2022
Respond By Date	01/06/2023

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- John Doe Samples (Supporting Document)

Comments: This applies to both forms HL100-VA and HL101-VA:

1. Please reconcile the Decision Due Dates. At the top of the letter, the Decision Due Date is December 1, 2022, while on page 2, in the section titled, "When Making This Decision, Please Consider," the Decision Due Date is 02/01/2023.

2. We have some concerns that the final sentence in this section may be confusing to policyholders. It seems to read that a policyholder must complete another form to see what additional options may be available to them. If a policyholder must request a form, receive it in the mail, complete it, and send it back, they stand a very good chance of missing the decision date deadline to request any policy changes.

3. In this same section, please include a statement outlining what will happen if a request is received after the Decision Due Date.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/07/2022
Submitted Date	12/07/2022
Respond By Date	01/06/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- John Doe Samples (Supporting Document)

Comments: Please add the company name and address to the top of the form, to be consistent with the version in the Forms Schedule.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/07/2022
Submitted Date	12/07/2022
Respond By Date	01/06/2023

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- John Doe Samples (Supporting Document)

Comments: Please revise the FAQ "John Doe" to match the version in the Forms Schedule by adding the company name and address to the top of the page.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/03/2022
Submitted Date	11/03/2022
Respond By Date	12/03/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- HL100 - Notification Letter Statement of Variability (Supporting Document)

Comments: Virginia Regulation 14VAC5-101-80 D requires that each explanation of variability should appear in the same order that it appears in the form. The description for "Effective_Date" appears immediately after "Decision_Date" in the SOV, but doesn't appear in the letter until the paragraph beginning with, "This [first] change in premium..."

Please revise the SOV so the description for "Effective_Date" is in the proper order.

Objection 2

- Increase Endorsement and Disclosure Forms (Supporting Document)

Comments: Please provide the SERFF tracking number when form HL801419_Increase Disclosure.pdf was approved.

Objection 3

Comments: Please specify if the company has had an NAIC or Compact rate review on these policy forms in the last 12 months. If so, please send us a copy of the review or provide SERFF access.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/03/2022
Submitted Date	11/03/2022
Respond By Date	12/03/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- John Doe Samples (Supporting Document)

Comments: Please submit a copy of HL100_VA_Sample_rd2.pdf to the Forms Schedule with all variability shown, and make sure to update the Statement of Variability with a description of that variability.

Objection 2

- Policyholder Notification Letter, (Form)

Comments: Thank you submitting the "Round 2" "John Doe" letter. However, the Bureau requires that the initial letter contains a description of both increases. Please correct.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/07/2022
Submitted Date	10/07/2022
Respond By Date	10/21/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Coverage Election form, HL403-VA (Form)
- Policyholder Notification Letter, (Form)
- Coverage Election form Description of Options, HL403-Desc-VA (Form)
- John Doe Samples (Supporting Document)
Comments: The Bureau has several issues with the Decision Date:

1. Regulation 14VAC5-200-75 D requires that policyholders be given notice of a pending rate increase a minimum of 75 days prior to said increase. Please explain how a 30-day deadline after a notice is mailed, and that is irrevocable, is in compliance with Virginia regulations.

2. A clear explanation of the Decision Date must be included in the letter, in close proximity to the date, and in the same type as the date itself.

3. Explain what would happen if a policyholder was not able to submit the Coverage Election form within the 30-day limit.

Objection 2

- Policyholder Notification Letter, (Form)
- John Doe Samples (Supporting Document)
Comments: 1. In the second paragraph on page 1, please include the same information for the second change in premium. This can be made easier for the policyholder to understand if it's shown in a chart of some type. Once this change is made, be sure to update the SOV and the John Doe version.

2. The last paragraph on page 1 mentions a Long-Term Care Premium Endorsement that will be included in the premium increase notification package. Explain how an endorsement, that changes the policy, can be sent to the policyholder before they have had an opportunity to make any type of decision about their coverage.

3. As the "John Doe" versions should be exactly as it will look when the form is mailed to the policyholder, please remove the bracketed [IncreasePercent] in the first paragraph on page 1.

Conclusion:

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

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/07/2022
Submitted Date	10/07/2022
Respond By Date	10/14/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

Comments: Please provide a copy of the original policy as it was approved. if possible, submit the original SERFF tracking number. If not, please attach copy of the policy to Supporting Documents.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/28/2022
Submitted Date	09/28/2022
Respond By Date	10/28/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Coverage Election form, HL403-VA (Form)

Comments: Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear prominently on all forms. Please add the company name to the above noted form.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/14/2022
Submitted Date	06/14/2022
Respond By Date	07/17/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Coverage Election form, HL403 (Form)

- FAQ Document, (Form)

Comments: Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear prominently on all forms. Please add the company name to each of the above noted forms.

Objection 2

- Coverage Election form, HL403 (Form)

Comments: Please specify if the Coverage Election Form is intended to be removed from the Description of Options. If so, please add a separate form number to the Description of Options, in the bottom left corner.

Objection 3

- FAQ Document, (Form)

Comments: Please add form number to the bottom left corner of the form, in compliance with 14VAC5-101-60 1-2.

Objection 4

- John Doe Samples (Supporting Document)

Comments: 1. Please verify if all policyholders will be eligible for the Contingent Non-Forfeiture option.

2. Please specify if all Enclosures will be sent to every policyholder affected by the rate revision. If there are any forms that would only be sent to specific policyholders, please add brackets to them and include a description of the variability in the Statement of Variability.

3. If an envelope is to be included in the package of forms, please add to the list of Enclosures.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/11/2022
Submitted Date	05/11/2022
Respond By Date	06/10/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please correct the statement on page 4 of the Actuarial Memorandum, above Section 6 that reads, "Aggregate reserves held will equal or exceed the minimum requirements of the State of North Carolina."

Objection 2

- John Doe Samples (Supporting Document)

Comments: We are concerned that the Mailing Date (11/01/2022) and the Effective Date (01/01/2023) are only allowing 60 days, as opposed to a minimum of 75 days as required by Virginia Regulation 14VAC5-200-75 D. Even though this is only a sample, we would expect it to still be consistent with the regulations. Please correct.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/04/2022
Submitted Date	04/04/2022
Respond By Date	05/04/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Coverage Election form, HL403 (Form)

- Policyholder Notification Letter, (Form)

- FAQ Document, (Form)

Comments: In compliance with Virginia Regulation 14VAC5-101-60 5, please submit copies of all forms in the final form, completed in "John Doe" fashion, to indicate how it is intended to be used. There should be no variability indicated on this form.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/09/2022
Submitted Date	02/09/2022
Respond By Date	03/11/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Increase Endorsement and Disclosure Forms (Supporting Document)

Comments: Please provide the SERFF tracking number for when Form HL801 (4/2019) was approved.

Objection 2

- HL100 - Notification Letter Statement of Variability (Supporting Document)

- Increase Endorsement and Disclosure Forms (Supporting Document)

Comments: The SOV for the Policyholder Notification states that all items listed in the "Enclosures" are variable, but only the FAQ, Description of Options, and the Coverage Election Form are shown as variable. If any of the items in this list will be sent to ALL policyholders, those items should not be shown as variable. Any items that will go only to policyholders with benefits above the minimum allowable level should be individually bracketed as variable.

Objection 3

- Policyholder Notification Letter, (Form)

Comments: For consistency, please replace the braces around the company address, phone number, and website with brackets.

Objection 4

- Policyholder Notification Letter, (Form)

Comments: Please revise the 3rd paragraph on page 2 of the Policyholder Notification letter to remove the phrase beginning with, "(a) reduce the maximum daily benefit or," as this clashes with the final sentence in the same paragraph.

Objection 5

- Policyholder Notification Letter, (Form)

- HL100 - Notification Letter Statement of Variability (Supporting Document)

Comments: 1) The second paragraph of the letter is shown as variable, but there is no description in the SOV.

2) if the increase is to be implemented over a number of years, include a variable exhibit that shows the date, increase percentage, and new premium for each year of the implementation. Provide a detailed description of the exhibit in the SOV.

Objection 6

- Coverage Election form, HL403 (Form)

- HL403 - Statement of Variability (Supporting Document)

Comments: Please explain the option 1500 x the Maximum Daily Benefit under the Policy Benefit Period (CurrBP) and Option One Benefit Period (O1BP).

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/04/2022
Submitted Date	02/04/2022
Respond By Date	03/06/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Policyholder Notification Letter, (Form)

Comments: Please submit copies of the Long Term Care Premium Endorsement and LTC Insurance Rate Increase Disclosure. If these forms have previously been approved, submit them to Supporting Documentation, including the SERFF Tracking number of the filing in which they were approved. If not, submit them to the Forms Schedule for review.

Objection 2

- Policyholder Notification Letter, (Form)

Comments: Please submit Statements of Variability for the Policyholder Notification Letter and the Frequently Asked Questions to Supporting Documentation.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/05/2022
Submitted Date	01/05/2022
Respond By Date	02/04/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Policyholder Notification Letter, (Form)

Comments: In compliance with 14VAC5-200-75 D 2 (b), provide a disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure is a direct requirement of a regulation, it should be emphasized in some way, such as bold, highlight, larger print, etc.

Objection 2

- Policyholder Notification Letter, (Form)

Comments: In compliance with Virginia Regulation 14VAC5-200-75 A 4(b), please provide a statement that a policyholder has a right to a revised premium rate or rate schedule in the event of future rate increases.

Objection 3

- Policyholder Notification Letter, (Form)

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please state whether there are any partnership policies in the Post-Stability block of policies.

2. If there are partnership policies, please add a disclosure to the policyholder notification letter stating that some benefit reduction options may result in the loss of partnership status that may reduce policyholder protections. As a disclosure is a direct requirement of a regulation, it should be emphasized in some way, such as bold, highlight, larger print, etc.

Objection 4

- Policyholder Notification Letter, (Form)

Comments: In the first paragraph of the policyholder letter, please provide a clear description of the driving factors of this premium increase. This should be specific but in consumer-friendly language, that could be understood by someone in their later years, with little to no understanding of insurance.

An example of acceptable language is as follows:
"The reason for the rate increase is because the claims experience for all persons in your class has rapidly deteriorated over the past several years. The driving factors that led to the adverse experience include (a) higher-than-expected incidence of claims, especially at the higher ages, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim and (d) more services covered while disabled."

Objection 5

- Policyholder Notification Letter, (Form)

Comments: In compliance with Virginia regulation 14VAC-200-75 D4, please include a statement substantially like the following:

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

Objection 6

- Policyholder Notification Letter, (Form)

Comments: Please verify that the difference between the mailing date and the decision date of the policyholder letter will be sufficient to allow the policyholder a minimum of 75 days, once they receive the letter, to make an informed decision on the options available to them.

Objection 7

- Policyholder Notification Letter, (Form)

Comments: The last paragraph on page 1 on the letter is misleading. The Contingent Benefit Upon Lapse (CBUL) doesn't reduce the maximum daily benefit, however it does reduce the Maximum Lifetime Benefit based on the requirements of 14VAC5-200-185 E 3, which is listed in the first paragraph on page 2. Please make the necessary revisions to correct this.

Objection 8

- FAQ Document, (Form)

Comments: Section 3 of the FAQ Document appears misleading. We feel it may be clearer if it included a mention of the 120-day limit. For example:

"If you do not return the Coverage Election Form and your policy lapses for non-payment within 120 days after the Effective Date, you will automatically be..."

Objection 9

- Coverage Election form, HL403 (Form)

Comments: At the bottom of the Coverage Election Form, please include the actual fax number.

Objection 10

- HL100 - Notification Letter Statement of Variability (Supporting Document)

Comments: Since the company address, phone number, and web address are shown as variable, beneath the logo, please add an entry to the SOV to describe the reason for the variability.

Objection 11

- HL100 - Notification Letter Statement of Variability (Supporting Document)

Comments: Please revise the Variable Item section of the SOV to show the actual variable item, such as "PHName"

Objection 12

- Policyholder Notification Letter, (Form)

Comments: If all items listed under "Enclosures" will be sent to every policyholder they should not be shown as variable. Any items in the list that would only be sent to certain policyholders should be shown as variable and described in the SOV>

Objection 13

- FAQ Document, (Form)

Comments: Please provide an SOV for the FAQ, describing each item shown as variable.

Objection 14

- FAQ Document, (Form)

Comments: Please explain the use of less than/greater than (<< >>) as opposed to brackets ([ ]) in the FAQ. If there is a specific reason for the difference, include it in the SOV. If not, for consistency, please use the standard brackets.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/10/2021
Submitted Date	12/10/2021
Respond By Date	01/09/2022

Dear Sarah Lee,

Introduction:

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

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

Objection 1

Comments: The Rate review for this filing is complete. However the filing cannot be approved until the forms review is complete. No response to this objection is required.

Conclusion:

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

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

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/24/2021
Submitted Date	06/24/2021
Respond By Date	07/08/2021

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Policyholder Notification Letter, (Form)

Comments: In the 4th paragraph of the Policyholder letter, please provide a more detailed description of the Contingent Benefit Upon Lapse, in compliance with 14VAC5-200-185 E 3.

Objection 2

- Policyholder Notification Letter, (Form)

Comments: Please verify that the time period between the [Date] and the [Decision_Date] will ensure that the policyholder has a minimum of 75 days to make any decisions once he receives this letter, in compliance with Virginia Regulation 14VAC5-200-75 D.

Objection 3

- Policyholder Notification Letter, (Form)

Comments: The second paragraph of the Policyholder Notification mentions a Long-Term Care Premium Endorsement and an LTC Insurance Rate Disclosure form. These forms could not be found in the filing. If these are new forms, please submit them to the Forms Schedule for review. If they have been previously approved, attach them to the Supporting Documentation section, and include the SERFF tracking number in which these forms were approved.

Conclusion:

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

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

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/08/2021
Submitted Date	06/08/2021
Respond By Date	06/29/2021

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please submit a revised Actuarial Memorandum showing the changes made due to the revised rate increase.

Conclusion:

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

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

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/24/2021
Submitted Date	05/24/2021
Respond By Date	06/23/2021

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Response to January 26 Request (Supporting Document)

Comments: When the revised rate increase was discussed, the Bureau stated that we would accept an increase for the policy forms HL200 with Lifetime Benefits only, with 72% on the pre-stability block and 50% on the post-stability block.

To implement this increase we will need the following:

a) Post-submission update showing the maximum increase of 72% and a minimum increase of 0% for forms not receiving an increase
b) Revised rate sheets showing both rate increases, if the increase will still be implemented over 2 years
c) Revised Actuarial Memorandum with revised exhibits
d) Revised Long-term Care Rate Request Summary and Narrative
e) Revisions to the Policyholder letter stating that the increase will be implemented over 2 years, including the increase percent for both years. This can shown as variable if the letter is to be used as a template for future increases. Revisions to the SOV will be required to explain the new variability.

Conclusion:

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

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

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/15/2021
Submitted Date	04/15/2021
Respond By Date	05/15/2021

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Policyholder Notification Letter, (Form)

Comments: As a convenience if a change becomes necessary, the company may consider adding brackets to the Corporate Address, Phone Number, and Web Address.

Objection 2

- Policyholder Notification Letter, (Form)

Comments: In accordance with Virginia Regulation 14VAC5-200-75 A 2, please provide a statement that describes the policyholders options in the event of future premium increases.

Objection 3

- Policyholder Notification Letter, (Form)

Comments: Under the "Your Options" section on page 2, please include what the percentage of the increase will be.

Objection 4

- Policyholder Notification Letter, (Form)

Comments: At the top of page 3, there is a mention of a list of Frequently Asked Questions. We could not find an FAQ in the filing. Please submit the aforementioned FAQ to the Form Schedule for review.

If the FAQ has already been approved in Virginia, submit it to Supporting Documentation and include the SERFF tracking number under which it was approved.

Conclusion:

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

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

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Please let me know if you need additional clarification.

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/26/2021
Submitted Date	01/26/2021
Respond By Date	02/25/2021

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Per our conversation on 01/26/2021, and based on the information provided, the Bureau of Insurance does not find that the requested increase is in compliance with our regulations 14VAC5-200-150 and 14VAC5-200-153. Based on those regulations, we would propose an increase only on the HL200 forms with Lifetime Benefits. The increase would consist of a 72% increase on any pre-stability policies and 12% on any post-stability policies.

Please respond as you see appropriate.

Conclusion:

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

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

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Should you need clarification, please contact me

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/22/2020
Submitted Date	12/22/2020
Respond By Date	01/05/2021

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- Coverage Election form, HL403 (Form)

- Policyholder Notification Letter, (Form)

Comments: For clarity, please use only one form of brackets, [ ] when denoting variability. If there is a specific reason for using different types of bracketing, please describe the reasons in the Statement of Variability (SOV).

Objection 2

- Policyholder Notification Letter, (Form)

Comments: Please provide a description of the variable item <<Date>> in the SOV.

Please verify that the <<Date>> and the <<Decision_Date>> will guarantee that the policy holder will have a minimum of 75 days, once they receive the letter, to make any necessary decisions about their policy, as required in Virginia Regulation 14VAC5-200-75 D.

Objection 3

- Response to May 13 Request (Supporting Document)

Comments: Please revise Exhibits 1 and 1a to show the Historical and Future loss ratios, as well as Lifetime.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Based on Section 21 of the Actuarial Memorandum, the company states they could justify a higher rate increase. Please state what increase would be needed to bring these rates to sufficiency, and why you didn't ask for that increase when the filing was submitted.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/17/2020
Submitted Date	08/17/2020
Respond By Date	09/16/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide the active lives reserve balance on a nationwide basis as of the projection date for each of the subsets presented in tab Exh 1 Nationwide.

2. Please provide in Excel format a set of projections on a nationwide basis for each of the subsets presented in tab Exh 1 Nationwide but using original assumptions from inception with the actual policies issued.

3. Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach on a nationwide basis.

Conclusion:

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/14/2020
Submitted Date	07/14/2020
Respond By Date	08/13/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide the active lives reserve balance as of the projection date for each of the subsets presented in tab Exh 1a VA.

2. Please provide in Excel format a set of projections for each of the subsets presented in tab Exh 1a VA but using original assumptions from inception with the actual policies issued.

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

4. Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach (see attached description).

Conclusion:

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/13/2020
Submitted Date	05/13/2020
Respond By Date	06/12/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please verify that all present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, are using the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia. If not , please make the necessary revisions to comply with the Code.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the actuarial assumptions associated with the rate increase request are consistent with the assumptions embedded in the most recent asset adequacy testing. If not, either make the appropriate revisions or explain any discrepancies.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas. Re-state the nationwide experience using Virginia approved rates.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: If the previous approved rate increase was approved in 2011, please explain, with all the publicity about Long-Term Care insurance recently, why additional rate increases were not requested before now.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an actual-to-expected analysis on the original assumptions and those included in the current filing.

Conclusion:

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

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

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

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/29/2020
Submitted Date	04/29/2020
Respond By Date	05/29/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: I apologize for the miss-print in the objection requesting policy issue dates. The objection should have read," How many policies were issued on or after 10/1/2003?"

Policies issued prior to 10/01/2003 are subject to Virginia Regulations 14VAC5-200-150; while policies issued on or after 10/01/2003 are subject to 14VAC5-200-153. Please provide separate exhibits for each set of policies.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/28/2020
Submitted Date	04/28/2020
Respond By Date	05/28/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: According to the General Information Section of this filing, the following forms were sold either in or after 2003:
Form 3034Q
Form 3035Q
Form HL200

Please provide how many of each of these forms were on or after 10/01/2013.

Conclusion:

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/28/2020
Submitted Date	04/28/2020
Respond By Date	05/28/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- All above forms, [3034, 3034Q, 3035, 3035Q, HL200] (Rate)

Comments: It appears the current rates are still in the Rate/Rule Schedule. Please remove the Current Rates from the Rate/Rule Schedule and move them to Supporting Documentation and please move the Current Annual Premiums with Proposed Increase to the Rate/Rule Schedule for review.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/27/2020
Submitted Date	04/27/2020
Respond By Date	05/27/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

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

Comments: Please attach, to the Rate Request Summary, a narrative describing the underlying reasons this rate request in needed. The narrative should be written in such a way that a policyholder with little or no understanding of insurance will be able to understand it. Below is an example of what might be considered consumer friendly language:

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

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/13/2020
Submitted Date	04/13/2020
Respond By Date	05/13/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

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

Comments: The Long-Term Care Rate Request Summary has changed. Please use the revised form, found at http://www.scc.virginia.gov/boi/co/health/ltcforms.aspx.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/02/2020
Submitted Date	04/02/2020
Respond By Date	05/02/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- VA Rates with Applied Increase Factors (Supporting Document)

Comments: Remove the proposed rates from Supporting Documentation and move them to the Rate/Rule Schedule on separate lines for each form.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: The first line on page 6 of the Actuarial Memorandum states,"Aggregate reserves held will equal or exceed the minimum requirements of the State of North Carolina." Please verify this is the correct Memorandum required in the Commonwealth of Virginia and make any necessary revisions for this to be correct in Virginia.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Attachment B lists a number of riders associated with each policy form. Please state whether any of these riders will be affected by the current rate increase request. Any riders that will be affected need to be attached to the Rate/Rule Schedule on the same line as it's associated policy form number.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/19/2020
Submitted Date	02/19/2020
Respond By Date	03/20/2020

Dear Sarah Lee,

Introduction:

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

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

Objection 1

- All above forms, [3034, 3034Q, 3035, 3035Q, HL200] (Rate)
Comments: Please re-submit the proposed rates with the increase factors already calculated.

Objection 2

- Policyholder Notification Letter (Supporting Document)
Comments: Please move the Policyholder Notification letter to the Forms Schedule for review.

Objection 3

- HL403 - Statement of Variability (Supporting Document)
Comments: Please include a description of all variable information in the Policyholder letter in the Statement of Variability.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/26/2019
Submitted Date	09/26/2019
Respond By Date	10/26/2019

Dear Sarah Lee,

Introduction:

The Bureau has completed a preliminary review of this filing and have the following concerns and/or requests. A more detailed and thorough review will be performed once these concerns are addressed.

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

Objection 1

- Comprehensive Long Term Care Coverage, [3034] (Rate)
- Qualified Long Term Care Rates, [3034Q] (Rate)
- Facility Only Long Term Care coverage, [3035] (Rate)
- Qualified Facility Only Long Term Care coverage, [3035Q] (Rate)
- Qualified Long Term Care Rates, [HL200] (Rate)

Comments: Please attach the proposed rates under the Attach Document section of the Rate/Rule Schedule.

Objection 2

- Qualified Long Term Care Rates, [3034Q] (Rate)
- Facility Only Long Term Care coverage, [3035] (Rate)
- Qualified Facility Only Long Term Care coverage, [3035Q] (Rate)
- Qualified Long Term Care Rates, [HL200] (Rate)

Comments: The SERFF tracking numbers take you to the most recent LTC Annual Report. Please submit the previous tracking numbers used when rates were last submitted for approval.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/28/2023
Submitted Date	02/28/2023

Dear Bobby Toone,

Introduction:

Response 1

Comments:

We apologize - the Form Schedule version of the file was uploaded instead of the John Doe sample. This has been corrected.

Related Objection 1

Applies To:

- John Doe Samples (Supporting Document)

Comments: Please remove all variability from the "John Doe" version of form HL403-VA. This should be completed as if it were being sent to a policyholder.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL801_VA_1122_Sample.pdf FAQ Document_VA_Sample.pdf HL403_Coverage Election FormDescriptionofOptions_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL101_VA_Sample_rd2.pdf
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*HL801_VA_1122_Sample.pdf* *FAQ Document_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL101_VA_Sample_rd2.pdf* *HL403_Coverage Election FormDescriptionofOptions_VA_Sample.pdf* *HL403_Coverage Election Form_VA.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*HL801_VA_1122_Sample.pdf* *FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL101_VA_Sample_rd2.pdf* *HL403_Coverage Election FormDescriptionofOptions_VA_Sample.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL801_VA_1122_Sample.pdf* *HL101_VA_Sample_rd2.pdf* *HL100_VA_Sample.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf*

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

	HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL101_VA_Sample_rd2.pdf
Previous Version	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL100_VA_Sample_rd2.pdf
Previous Version	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf
Previous Version	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL403_VA_Sample.pdf HL100_VA_Sample.pdf FAQ Document_VA_Sample.pdf

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/08/2023
Submitted Date	02/23/2023

Dear Bobby Toone,

Introduction:

Response 1

Comments:

1. We have extended the timeline after which an election will be irrevocable to be 75 days after the notification of the increase. We have attached a new Coverage Election Form to the form schedule, as well as the related Statement of Variability and John Doe sample under Supporting Documentation.
2. The copy of the original policy was attached under the Supporting Documentation tab labeled "Form HL200-VA" on October 28, 2022.
3. Page 3 of the letter states: "After the Decision Due Date, adjustments may still be available to your policy. To inquire about other adjustments available, please contact your local Farm Bureau Agent or the Home Office to complete required forms."
This sentence can be found under the section that begins "When Making This Decision."

Related Objection 1

Applies To:

- *Coverage Election form, HL403-VA (Form)*
- *Policyholder Notification Letter - 2nd phase in, Form HL101-VA (Rev. 01/22) (Form)*
- *Policyholder Notification Letter, (Form)*
- *John Doe Samples (Supporting Document)*

Comments: 1. Please explain the reasoning behind the statement in the signature section that any changes made on this form are irrevocable on the decision date.

This seems to be stating that a policyholder has only 30 days to make a decision, and after that date, they can't change their mind.

2. Please provide a copy of the original policy as it was approved prior to SERFF.

3. Please include a section in the letter explaining to the policyholder what will happen if the Coverage Election Form is not received by the Decision Due Date.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Election form	HL403-VA	AEF	Initial		50.100	HL403_Coverage Election Form_VA.pdf	Date Submitted: 02/23/2023 By: Avery Ray
Previous Version								
1	*Coverage Election form*	*HL403-VA*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form_VA.pdf*	*Date Submitted: 10/28/2022 By: Avery Ray*
Previous Version								
1	*Coverage Election form*	*HL403-VA*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form_VA.pdf*	*Date Submitted: 07/25/2022 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*Coverage Election Form Description of Options_HL403.pdf*	*Date Submitted: 06/03/2019 By: Sarah Lee*

No Rate/Rule Schedule items changed.

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL403-VA - Statement of Variability
Comments:	This SoV applies to both form HL403-VA and Form HL403-Desc -VA
Attachment(s):	HL403-VA Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*HL403-VA - Statement of Variability*
Comments:	*This SoV applies to both form HL403-VA and Form HL403-Desc -VA*
Attachment(s):	*HL403 Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*HL403 - Statement of Variability*
Comments:	
Attachment(s):	*HL403 Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*HL403 - Statement of Variability*
Comments:	
Attachment(s):	*HL403 Statement of Variability.pdf*

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL403-VA - Statement of Variability
Comments:	This SoV applies to both form HL403-VA and Form HL403-Desc -VA
Attachment(s):	HL403-VA Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*HL403-VA - Statement of Variability*
Comments:	*This SoV applies to both form HL403-VA and Form HL403-Desc -VA*
Attachment(s):	*HL403 Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*HL403 - Statement of Variability*
Comments:	
Attachment(s):	*HL403 Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*HL403 - Statement of Variability*
Comments:	
Attachment(s):	*HL403 Statement of Variability.pdf*

Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL801_VA_1122_Sample.pdf FAQ Document_VA_Sample.pdf HL100_VA_Sample.pdf HL101_VA_Sample_rd2.pdf HL403_Coverage Election FormDescriptionofOptions_VA_Sample.pdf HL403_Coverage Election Form_VA.pdf
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*HL801_VA_1122_Sample.pdf* *FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL101_VA_Sample_rd2.pdf* *HL403_Coverage Election FormDescriptionofOptions_VA_Sample.pdf*
Previous Version	

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL801_VA_1122_Sample.pdf HL101_VA_Sample_rd2.pdf HL100_VA_Sample.pdf
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Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL101_VA_Sample_rd2.pdf
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Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL100_VA_Sample_rd2.pdf
Previous Version	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf
Previous Version	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL403_VA_Sample.pdf HL100_VA_Sample.pdf FAQ Document_VA_Sample.pdf

Conclusion:

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Sincerely,
Avery Ray

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/14/2022
Submitted Date	12/14/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Each policyholder will be notified at least 75 days prior to the increase becoming effective and will have 75 days or more to make changes to their policy after notification of the rate increase. Form HL100, HL101 and the FAQ document state that additional options not on the Election Form are available as well as options after the Decision Due Date. Our current practice is to allow policyholders to reduce benefits on their policy outside of the implementation of a rate increase.

We feel this meets all requirements of 14VAC5-200-75 D below.
- A notification of at least 75 days prior to implementation
- A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount.
- An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183.
- A disclosure stating that all options available to the policyholder may not be of equal value.
- Contact information that will allow the policyholder to contact the insurer for additional options available.

The inclusion of Form HL403 in the packet is to allow a convenient way to make any changes to their policy, but is not the only option available to a policyholder. As stated in previous objection responses, the 30 day deadline only applies to returning the HL403 form to ensure that the values quoted in the form sent to the policyholder are accurate. Our intention with the 30 day limit is to allow the policyholder to make the most accurately informed decision possible, not to limit their access to options to reduce the impact of the increase.
For example, if a policy with an inflation protection rider crosses an anniversary after the form is generated, the maximum daily benefit printed on the form will not reflect the actual inflated daily benefit amount. In that situation, we feel it would be in the policyholder's best interest to reach out to an agent or our policy service department so they can receive an updated quote of values.

Please let us know how you would like us to proceed. We will be happy to also add additional clarification to the Description of Options as well that reminds the policyholder they have additional options beyond the return of the Form HL403 if you feel this is helpful.

Related Objection 1

Applies To:
- John Doe Samples (Supporting Document)
Comments: This applies to forms HL100 and HL101:

Please explain how requiring a policyholder to make an important decision like this in less than 30 days complies with Virginia Regulation 14VAC5-200-75 D, which requires an insurer to provide a minimum of 75 days notification of an upcoming rate increase.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/10/2022
Submitted Date	12/10/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

1. This has been corrected.

2. The Decision Date only applies to changes made using the Coverage Election Form included in this filing and sent to the policyholder with the increase notification. Any policy changes made outside of the Coverage Election Form may require additional forms to be completed. However, the Decision Due does not apply to those changes.

3. We currently allow our policyholders to request changes to their policies at any time. If a request for a policy change is received after the Decision Date printed using the Coverage Election Form, we will determine on a case-by-case basis if we can still accept the Coverage Election Form as the form requesting the change or if we will request the policyholder fill out additional forms to request the change. For example, if the form is only a few days late or if the policy values have not changed, we would likely be able to accept the form. In the situation where the policyholder would need to fill out additional forms, the Decision Due Date does not apply.

Related Objection 1

Applies To:

- John Doe Samples (Supporting Document)

Comments: This applies to both forms HL100-VA and HL101-VA:

1. Please reconcile the Decision Due Dates. At the top of the letter, the Decision Due Date is December 1, 2022, while on page 2, in the section titled, "When Making This Decision, Please Consider," the Decision Due Date is 02/01/2023.

2. We have some concerns that the final sentence in this section may be confusing to policyholders. It seems to read that a policyholder must complete another form to see what additional options may be available to them. If a policyholder must request a form, receive it in the mail, complete it, and send it back, they stand a very good chance of missing the decision date deadline to request any policy changes.

3. In this same section, please include a statement outlining what will happen if a request is received after the Decision Due Date.

Changed Items:

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL801_VA_1122_Sample.pdf FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL101_VA_Sample_rd2.pdf HL403_Coverage Election FormDescriptionofOptions_VA_Sample.pdf
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL801_VA_1122_Sample.pdf* *HL101_VA_Sample_rd2.pdf* *HL100_VA_Sample.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL101_VA_Sample_rd2.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL100_VA_Sample_rd2.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*

State: Virginia
Filing Company: Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL403_VA_Sample.pdf HL100_VA_Sample.pdf FAQ Document_VA_Sample.pdf

Conclusion:

Sincerely,
Sarah Lee

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/10/2022
Submitted Date	12/10/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The company name and address has been added to the Description of Options form. This schedule item change was submitted under a separate objection created on December 7.

Related Objection 1

Applies To:

- John Doe Samples (Supporting Document)

Comments: Please add the company name and address to the top of the form, to be consistent with the version in the Forms Schedule.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sarah Lee

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/10/2022
Submitted Date	12/10/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The letterhead has been added to the FAQ John Doe version (submitted under a separate objection)

Related Objection 1

Applies To:

- John Doe Samples (Supporting Document)

Comments: Please revise the FAQ "John Doe" to match the version in the Forms Schedule by adding the company name and address to the top of the page.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sarah Lee

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /
Filing Company: Southern Farm Bureau Life Insurance company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/21/2022
Submitted Date	11/23/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

This has been updated in the Statement of Variability. This update to the SOV was included in the response to the other objection received on 11/3.

Related Objection 1

Applies To:

- HL100 - Notification Letter Statement of Variability (Supporting Document)

Comments: Virginia Regulation 14VAC5-101-80 D requires that each explanation of variability should appear in the same order that it appears in the form. The description for "Effective_Date" appears immediately after "Decision_Date" in the SOV, but doesn't appear in the letter until the paragraph beginning with, "This [first] change in premium..."

Please revise the SOV so the description for "Effective_Date" is in the proper order.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Per guidance received in the Note to Filer, the Rate Increase Disclosure form has been added to the form schedule and removed from Supporting Documentation. Additionally, a Statement of Variability and John Doe Sample for this Disclosure have been added to Supporting Documentation.
This form will be provided to policyholders with each rate increase.

Related Objection 2

Applies To:

- *Increase Endorsement and Disclosure Forms (Supporting Document)*

Comments: Please provide the SERFF tracking number when form HL801419_Increase Disclosure.pdf was approved.

Changed Items:

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Increase Endorsement
Comments:	Form HL520 was approved 08/20/2010 under SFBL-126664670
Attachment(s):	PremiumIncreaseEndorsement_HL520.pdf
Previous Version	
Satisfied - Item:	*Increase Endorsement and Disclosure Forms*
Comments:	*Form HL520 was approved 08/20/2010 under SFBL-126664670*
Attachment(s):	*HL801419_Increase Disclosure.pdf* *PremiumIncreaseEndorsement_HL520.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Increase Endorsement
Comments:	Form HL520 was approved 08/20/2010 under SFBL-126664670
Attachment(s):	PremiumIncreaseEndorsement_HL520.pdf
Previous Version	
Satisfied - Item:	*Increase Endorsement and Disclosure Forms*
Comments:	*Form HL520 was approved 08/20/2010 under SFBL-126664670*
Attachment(s):	*HL801419_Increase Disclosure.pdf* *PremiumIncreaseEndorsement_HL520.pdf*

Satisfied - Item:	Form HL801-VA Statement of Variability
Comments:	
Attachment(s):	HL801_VA_1122_SOV.pdf

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Increase Endorsement
Comments:	Form HL520 was approved 08/20/2010 under SFBL-126664670
Attachment(s):	PremiumIncreaseEndorsement_HL520.pdf
Previous Version	
Satisfied - Item:	*Increase Endorsement and Disclosure Forms*
Comments:	*Form HL520 was approved 08/20/2010 under SFBL-126664670*
Attachment(s):	*HL801419_Increase Disclosure.pdf* *PremiumIncreaseEndorsement_HL520.pdf*

Satisfied - Item:	Form HL801-VA Statement of Variability
Comments:	
Attachment(s):	HL801_VA_1122_SOV.pdf

Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL801_VA_1122_Sample.pdf HL101_VA_Sample_rd2.pdf HL100_VA_Sample.pdf
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL101_VA_Sample_rd2.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL100_VA_Sample_rd2.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf
Previous Version	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL403_VA_Sample.pdf HL100_VA_Sample.pdf FAQ Document_VA_Sample.pdf

Response 3

Comments:

These forms were not sold after 2006. No Compact review has occurred on these forms.
These forms were filed with individual states and a rate filing was submitted in 2019 in each state in which these forms were sold when this rate filing was submitted in Virginia. No additional rate filings have been submitted for these forms since.

Related Objection 3

Comments: Please specify if the company has had an NAIC or Compact rate review on these policy forms in the last 12 months. If so, please send us a copy of the review or provide SERFF access.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/21/2022
Submitted Date	11/21/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The letter for the second phase in has been added as a new form. Please note that this required a change to the form number for us, and is now attached as Form HL101.
The only changes between the HL100 already under review and the HL101 is contained on the first page of the letters in order to account for the difference in descriptions of the rate increase between the first phase in and second phase in.
This required an additional Statement of Variability and John Doe sample for the HL101.

Related Objection 1

Applies To:

- John Doe Samples (Supporting Document)

Comments: Please submit a copy of HL100_VA_Sample_rd2.pdf to the Forms Schedule with all variability shown, and make sure to update the Statement of Variability with a description of that variability.

Changed Items:

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form HL101 Statement of Variability
Comments:	This file contains the SOV for the notification letter which will be sent during the second phase in of the approved rate increase.
Attachment(s):	HL101_VA_SOV.pdf

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form HL101 Statement of Variability
Comments:	This file contains the SOV for the notification letter which will be sent during the second phase in of the approved rate increase.
Attachment(s):	HL101_VA_SOV.pdf

Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL101_VA_Sample_rd2.pdf
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL100_VA_Sample_rd2.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *FAQ Document_VA_Sample.pdf*

Response 2

Comments:

The initial Policyholder Notification letter has been updated to include information for the second increase as well. The John Doe samples and Statement of Variability have been updated to reflect these changes.

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Related Objection 2

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Thank you submitting the "Round 2" "John Doe" letter. However, the Bureau requires that the initial letter contains a description of both increases. Please correct.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 11/21/2022 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 10/28/2022 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/06/2022 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 03/09/2022 By: Avery Ray*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder*	*Date Submitted: 03/17/2020*

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 11/21/2022 By: Sarah Lee
							RINC Notice Letter.pdf	*By: Nya Williams*

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_VA_SOV.pdf
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_VA_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_VA_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_VA_SOV.pdf
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_VA_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_VA_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*

Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL101_VA_Sample_rd2.pdf
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *HL100_VA_Sample_rd2.pdf*

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *FAQ Document_VA_Sample.pdf*

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/27/2022
Submitted Date	10/28/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The policyholder will be notified 75 days prior to the rate increase becoming effective on their policy. They will also be allowed 75 days or greater to make changes to their coverage per 14VAC5-200-75 D.
The Decision Date printed in the Coverage Election Form will be 30 days after the notification date in order to ensure the values quoted in the table are valid. This 30 day deadline only applies to changes made to the policy using this specific form. Other methods to change coverage are available by contacting our office or one of our agents as mentioned in the third bullet point under the "Your Options" section on page 2.

The actual date of the Decision date has been added next to the description of the Decision Date on page 3 of HL100-VA, the Policyholder Notification letter. This sentence now reads "If you select one of the options, please complete and return the form by the Decision Due Date, which is 02/01/2023. After the Decision Due Date, adjustments may still be available to your policy. "

As stated in the letter, and mentioned directly above, adjustments may still be available to the policy. Our Policy Service department would request that the changes be requested through an agent instead of using this form so that accurate values can be given to the policyholder.

Related Objection 1

Applies To:

- *Policyholder Notification Letter, (Form)*
- *John Doe Samples (Supporting Document)*
- *Coverage Election form, HL403-VA (Form)*
- *Coverage Election form Description of Options, HL403-Desc-VA (Form)*

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Comments: The Bureau has several issues with the Decision Date:

1. Regulation 14VAC5-200-75 D requires that policyholders be given notice of a pending rate increase a minimum of 75 days prior to said increase. Please explain how a 30-day deadline after a notice is mailed, and that is irrevocable, is in compliance with Virginia regulations.

2. A clear explanation of the Decision Date must be included in the letter, in close proximity to the date, and in the same type as the date itself.

3. Explain what would happen if a policyholder was not able to submit the Coverage Election form within the 30-day limit.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 10/28/2022 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/06/2022 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 03/09/2022 By: Avery Ray*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

A John Doe version for the second change in premium is now attached to the John Doe Samples Supporting Documentation.

The endorsement sent will have the increased premium as approved in the rate increase filing with the effective date as outlined in the notification letter, which will be at least 75 days after notification. Any changes the policyholder chooses to make to their coverage will result in an additional endorsement which outlines those changes, including the new premium resulting from the change in coverage.

The bracketed IncreasePercent has been updated to reflect the numerical percentage increase.

Related Objection 2

Applies To:

- Policyholder Notification Letter, (Form)
- John Doe Samples (Supporting Document)

Comments: 1. In the second paragraph on page 1, please include the same information for the second change in premium. This can be made easier for the policyholder to understand if it's shown in a chart of some type. Once this change is made, be sure to update the SOV and the John Doe version.

2. The last paragraph on page 1 mentions a Long-Term Care Premium Endorsement that will be included in the premium increase notification package. Explain how an endorsement, that changes the policy, can be sent to the policyholder before they have had an opportunity to make any type of decision about their coverage.

3. As the "John Doe" versions should be exactly as it will look when the form is mailed to the policyholder, please remove the bracketed [IncreasePercent] in the first paragraph on page 1.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL100_VA_Sample_rd2.pdf
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*FAQ Document_VA_Sample.pdf* *HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf*
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *FAQ Document_VA_Sample.pdf*

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/28/2022
Submitted Date	10/28/2022

Dear Bobby Toone,

Introduction:

The following objection has been addressed below.

Response 1

Comments:

A copy of the original policy has been attached to the Supporting Documentation tab under Form HL200-VA.

Related Objection 1

Comments: Please provide a copy of the original policy as it was approved. if possible, submit the original SERFF tracking number. If not, please attach copy of the policy to Supporting Documents.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form HL200-VA
Comments:	
Attachment(s):	Approved Form HL200-VA.pdf

Conclusion:

Thank you for your consideration of this filing.

Sincerely,

Avery Ray

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/28/2022
Submitted Date	10/28/2022

Dear Bobby Toone,

Introduction:

The following objection has been addressed below.

Response 1

Comments:

The full name of the company has been added to the HL403-VA Coverage Election Form.

Related Objection 1

Applies To:

- Coverage Election form, HL403-VA (Form)

Comments: Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear prominently on all forms. Please add the company name to the above noted form.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Election form	HL403-VA	AEF	Initial		50.100	HL403_Coverage Election Form_VA.pdf	Date Submitted: 10/28/2022 By: Avery Ray
Previous Version								
1	*Coverage Election form*	*HL403-VA*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form_VA.pdf*	*Date Submitted: 07/25/2022 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*Coverage Election Form Description of Options_HL403.pdf*	*Date Submitted: 06/03/2019 By: Sarah Lee*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Thank you for your consideration of this filing.

Sincerely,

Avery Ray

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/25/2022
Submitted Date	07/25/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The company name has been added to the FAQ via addition of the company letterhead.
The company name already appears on Form HL403, but the font size was increased to increase the prominence of the company name. Please note this resulted in a new form number for the Coverage Election form, which is now HL403-VA

Related Objection 1

Applies To:

- *Coverage Election form, HL403 (Form)*
- *FAQ Document, (Form)*

Comments: Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear prominently on all forms. Please add the company name to each of the above noted forms.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Election form	HL403-VA	AEF	Initial		50.100	HL403_Coverage Election Form_VA.pdf	Date Submitted: 07/25/2022 By: Sarah Lee
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*Coverage Election Form Description of Options_HL403.pdf*	*Date Submitted: 06/03/2019 By: Sarah Lee*
2	FAQ Document	LTC-FAQ-VA-2022	OTH	Initial			FAQ Document_VA.pdf	Date Submitted: 07/25/2022 By: Sarah Lee
Previous Version								
2	*FAQ Document*		*OTH*	*Initial*			*FAQ Document_VA.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
2	*FAQ Document*		*OTH*	*Initial*			*FAQ Document.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Our intent is to keep these two forms together. However, to safeguard for the event this doesn't occur, a new form number has been added to the Description of Options bottom left corner as requested.
Please note this resulted in a new entry on the Form Schedule as the page now has a new and separate form number.

Related Objection 2

Applies To:

- Coverage Election form, HL403 (Form)

Comments: Please specify if the Coverage Election Form is intended to be removed from the Description of Options. If so, please add a separate form number to the Description of Options, in the bottom left corner.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Election form	HL403-VA	AEF	Initial		50.100	HL403_Coverage Election Form_VA.pdf	Date Submitted: 07/25/2022 By: Sarah Lee
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*Coverage Election Form Description of Options_HL403.pdf*	*Date Submitted: 06/03/2019 By: Sarah Lee*
2	Coverage Election form Description of Options	HL403-Desc-VA	OTH	Initial		50.100	HL403_Coverage Election FormDescriptionofOptions_VA.pdf	Date Submitted: 07/25/2022 By: Sarah Lee

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL403-VA - Statement of Variability
Comments:	This SoV applies to both form HL403-VA and Form HL403-Desc -VA
Attachment(s):	HL403 Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*HL403 - Statement of Variability*
Comments:	
Attachment(s):	*HL403 Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*HL403 - Statement of Variability*
Comments:	
Attachment(s):	*HL403 Statement of Variability.pdf*

Response 3

Comments:

A form number has been added as requested.

Related Objection 3

Applies To:

- FAQ Document, (Form)

Comments: Please add form number to the bottom left corner of the form, in compliance with 14VAC5-101-60 1-2.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	FAQ Document	LTC-FAQ-VA-2022	OTH	Initial			FAQ Document_VA.pdf	Date Submitted: 07/25/2022 By: Sarah Lee
Previous Version								
1	*FAQ Document*		*OTH*	*Initial*			*FAQ Document_VA.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*FAQ Document*		*OTH*	*Initial*			*FAQ Document.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

All policyholders are eligible for the Contingent Non-Forfeiture option.
Please let us know if our previous response on March 9th to a similar objections requires more clarification or information.
An envelope will not be included.

Related Objection 4

Applies To:
- John Doe Samples (Supporting Document)
Comments: 1. Please verify if all policyholders will be eligible for the Contingent Non-Forfeiture option.

2. Please specify if all Enclosures will be sent to every policyholder affected by the rate revision. If there are any forms that would only be sent to specific policyholders, please add brackets to them and include a description of the variability in the Statement of Variability.

3. If an envelope is to be included in the package of forms, please add to the list of Enclosures.

Changed Items:

No Form Schedule items changed.

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/16/2022
Submitted Date	05/16/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

An additional certification regarding reserves has been included with this statement corrected.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please correct the statement on page 4 of the Actuarial Memorandum, above Section 6 that reads, "Aggregate reserves held will equal or exceed the minimum requirements of the State of North Carolina."

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum w Exhibits Revised.pdf Actuarial Certification_Reserves.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum w Exhibits Revised.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*REVISED Actuarial Memorandum w Exhibits.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum w Exhibits.pdf*

Response 2

Comments:

This has been corrected to show a 90 day difference.
We certify that we are aware of the 75 day requirement and will notify policyholders in compliance with 14VAC5-200-75 D.

Related Objection 2

Applies To:

- John Doe Samples (Supporting Document)

Comments: We are concerned that the Mailing Date (11/01/2022) and the Effective Date (01/01/2023) are only allowing 60 days, as opposed to a minimum of 75 days as required by Virginia Regulation 14VAC5-200-75 D. Even though this is only a sample, we would expect it to still be consistent with the regulations. Please correct.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	FAQ Document_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf
Previous Version	
Satisfied - Item:	*John Doe Samples*
Comments:	*"John Doe" sample version of forms on Form Schedule*
Attachment(s):	*HL403_VA_Sample.pdf* *HL100_VA_Sample.pdf* *FAQ Document_VA_Sample.pdf*

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/06/2022
Submitted Date	05/06/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

"John Doe" samples have been attached to Supporting Documentation.

Additionally, the Notification Letter has been updated. The only change was the removal of the sentence "This change in premium will take effect on your policy on [Effective_Date], which is your first premium due after the rate increase, and will automatically be reflected in the billed modal premium" from the last paragraph on page 1, as this statement already appears earlier in the letter (directly after the quoted current and new premium amounts). Not deleting this sentence was an oversight in a prior update.

Related Objection 1

Applies To:

- *Coverage Election form, HL403 (Form)*
- *FAQ Document, (Form)*
- *Policyholder Notification Letter, (Form)*

Comments: In compliance with Virginia Regulation 14VAC5-101-60 5, please submit copies of all forms in the final form, completed in "John Doe" fashion, to indicate how it is intended to be used. There should be no variability indicated on this form.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 05/06/2022 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 03/09/2022 By: Avery Ray*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

State: Virginia
Filing Company: Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL403_VA_Sample.pdf HL100_VA_Sample.pdf FAQ Document_VA_Sample.pdf

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/09/2022
Submitted Date	03/09/2022

Dear Bobby Toone,

Introduction:

The objections have been addressed below.

Response 1

Comments:

This form is identical to Form HL801 which was attached under the Supporting Documentation tab of SFBL-126664670, except for updates to the Rate Increase History to reflect subsequent rate increases.

Related Objection 1

Applies To:

- Increase Endorsement and Disclosure Forms (Supporting Document)

Comments: Please provide the SERFF tracking number for when Form HL801 (4/2019) was approved.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

The brackets have been removed from the Enclosures, and an Additional Enclosure field has been added to accommodate a future need for additional documents. Enclosures will not differ for policyholders with benefits above/below a minimum allowable level.

Related Objection 2

Applies To:

- Increase Endorsement and Disclosure Forms (Supporting Document)

- HL100 - Notification Letter Statement of Variability (Supporting Document)

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Comments: The SOV for the Policyholder Notification states that all items listed in the "Enclosures" are variable, but only the FAQ, Description of Options, and the Coverage Election Form are shown as variable. If any of the items in this list will be sent to ALL policyholders, those items should not be shown as variable. Any items that will go only to policyholders with benefits above the minimum allowable level should be individually bracketed as variable.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_VA_SOV.pdf
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_VA_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*

Response 3

Comments:

The braces have been replaced with brackets.

Related Objection 3

Applies To:

- Policyholder Notification Letter, (Form)

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Comments: For consistency, please replace the braces around the company address, phone number, and website with brackets.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 03/09/2022 By: Avery Ray
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Comments:

The phrase has been removed as requested.

Related Objection 4

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Please revise the 3rd paragraph on page 2 of the Policyholder Notification letter to remove the phrase beginning with, "(a) reduce the maximum daily benefit or," as this clashes with the final sentence in the same paragraph.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 03/09/2022 By: Avery Ray
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 02/01/2022 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5

Comments:

This is item PhasedIncreaseDescription in the SOV. A second version of the same letter will be sent to the policyholder prior to the second phase-in.
The rate increases approved in this filing are for Form HL200 with lifetime benefits, two phased-in increases of either 31.1% or 22.5%, depending on issue date. This results in a cumulative 72% increase for policies issued prior to 10/1/2003 and 50% for policies issued 10/1/2003 and later.

Related Objection 5

Applies To:

- Policyholder Notification Letter, (Form)
- HL100 - Notification Letter Statement of Variability (Supporting Document)

Comments: 1) The second paragraph of the letter is shown as variable, but there is no description in the SOV.

2) if the increase is to be implemented over a number of years, include a variable exhibit that shows the date, increase percentage, and new premium for each year of the implementation. Provide a detailed description of the exhibit in the SOV.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_VA_SOV.pdf
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_VA_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*

Response 6

Comments:

This is one of the options for benefit period under forms 3034(Q) and 3035(Q). This results in a maximum lifetime benefit of the maximum daily benefit amount multiplied by a factor of 1500.

Related Objection 6

Applies To:

- HL403 - Statement of Variability (Supporting Document)

- Coverage Election form, HL403 (Form)

Comments: Please explain the option 1500 x the Maximum Daily Benefit under the Policy Benefit Period (CurrBP) and Option One Benefit Period (O1BP).

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

No Supporting Documents changed.

Conclusion:

Thank you for your consideration of this filing.

Sincerely,

Avery Ray

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/04/2022
Submitted Date	02/04/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

These files are already attached under Supporting Documentation item "Increase Endorsement and Disclosure Forms"

Related Objection 1

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Please submit copies of the Long Term Care Premium Endorsement and LTC Insurance Rate Increase Disclosure. If these forms have previously been approved, submit them to Supporting Documentation, including the SERFF Tracking number of the filing in which they were approved. If not, submit them to the Forms Schedule for review.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

These files are already attached under the Supporting Documentation as
-FAQ Document Statement of Variability
-HL100 - Notification Letter Statement of Variability

Related Objection 2

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Please submit Statements of Variability for the Policyholder Notification Letter and the Frequently Asked Questions to Supporting Documentation.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/01/2022
Submitted Date	02/01/2022

Dear Bobby Toone,

Introduction:

Thank you for your review of this filing.

In addition to the objections addressed below, we realized we needed to clarify the phased in increases for the policyholders. Therefore, a section has been added to page 1 to describe this phased in approach.

Response 1

Comments:

A disclosure according to 14VAC5-200-75 D 2 (b) has been added to page 2 of the letter.

Related Objection 1

Applies To:

- Policyholder Notification Letter, (Form)

Comments: In compliance with 14VAC5-200-75 D 2 (b), provide a disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure is a direct requirement of a regulation, it should be emphasized in some way, such as bold, highlight, larger print, etc.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 02/01/2022 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

A statement in compliance with 14VAC5-200-75 A 4(b) has been added to the 2nd paragraph of the 2nd page of the letter.

Related Objection 2

Applies To:

- Policyholder Notification Letter, (Form)

Comments: In compliance with Virginia Regulation 14VAC5-200-75 A 4(b), please provide a statement that a policyholder has a right to a revised premium rate or rate schedule in the event of future rate increases.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 02/01/2022 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

There are no partnership policies in the Post-Stability block of policies.

Related Objection 3

Applies To:

- *Policyholder Notification Letter, (Form)*

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please state whether there are any partnership policies in the Post-Stability block of policies.

2. If there are partnership policies, please add a disclosure to the policyholder notification letter stating that some benefit reduction options may result in the loss of partnership status that may reduce policyholder protections. As a disclosure is a direct requirement of a regulation, it should be emphasized in some way, such as bold, highlight, larger print, etc.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

The first paragraph of the letter has been revised to provide a clear description of the driving factors of the premium increase.

Related Objection 4

Applies To:

- Policyholder Notification Letter, (Form)

Comments: In the first paragraph of the policyholder letter, please provide a clear description of the driving factors of this premium increase. This should be specific but in consumer-friendly language, that could be understood by someone in their later years, with little to no understanding of insurance.

An example of acceptable language is as follows:
"The reason for the rate increase is because the claims experience for all persons in your class has rapidly deteriorated over the past several years. The driving factors that led to the adverse experience include (a) higher-than-expected incidence of claims, especially at the higher ages, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim and (d) more services covered while disabled."

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 02/01/2022 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5

Comments:

A statement according to 14VAC-200-75 D4 has been added to the 3rd paragraph of the 1st page of the letter.

Related Objection 5

Applies To:

- Policyholder Notification Letter, (Form)

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Comments: In compliance with Virginia regulation 14VAC-200-75 D4, please include a statement substantially like the following:

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

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 02/01/2022 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 6

Comments:

The policyholder will be allowed 75 days or greater to make changes to their coverage per 14VAC5-200-75 D. However, the Decision Date will be 30 days after the notification date in order to ensure the values quoted in the table of the Coverage Election form are valid. Other methods to change coverage will be available for a minimum of 75 days by contacting our office or one of our agents as mentioned in the third bullet point under the "Your Options" section on page 2.

Related Objection 6

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Please verify that the difference between the mailing date and the decision date of the policyholder letter will be sufficient to allow the policyholder a minimum of 75 days, once they receive the letter, to make an informed decision on the options available to them.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 7

Comments:

The Policyholder Notification Letter has been revised to clarify the effect of the Contingent Upon Benefit Lapse

Related Objection 7

Applies To:

- Policyholder Notification Letter, (Form)

Comments: The last paragraph on page 1 on the letter is misleading. The Contingent Benefit Upon Lapse (CBUL) doesn't reduce the maximum daily benefit, however it does reduce the Maximum Lifetime Benefit based on the requirements of 14VAC5-200-185 E 3, which is listed in the first paragraph on page 2. Please make the necessary revisions to correct this.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 02/01/2022 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 07/08/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 8

Comments:

The FAQ Document has been revised to clarify Section 3

Related Objection 8

Applies To:

- FAQ Document, (Form)

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Comments: Section 3 of the FAQ Document appears misleading. We feel it may be clearer if it included a mention of the 120-day limit. For example:

"If you do not return the Coverage Election Form and your policy lapses for non-payment within 120 days after the Effective Date, you will automatically be..."

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	FAQ Document		OTH	Initial			FAQ Document_VA.pdf	Date Submitted: 02/01/2022 By: Sarah Lee
Previous Version								
1	*FAQ Document*		*OTH*	*Initial*			*FAQ Document.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 9

Comments:

The Coverage Election Form has been revised to include the actual fax number

Related Objection 9

Applies To:

- Coverage Election form, HL403 (Form)

Comments: At the bottom of the Coverage Election Form, please include the actual fax number.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Election form	HL403	AEF	Initial		50.100	HL403_Coverage Election Form.pdf	Date Submitted: 02/01/2022 By: Sarah Lee
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*HL403_Coverage Election Form.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*Coverage Election Form Description of Options_HL403.pdf*	*Date Submitted: 06/03/2019 By: Sarah Lee*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 10

Comments:

The SOV for the notification letter has been updated to include the company address, phone number, and web address as variable items.

Related Objection 10

Applies To:

- HL100 - Notification Letter Statement of Variability (Supporting Document)

Comments: Since the company address, phone number, and web address are shown as variable, beneath the logo, please add an entry to the SOV to describe the reason for the variability.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_VA_SOV.pdf
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*

Response 11

Comments:

The variable items in the SOV have been renamed to show the actual variable item.

Related Objection 11

Applies To:

- HL100 - Notification Letter Statement of Variability (Supporting Document)

Comments: Please revise the Variable Item section of the SOV to show the actual variable item, such as "PHName"

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_VA_SOV.pdf
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*

Response 12

Comments:

The items under Enclosures on the Policyholder Notification Letter are listed as variable in order to accommodate a need to provide additional documents in future rate increases.
The Long Term Care Premium Endorsement and LTC Rate Increase Disclosure have been removed from the bracketed section as these are always required.

Related Objection 12

Applies To:

- Policyholder Notification Letter, (Form)

Comments: If all items listed under "Enclosures" will be sent to every policyholder they should not be shown as variable. Any items in the list that would only be sent to certain policyholders should be shown as variable and described in the SOV>

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_VA_SOV.pdf
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*

Response 13

Comments:

This has been added to the Supporting Documentation.

Related Objection 13

Applies To:

- FAQ Document, (Form)

Comments: Please provide an SOV for the FAQ, describing each item shown as variable.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	FAQ Document Statement of Variability
Comments:	The only variable item is Effective Date. This will vary by policy to show the first policy billing date following the effective date of this increase in your state.
Attachment(s):	

Response 14

Comments:

Different authors created the documents and used different bracketing notation.
These items have been updated for consistency.

Related Objection 14

Applies To:

- FAQ Document, (Form)

Comments: Please explain the use of less than/greater than (<< >>) as opposed to brackets ([ ]) in the FAQ. If there is a specific reason for the difference, include it in the SOV. If not, for consistency, please use the standard brackets.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	FAQ Document		OTH	Initial			FAQ Document_VA.pdf	Date Submitted: 02/01/2022 By: Sarah Lee
Previous Version								
1	*FAQ Document*		*OTH*	*Initial*			*FAQ Document.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sarah Lee

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/22/2021
Submitted Date	12/22/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Thank you for the update.

Related Objection 1

Comments: The Rate review for this filing is complete. However the filing cannot be approved until the forms review is complete. No response to this objection is required.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	This has been moved to the Form Schedule as requested.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*This has been moved to the Form Schedule as requested.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*Standard Policyholder RINC Notice Letter.pdf*

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/08/2021
Submitted Date	07/08/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Additional information surrounding the Contingent Benefit Upon Lapse has been added to the policyholder letter beginning at the top of the second page.

Related Objection 1

Applies To:

- Policyholder Notification Letter, (Form)

Comments: In the 4th paragraph of the Policyholder letter, please provide a more detailed description of the Contingent Benefit Upon Lapse, in compliance with 14VAC5-200-185 E 3.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 07/08/2021 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

The policyholder will be allowed 75 days or greater to make changes to their coverage per 14VAC5-200-75 D. However, the Decision Date printed in the Coverage Election Form will be 30 days after the notification date in order to ensure the values quoted in the table are valid. Other methods to change coverage are available by contacting our office or one of our agents as mentioned in the third bullet point under the "Your Options" section on page 2

Related Objection 2

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Please verify that the time period between the [Date] and the [Decision_Date] will ensure that the policyholder has a minimum of 75 days to make any decisions once he receives this letter, in compliance with Virginia Regulation 14VAC5-200-75 D.

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 07/08/2021 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*HL100_VA.pdf*	*Date Submitted: 05/12/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

These forms have been attached under Supporting Documentation.
Both forms were previously attached to SFBL-126664670. The Rate Increase Disclosure has been updated with historical rate increase history in all states occurring since that 2010 filing.

Related Objection 3

Applies To:

- Policyholder Notification Letter, (Form)

Comments: The second paragraph of the Policyholder Notification mentions a Long-Term Care Premium Endorsement and an LTC Insurance Rate Disclosure form. These forms could not be found in the filing. If these are new forms, please submit them to the Forms Schedule for review. If they have been previously approved, attach them to the Supporting Documentation section, and include the SERFF tracking number in which these forms were approved.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /
Filing Company: Southern Farm Bureau Life Insurance company

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Increase Endorsement and Disclosure Forms
Comments:	Form HL520 was approved 08/20/2010 under SFBL-126664670
Attachment(s):	HL801419_Increase Disclosure.pdf PremiumIncreaseEndorsement_HL520.pdf

Conclusion:

Please let us know if there are any additional questions.

Sincerely,

Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/08/2021
Submitted Date	06/08/2021

Dear Bobby Toone,

Introduction:

Thank you for your continued review of our filing.

Response 1

Comments:

The Actuarial Memorandum has been copied from the "Response to May 24 Objection" schedule item to the "L&H Actuarial Memorandum" schedule item.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please submit a revised Actuarial Memorandum showing the changes made due to the revised rate increase.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum w Exhibits Revised.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*REVISED Actuarial Memorandum w Exhibits.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum w Exhibits.pdf*

Conclusion:

Sincerely,
Nya Williams

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2021
Submitted Date	06/07/2021

Dear Bobby Toone,

Introduction:

Thank you for your assistance in reviewing this filing.

Response 1

Comments:

The company will agree to the 50% increase for all policyholders in the post-stability block.
Please see the revised post-submission update and exhibits reflecting this increase.

Related Objection 1

Applies To:

- Response to January 26 Request (Supporting Document)

Comments: When the revised rate increase was discussed, the Bureau stated that we would accept an increase for the policy forms HL200 with Lifetime Benefits only, with 72% on the pre-stability block and 50% on the post-stability block.

To implement this increase we will need the following:

a) Post-submission update showing the maximum increase of 72% and a minimum increase of 0% for forms not receiving an increase
b) Revised rate sheets showing both rate increases, if the increase will still be implemented over 2 years
c) Revised Actuarial Memorandum with revised exhibits
d) Revised Long-term Care Rate Request Summary and Narrative
e) Revisions to the Policyholder letter stating that the increase will be implemented over 2 years, including the increase percent for both years. This can shown as variable if the letter is to be used as a template for future increases. Revisions to the SOV will be required to explain the new variability.

Changed Items:

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Comprehensive Long Term Care Coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request:	Form 3034 Rate Sheets with applied increase factors.pdf,	06/07/2021 By: Nya Williams
Previous Version						
1	*Comprehensive Long Term Care Coverage*		*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77*	*Form 3034 Rate Sheets with applied increase factors.pdf,*	*04/29/2020 By: Sarah Lee*
Previous Version						
1	*Comprehensive Long Term Care Coverage*	*3034*	*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77*		*09/27/2019 By: Sarah Lee*
Previous Version						
1	*Comprehensive Long Term Care Coverage*	*3034*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
2	Qualified Long Term Care Rates		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request:	Form 3034Q Rate Sheets with applied increase factors.pdf,	06/07/2021 By: Nya Williams
Previous Version						
2	*Qualified Long Term Care Rates*		*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change*	*Form 3034Q Rate Sheets with applied increase factors.pdf,*	*04/29/2020 By: Sarah Lee*

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Rate/Rule Schedule Item Changes

				Request: 77		
Previous Version						
2	Qualified Long Term Care Rates	3034Q	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
2	Qualified Long Term Care Rates	3034Q	Revised	Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77		06/03/2019 By: Sarah Lee
3	Facility Only Long Term Care coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request:	Form 3035 Rate Sheets with applied increase factors.pdf,	06/07/2021 By: Nya Williams
Previous Version						
3	Facility Only Long Term Care coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77	Form 3035 Rate Sheets with applied increase factors.pdf,	04/29/2020 By: Sarah Lee
Previous Version						
3	Facility Only Long Term Care coverage	3035	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
3	Facility Only Long Term Care coverage	3035	Revised	Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77		06/03/2019 By: Sarah Lee

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

4	Qualified Facility Only Long Term Care coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request:	Form 3035Q Rate Sheets with applied increase factors.pdf,	06/07/2021 By: Nya Williams
Previous Version						
4	*Qualified Facility Only Long Term Care coverage*		*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77*	*Form 3035Q Rate Sheets with applied increase factors.pdf,*	*04/29/2020 By: Sarah Lee*
Previous Version						
4	*Qualified Facility Only Long Term Care coverage*	*3035Q*	*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77*		*09/27/2019 By: Sarah Lee*
Previous Version						
4	*Qualified Facility Only Long Term Care coverage*	*3035Q*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
5	Qualified Long Term Care Rates		Revised	Previous State Filing Number: SFBL-129973541 Percent Rate Change Request: 20	VA Rate Sheets with 2-Year Phase-In Rate Increase.pdf,	06/07/2021 By: Nya Williams
Previous Version						
5	*Qualified Long Term Care Rates*		*Revised*	*Previous State Filing Number: SFBL-129973541 Percent Rate Change Request: 72*	*HL200 Rate Sheets with applied increase factors.pdf,*	*04/29/2020 By: Sarah Lee*
Previous Version						
5	*Qualified Long Term Care Rates*	*HL200*	*Revised*	*Previous State Filing Number:*		*09/27/2019 By: Sarah Lee*

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Rate/Rule Schedule Item Changes

				SFBL-129973541 Percent Rate Change Request: 72		
Previous Version						
5	*Qualified Long Term Care Rates*	*HL200*	*Revised*	*Previous State Filing Number: SFBL-131564450 Percent Rate Change Request: 72*		*06/03/2019 By: Sarah Lee*
6	All above forms		Revised	Previous State Filing Number: SFBL-129973541; SFBL-129974404 Percent Rate Change Request: 20	VA Rate Sheets with 2-Year Phase-In Rate Increase.pdf,	06/07/2021 By: Nya Williams
Previous Version						
6	*All above forms*		*Revised*	*Previous State Filing Number: SFBL-129973541; SFBL-129974404 Percent Rate Change Request: 73*		*04/29/2020 By: Sarah Lee*
Previous Version						
6	*All above forms*	*3034, 3034Q, 3035, 3035Q, HL200*	*Revised*	*Previous State Filing Number: SFBL-129973541; SFBL-129974404 Percent Rate Change Request: 73*	*VA Rate Sheets.pdf,*	*09/27/2019 By: Sarah Lee*

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to May 24 Request
Comments:	
Attachment(s):	SFB VA Obj 20210527 Note to Filer.pdf Actuarial Memorandum w Exhibits Revised.pdf VA Rate Sheets with 2-Year Phase-In Rate Increase.pdf

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Conclusion:

Sincerely,
Nya Williams

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/12/2021
Submitted Date	05/12/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Brackets have been added to the letterhead image around company address, phone number and web address.

Related Objection 1

Applies To:

- Policyholder Notification Letter, (Form)

Comments: As a convenience if a change becomes necessary, the company may consider adding brackets to the Corporate Address, Phone Number, and Web Address.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 05/12/2021 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

The sentence "In the event of a future rate increase, similar options will be available to you." has been added to the last bullet point under the "YOUR OPTIONS" section on page 2.

Related Objection 2

Applies To:

- Policyholder Notification Letter, (Form)

Comments: In accordance with Virginia Regulation 14VAC5-200-75 A 2, please provide a statement that describes the policyholders options in the event of future premium increases.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 05/12/2021 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Response 3

Comments:

The amount of the increase has been added to the second sentence under "Maintain Current Coverage". This percentage is also listed in the first paragraph of page 1.

Related Objection 3

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Under the "Your Options" section on page 2, please include what the percentage of the increase will be.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf	Date Submitted: 05/12/2021 By: Sarah Lee
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter_updated brackets.pdf*	*Date Submitted: 01/05/2021 By: Sarah Lee*
Previous Version								
1	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

This document has been added to the Form Schedule.

Related Objection 4

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Applies To:

- Policyholder Notification Letter, (Form)

Comments: At the top of page 3, there is a mention of a list of Frequently Asked Questions. We could not find an FAQ in the filing. Please submit the aforementioned FAQ to the Form Schedule for review.
If the FAQ has already been approved in Virginia, submit it to Supporting Documentation and include the SERFF tracking number under which it was approved.

Changed Items:

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/25/2021
Submitted Date	03/25/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Thank you for the rate increase offer of 72% for pre-stability policyholders with forms HL200 with Lifetime benefits and 50% for post-stability policyholders with forms HL200 with Lifetime benefits. The company will accept the offers, but we would like to propose a 2 year phase in for both offers.

The pre-stability rate increase would consist of two rate increases of 31.1%.

For the post-stability rate increase, we would like to vary the increase by issue age to dampen the impact on older policyholders. Please see the attached document, which provides an issue age table that shows that the rate increase structure equates to a 50% overall increase.

Please let us know if you find this structure acceptable. If so, we can provide rate sheets to reflect the phase in and rate increase by issue age.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Per our conversation on 01/26/2021, and based on the information provided, the Bureau of Insurance does not find that the requested increase is in compliance with our regulations 14VAC5-200-150 and 14VAC5-200-153. Based on those regulations, we would propose an increase only on the HL200 forms with Lifetime Benefits. The increase would consist of a 72% increase on any pre-stability policies and 12% on any post-stability policies.

Please respond as you see appropriate.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Filing Company: Southern Farm Bureau Life Insurance company

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 26 Request
Comments:	
Attachment(s):	Post RS Proposed Increase by Issue Age.pdf

Conclusion:

Sincerely,
Nya Williams

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/05/2021
Submitted Date	01/05/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The brackets in both forms have been updated to be consistent throughout.

Related Objection 1

Applies To:

- *Coverage Election form, HL403 (Form)*
- *Policyholder Notification Letter, (Form)*

Comments: For clarity, please use only one form of brackets, [ ] when denoting variability. If there is a specific reason for using different types of bracketing, please describe the reasons in the Statement of Variability (SOV).

Changed Items:

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Election form	HL403	AEF	Initial		50.100	HL403_Coverage Election Form.pdf	Date Submitted: 01/05/2021 By: Sarah Lee
Previous Version								
1	*Coverage Election form*	*HL403*	*AEF*	*Initial*		*50.100*	*Coverage Election Form Description of Options_HL403.pdf*	*Date Submitted: 06/03/2019 By: Sarah Lee*
2	Policyholder Notification Letter		OTH	Initial			Standard Policyholder RINC Notice Letter_updated brackets.pdf	Date Submitted: 01/05/2021 By: Sarah Lee
Previous Version								
2	*Policyholder Notification Letter*		*OTH*	*Initial*			*Standard Policyholder RINC Notice Letter.pdf*	*Date Submitted: 03/17/2020 By: Nya Williams*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

The Date field has been added to the SOVs for both forms.

This notification letter and election form will be sent at least 75 days prior to an increase becoming effective. The Decision Date is currently set to be 30 days prior to the effective date of the increase but only references the time period in which this specific form (HL403) may be used to enact a change.

Policyholders will still be able to make changes to their policies as referenced in page 2 of the notification letter using our standard procedures for such changes. We will allow changes to policies even after an increase becomes effective on their policy.

Related Objection 2

Applies To:

- Policyholder Notification Letter, (Form)

Comments: Please provide a description of the variable item <<Date>> in the SOV.

Please verify that the <<Date>> and the <<Decision_Date>> will guarantee that the policy holder will have a minimum of 75 days, once they receive the letter, to make any necessary decisions about their policy, as required in Virginia Regulation 14VAC5-200-75 D.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL403 - Statement of Variability
Comments:	
Attachment(s):	HL403 Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*HL403 - Statement of Variability*
Comments:	
Attachment(s):	*HL403 Statement of Variability.pdf*

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL403 - Statement of Variability
Comments:	
Attachment(s):	HL403 Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*HL403 - Statement of Variability*
Comments:	
Attachment(s):	*HL403 Statement of Variability.pdf*

Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_SOV.pdf
Previous Version	
Satisfied - Item:	*HL100 - Notification Letter Statement of Variability*
Comments:	
Attachment(s):	*HL100_SOV.pdf*

Response 3

Comments:

Please see attached

Related Objection 3

Applies To:

- Response to May 13 Request (Supporting Document)

Comments: Please revise Exhibits 1 and 1a to show the Historical and Future loss ratios, as well as Lifetime.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to December 22 Request
Comments:	
Attachment(s):	SFB VA Obj 20201223 Response.pdf Exhibits I - Ia Revised.xlsx

Response 4

Comments:

Please see attached memo.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Based on Section 21 of the Actuarial Memorandum, the company states they could justify a higher rate increase. Please state what increase would be needed to bring these rates to sufficiency, and why you didn't ask for that increase when the filing was submitted.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to December 22 Request
Comments:	
Attachment(s):	SFB VA Obj 20201223 Response.pdf Exhibits I - Ia Revised.xlsx

Conclusion:

Please let me know if you'd like any additional information or have further questions.

Sincerely,

Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

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

Dear Bobby Toone,

Introduction:

Thank you for your continued review of this filling.

Response 1

Comments:

This information can be found in the Supporting Documentation section.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide the active lives reserve balance on a nationwide basis as of the projection date for each of the subsets presented in tab Exh 1 Nationwide.

2. Please provide in Excel format a set of projections on a nationwide basis for each of the subsets presented in tab Exh 1 Nationwide but using original assumptions from inception with the actual policies issued.

3. Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach on a nationwide basis.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 17 Request
Comments:	
Attachment(s):	SFB VA Obj 20200817 Response.pdf Exhibit 1a - Original Pricing.xlsx Nationwide Maximum Allowable Increase Projections.xlsx

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Conclusion:

Sincerely,
Nya Williams

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/11/2020
Submitted Date	08/11/2020

Dear Bobby Toone,

Introduction:

Thank you for your continued review of this filling.

Response 1

Comments:

This information can be found in the Supporting Documentation section.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide the active lives reserve balance as of the projection date for each of the subsets presented in tab Exh 1a VA.

2. Please provide in Excel format a set of projections for each of the subsets presented in tab Exh 1a VA but using original assumptions from inception with the actual policies issued.

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

4. Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach (see attached description).

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to July 14 Request
Comments:	
Attachment(s):	SFB VA Obj 20200714 Response.pdf Exh 1b VA - Original Assumptions.xlsx Rate Increase History by State.xlsx Maximum Allowable Increase Projections.xlsx

Conclusion:

Sincerely,
Nya Williams

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/12/2020
Submitted Date	06/12/2020

Dear Bobby Toone,

Introduction:

Thank you for your assistance in reviewing this filing.

Response 1

Comments:

Please see the attached Exhibits I-III.xlsx file which uses the maximum valuation interest rate for discounting in all projections.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please verify that all present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, are using the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia. If not , please make the necessary revisions to comply with the Code.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 13 Request
Comments:	
Attachment(s):	Objection 5.pdf Exhibits I - III.xlsx Best Estimate Assumptions.xlsx

Response 2

Comments:

The most recent asset adequacy testing uses more conservative interest rate and utilization assumptions. The interest rate for 2019 asset adequacy testing starts at 3.75% and grades to 3.25% over five years. Benefit utilization assumptions used in the 2019 asset adequacy testing are more conservative for higher daily benefit amounts ($300/day+) where experience is not credible.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the actuarial assumptions associated with the rate increase request are consistent with the assumptions embedded in the most recent asset adequacy testing. If not, either make the appropriate revisions or explain any discrepancies.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 13 Request
Comments:	
Attachment(s):	Objection 5.pdf Exhibits I - III.xlsx Best Estimate Assumptions.xlsx

Response 3

Comments:

Please see Exhibits IV and V within the Actuarial Memorandum for documentation of the development of the morbidity adjustments and decrement assumptions. Please see the attached Best Estimate Assumptions.xlsx file for a summary of the morbidity adjustments and the decrement assumptions used to create the projection. Additionally, please see the attached Exhibits I III.xlsx file for a copy of all projections in Excel with working formulas. Nationwide experience is restated using Virginia approved rates and all projections use the maximum valuation interest rate.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Comments: Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas. Re-state the nationwide experience using Virginia approved rates.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 13 Request
Comments:	
Attachment(s):	Objection 5.pdf Exhibits I - III.xlsx Best Estimate Assumptions.xlsx

Response 4

Comments:

The Company requested a rate increase in 2015 under SERFF Tracking Number SFBL-129974404 (for Form 3034Q and 3035Q) and SFBL-129973541 (for Form HL200).

During the process of filing and compiling additional requested information, the responsible actuary retired and the Company was unable to meet the response deadlines. The above referenced filings were closed disapproved in December of 2016.

The Company requested a 25% increase as part of the Annual Rate Report filings filed in 2017 and was advised to resubmit the increase request under separate cover. These filings were submitted and ultimately withdrawn.
The Company decided at that time to consult with a third party to complete the analysis for the rate increase this process began in 2018 and was disclosed in the 2018 Annual Rate Report filing.

Related Objection 4

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

Comments: If the previous approved rate increase was approved in 2011, please explain, with all the publicity about Long-Term Care insurance recently, why additional rate increases were not requested before now.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 13 Request
Comments:	
Attachment(s):	Objection 5.pdf Exhibits I - III.xlsx Best Estimate Assumptions.xlsx

Response 5

Comments:

Please see the attached Actual to Expected Assumption Exhibit for the requested information.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an actual-to-expected analysis on the original assumptions and those included in the current filing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Filing Company: Southern Farm Bureau Life Insurance company

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 13 Request
Comments:	
Attachment(s):	Objection 5.pdf Exhibits I - III.xlsx Best Estimate Assumptions.xlsx

Conclusion:

Sincerely,
Nya Williams

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/29/2020
Submitted Date	05/07/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Exhibits are currently split between 3034Q/3035Q and HL200.
Additional exhibits split by pre- and post rate stability have been attached and were submitted via amendment earlier today.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: I apologize for the miss-print in the objection requesting policy issue dates. The objection should have read," How many policies were issued on or after 10/1/2003?"

Policies issued prior to 10/01/2003 are subject to Virginia Regulations 14VAC5-200-150; while policies issued on or after 10/01/2003 are subject to 14VAC5-200-153. Please provide separate exhibits for each set of policies.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Sarah Lee

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/29/2020
Submitted Date	04/29/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The number of policies issued in 2003 by form are as follows:

Of the 245 3034Q policies inforce as of the valuation date of this filing, 52 were issued in 2003
Of the 96 3035Q policies inforce as of the valuation date of this filing, 31 were issued in 2003
All 740 HL200 policies inforce as of the valuation date of this filing were issued in 2003 or later.

No policies were issued on 3034Q or 3035Q after June of 2003.
We stopped selling LTC in 2006, therefore no policies were issued after 10/1/2013

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: According to the General Information Section of this filing, the following forms were sold either in or after 2003:
Form 3034Q
Form 3035Q
Form HL200

Please provide how many of each of these forms were on or after 10/01/2013.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Nya Williams

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/29/2020
Submitted Date	04/29/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

I apologize for this error. It seems the changes were still in Draft form on our end and were not submitted in the response. This has been corrected.

Related Objection 1

Applies To:

- All above forms, [3034, 3034Q, 3035, 3035Q, HL200] (Rate)

Comments: It appears the current rates are still in the Rate/Rule Schedule. Please remove the Current Rates from the Rate/Rule Schedule and move them to Supporting Documentation and please move the Current Annual Premiums with Proposed Increase to the Rate/Rule Schedule for review.

Changed Items:

No Form Schedule items changed.

State: Virginia
Filing Company: Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Comprehensive Long Term Care Coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77	Form 3034 Rate Sheets with applied increase factors.pdf,	04/29/2020 By: Sarah Lee
Previous Version						
1	*Comprehensive Long Term Care Coverage*	*3034*	*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77*		*09/27/2019 By: Sarah Lee*
Previous Version						
1	*Comprehensive Long Term Care Coverage*	*3034*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
2	Qualified Long Term Care Rates		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77	Form 3034Q Rate Sheets with applied increase factors.pdf,	04/29/2020 By: Sarah Lee
Previous Version						
2	*Qualified Long Term Care Rates*	*3034Q*	*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77*		*09/27/2019 By: Sarah Lee*
Previous Version						
2	*Qualified Long Term Care Rates*	*3034Q*	*Revised*	*Previous State Filing Number:*		*06/03/2019 By: Sarah Lee*

Rate/Rule Schedule Item Changes

				SFBL-131566167 Percent Rate Change Request: 77		
3	Facility Only Long Term Care coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77	Form 3035 Rate Sheets with applied increase factors.pdf,	04/29/2020 By: Sarah Lee
Previous Version						
3	*Facility Only Long Term Care coverage*	*3035*	*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77*		*09/27/2019 By: Sarah Lee*
Previous Version						
3	*Facility Only Long Term Care coverage*	*3035*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
4	Qualified Facility Only Long Term Care coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77	Form 3035Q Rate Sheets with applied increase factors.pdf,	04/29/2020 By: Sarah Lee
Previous Version						
4	*Qualified Facility Only Long Term Care coverage*	*3035Q*	*Revised*	*Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77*		*09/27/2019 By: Sarah Lee*
Previous Version						
4	*Qualified Facility Only Long Term Care coverage*	*3035Q*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change*		*06/03/2019 By: Sarah Lee*

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

				Request: 77		
5	Qualified Long Term Care Rates		Revised	Previous State Filing Number: SFBL-129973541 Percent Rate Change Request: 72	HL200 Rate Sheets with applied increase factors.pdf,	04/29/2020 By: Sarah Lee
Previous Version						
5	*Qualified Long Term Care Rates*	*HL200*	*Revised*	*Previous State Filing Number: SFBL-129973541 Percent Rate Change Request: 72*		*09/27/2019 By: Sarah Lee*
Previous Version						
5	*Qualified Long Term Care Rates*	*HL200*	*Revised*	*Previous State Filing Number: SFBL-131564450 Percent Rate Change Request: 72*		*06/03/2019 By: Sarah Lee*
6	All above forms		Revised	Previous State Filing Number: SFBL-129973541; SFBL-129974404 Percent Rate Change Request: 73		04/29/2020 By: Sarah Lee
Previous Version						
6	*All above forms*	*3034, 3034Q, 3035, 3035Q, HL200*	*Revised*	*Previous State Filing Number: SFBL-129973541; SFBL-129974404 Percent Rate Change Request: 73*	*VA Rate Sheets.pdf,*	*09/27/2019 By: Sarah Lee*

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Rate Sheets
Comments:	This file has been moved to the Rate/Rule Schedule as requested.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Rate Sheets*
Comments:	
Attachment(s):	*VA Rate Sheets.pdf*

Conclusion:

Sincerely,
Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/28/2020
Submitted Date	04/28/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The narrative can be found in the Supporting Documentation Section attached to the Rate Request Summary.

Related Objection 1

Applies To:

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

Comments: Please attach, to the Rate Request Summary, a narrative describing the underlying reasons this rate request in needed. The narrative should be written in such a way that a policyholder with little or no understanding of insurance will be able to understand it. Below is an example of what might be considered consumer friendly language:

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Revised Long Term Care Insurance Rate Request Summary.pdf Rate Request Summary Narrative.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Revised Long Term Care Insurance Rate Request Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Long Term Care Insurance Rate Request Summary.pdf*

Conclusion:

Sincerely,
Nya Williams

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/20/2020
Submitted Date	04/21/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

This file has been updated and attached in the Supporting Documentation section.

Related Objection 1

Applies To:

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

Comments: The Long-Term Care Rate Request Summary has changed. Please use the revised form, found at http://www.scc.virginia.gov/boi/co/health/ltcforms.aspx.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Revised Long Term Care Insurance Rate Request Summary.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*Long Term Care Insurance Rate Request Summary.pdf*

Conclusion:

Sincerely,

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Sarah Lee

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/20/2020
Submitted Date	04/21/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

These have been moved to the Rate/Rule Schedule for each base policy form.

Related Objection 1

Applies To:

- VA Rates with Applied Increase Factors (Supporting Document)

Comments: Remove the proposed rates from Supporting Documentation and move them to the Rate/Rule Schedule on separate lines for each form.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Rates with Applied Increase Factors
Comments:	These files have been moved to the Rate Schedule
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA Rates with Applied Increase Factors*
Comments:	
Attachment(s):	*VA Rate Sheets with applied increase factors.pdf*

Response 2

Comments:

This was an error that has been corrected. All other information in the memorandum is correct for Virginia.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The first line on page 6 of the Actuarial Memorandum states,"Aggregate reserves held will equal or exceed the minimum requirements of the State of North Carolina." Please verify this is the correct Memorandum required in the Commonwealth of Virginia and make any necessary revisions for this to be correct in Virginia.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	REVISED Actuarial Memorandum w Exhibits.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum w Exhibits.pdf*

Response 3

Comments:

All riders included are reflected in the provided rate sheets under each base policy form to which the riders could be attached.
For riders such as the Return of Premium and Nonforfeiture Option, premiums are obtained by multiplying a factor by the policy premium.
These factors will not change, only the resulting premium amount, due to the policy premium being increased.
Rate sheets reflect the rider premiums such as the Inflation Protection Riders or Home Care Rider by displaying the policy premium both with and without these riders attached.

This impacts the riders listed as follows:
3038 Inflation Protection Rider - reflected in the provided policy rate sheets
3039 Inflation Protection Rider - reflected in the provided policy rate sheets
3041 Nonforfeiture Option Rider - provided factor remains unchanged
3044 Nonforfeiture Option Rider - provided factor remains unchanged
3060 Inflation Protection Rider - reflected in the provided policy rate sheets
3061 Inflation Protection Rider - reflected in the provided policy rate sheets
3083 Increase in Benefit Rider - no additional premium for this rider
3041Q Nonforfeiture Protection Rider - provided factor remains unchanged
3044Q Nonforfeiture Option Rider - provided factor remains unchanged
HL501-VA Inflation Protection Rider - reflected in the provided policy rate sheets
HL502-VA Nonforfeiture Protection Rider - provided factor remains unchanged
HL503 Return of Premium Rider - provided factor remains unchanged
HL504 Future Purchase Option Rider no additional premium for this rider
HL505-VA Home Care Rider - reflected in the provided policy rate sheets (50%, 75% or 100% Home Care)
HL506-VA 20 Year Compound Inflation Protection Rider - reflected in the provided policy rate sheets
HL507-VA Lifetime Simple Interest Inflation Protection Rider never issued, not included in provided rate sheets

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Attachment B lists a number of riders associated with each policy form. Please state whether any of these riders will be affected by the current rate increase request. Any riders that will be affected need to be attached to the Rate/Rule Schedule on the same line as it's associated policy form number.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Conclusion:

Please let us know if you have any questions.

Sincerely,

Sarah Lee

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/17/2020
Submitted Date	03/17/2020

Dear Bobby Toone,

Introduction:

Thank you for your assistance in reviewing this filing.

Response 1

Comments:

This information can be found in the Supporting Documentation section.

Related Objection 1

Applies To:

- All above forms, [3034, 3034Q, 3035, 3035Q, HL200] (Rate)

Comments: Please re-submit the proposed rates with the increase factors already calculated.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Rates with Applied Increase Factors
Comments:	
Attachment(s):	VA Rate Sheets with applied increase factors.pdf

Response 2

Comments:

This has been moved to the Form Schedule as requested.

Related Objection 2

Applies To:

- Policyholder Notification Letter (Supporting Document)

Comments: Please move the Policyholder Notification letter to the Forms Schedule for review.

Changed Items:

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	This has been moved to the Form Schedule as requested.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*Standard Policyholder RINC Notice Letter.pdf*

Response 3

Comments:

This information can be found in the Supporting Documentation section.

Related Objection 3

Applies To:

- HL403 - Statement of Variability (Supporting Document)

Comments: Please include a description of all variable information in the Policyholder letter in the Statement of Variability.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_SOV.pdf

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Conclusion:

Sincerely,
Nya Williams

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/27/2019
Submitted Date	09/27/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Proposed Rates have been attached under the Rate/Rule Schedule as "VA Rate Sheets.pdf"

Related Objection 1

Applies To:

- *Comprehensive Long Term Care Coverage, [3034] (Rate)*
- *Qualified Long Term Care Rates, [3034Q] (Rate)*
- *Facility Only Long Term Care coverage, [3035] (Rate)*
- *Qualified Facility Only Long Term Care coverage, [3035Q] (Rate)*
- *Qualified Long Term Care Rates, [HL200] (Rate)*

Comments: Please attach the proposed rates under the Attach Document section of the Rate/Rule Schedule.

Changed Items:

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Comprehensive Long Term Care Coverage	3034	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
1	*Comprehensive Long Term Care Coverage*	*3034*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
2	Qualified Long Term Care Rates	3034Q	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
2	*Qualified Long Term Care Rates*	*3034Q*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
3	Facility Only Long Term Care coverage	3035	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
3	*Facility Only Long Term Care coverage*	*3035*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change*		*06/03/2019 By: Sarah Lee*

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

				Request: 77		
4	Qualified Facility Only Long Term Care coverage	3035Q	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
4	*Qualified Facility Only Long Term Care coverage*	*3035Q*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
5	Qualified Long Term Care Rates	HL200	Revised	Previous State Filing Number: SFBL-129973541 Percent Rate Change Request: 72		09/27/2019 By: Sarah Lee
Previous Version						
5	*Qualified Long Term Care Rates*	*HL200*	*Revised*	*Previous State Filing Number: SFBL-131564450 Percent Rate Change Request: 72*		*06/03/2019 By: Sarah Lee*
6	All above forms	3034, 3034Q, 3035, 3035Q, HL200	Revised	Previous State Filing Number: SFBL-129973541; SFBL-129974404 Percent Rate Change Request: 73	VA Rate Sheets.pdf,	09/27/2019 By: Sarah Lee

No Supporting Documents changed.

Response 2

Comments:

The only approved rate increase for these plans was filed under SERFF Tracking SFBL-126664670 (Approval Date 1/26/2011). This tracking number has been listed at the top of the Rate/Rule Schedule with the "Last Rate Revision" information and updated via a Post Submission Update.

The last submitted rate increase request was submitted in 2015 under SFBL-129973541 for Form HL200 and SFBL-129974404 for forms 3034, 3035, 3034Q and 3035Q, though neither filing was approved. These tracking numbers have been updated in the individual Rate/Rule Schedule Items.

We apologize for the error.

Related Objection 2

Applies To:

- Qualified Long Term Care Rates, [3034Q] (Rate)
- Facility Only Long Term Care coverage, [3035] (Rate)
- Qualified Facility Only Long Term Care coverage, [3035Q] (Rate)
- Qualified Long Term Care Rates, [HL200] (Rate)

Comments: The SERFF tracking numbers take you to the most recent LTC Annual Report. Please submit the previous tracking numbers used when rates were last submitted for approval.

Changed Items:

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Comprehensive Long Term Care Coverage	3034	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
1	*Comprehensive Long Term Care Coverage*	*3034*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
2	Qualified Long Term Care Rates	3034Q	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
2	*Qualified Long Term Care Rates*	*3034Q*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
3	Facility Only Long Term Care coverage	3035	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
3	*Facility Only Long Term Care coverage*	*3035*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change*		*06/03/2019 By: Sarah Lee*

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

				Request: 77		
4	Qualified Facility Only Long Term Care coverage	3035Q	Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request: 77		09/27/2019 By: Sarah Lee
Previous Version						
4	*Qualified Facility Only Long Term Care coverage*	*3035Q*	*Revised*	*Previous State Filing Number: SFBL-131566167 Percent Rate Change Request: 77*		*06/03/2019 By: Sarah Lee*
5	Qualified Long Term Care Rates	HL200	Revised	Previous State Filing Number: SFBL-129973541 Percent Rate Change Request: 72		09/27/2019 By: Sarah Lee
Previous Version						
5	*Qualified Long Term Care Rates*	*HL200*	*Revised*	*Previous State Filing Number: SFBL-131564450 Percent Rate Change Request: 72*		*06/03/2019 By: Sarah Lee*
6	All above forms	3034, 3034Q, 3035, 3035Q, HL200	Revised	Previous State Filing Number: SFBL-129973541; SFBL-129974404 Percent Rate Change Request: 73	VA Rate Sheets.pdf,	09/27/2019 By: Sarah Lee

No Supporting Documents changed.

Conclusion:

Please let us know if you have any additional questions or requests.

Thank you for your attention to this filing.

Sincerely,

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Sarah Lee

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Amendment Letter

Submitted Date: 05/07/2020

Comments:

Exhibits have been split out between pre- and post rate exhibits as requested and attached under Supporting Documentation.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits by Rate Stability Type
Comments:	
Attachment(s):	VA Exhibits by Rate Stability Type - 20200506.pdf

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Filer

Created By:

Bobby Toone on 10/07/2022 11:48 AM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Clarification on Objection 09/28/2022

Comments:

The Company name needs to be at the top of the form, to be consistent with the other forms in the filing.

Thank you.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Sarah Lee on 10/01/2022 05:28 PM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Clarification on Objection 09/28/2022

Comments:

The objection received "Please add the company name to the above noted form." was received in the previous objection in the same wording.
The company name is included on Form HL403. We attempted to address this objection in our previous response by making the company name more prominent in the content of the form. Please clarify if this edit was not sufficient and if we need to add the company name at the top of the form specifically in order to satisfy this objection.

Thank you for your assistance.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Filer

Created By:

Bobby Toone on 04/06/2022 12:33 PM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Clarification on Objection

Comments:

A "John Doe" version means the document should appear as if it were being sent to a policyholder. The "no variability" statement means there should be no brackets in this version. For example: [Date] should have a date, [PHName] will have a policyholder name (John Doe), etc. In short, every item that is shown as variable should have some sample of what the policyholder will see.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Sarah Lee on 04/06/2022 10:39 AM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Clarification on Objection

Comments:

We can definitely complete the forms in John Doe fashion, but I would like additional clarification on the "no variability should be indicated on this form".
We have submitted and received objections on Statement of Variability for these forms. Does the "no variability" statement refer to one particular form or specifically to the John Doe type information?

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Filer

Created By:

Bobby Toone on 05/27/2021 03:28 PM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Clarification on Post-Submission Update

Comments:

I spoke with our management team about your proposal. They feel that the maximum increase for the post-stability block should be 50% for any policyholder. In this light, the post-submission update should show a maximum increase of 72% for the pre-stability block and a minimum increase of 0% for the forms that will not be receiving an increase.

If you have any questions about this, or would like to talk about it, please don't hesitate.

Thanks

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Sarah Lee on 05/26/2021 08:20 AM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Clarification on Post Submission Update

Comments:

I'd like to request some additional clarification on your 05/24/2021 objection regarding the increase percentages to enter into the Rate/Rule Schedule.

Our proposal consisted of phasing in all increases over two years, but structuring the 50% increase approved on the post-rate stability block to vary by issue age. Our proposal resulted in a maximum increase of 75% to policyholders under the issue age of 50 and decreasing for older ages.
I realize the rate schedule needs to reflect the 0% minimum approved for forms that did not receive an increase, but wanted additional clarification on the maximum rate increase to enter in our Post Submission Update - am I understanding you'd like us to enter 72% (the maximum amount received overall for an individual form) instead of 75% (the maximum amount received by any individual policyholder) for the Maximum % Change?

I apologize for the confusion - thanks for your help!

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Filer

Created By:

Bobby Toone on 03/17/2021 01:16 PM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Alternate Approach to Rate Increase

Comments:

We had our actuary review the filing again based on your request.

Regarding the company's question about restructuring, there are two drivers of the restrictions on the rate increases:
1.The results from the lifetime loss ratio tests based on our regulations 14VAC5-200-150 and 14VAC5-200-153
2.The results from the future loss ratio after deducting ALR tests
Neither of these would be impacted if the rate increase were restructured by issue age or a rate guarantee added.

Our actuary did find a miscalculation on his part that changes the increase for the post-stability HL200 forms with Lifetime Benefits from 12% to 50%

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Sarah Lee on 03/01/2021 01:27 PM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Alternate approach to rate increase

Comments:

We would like to explore alternative approaches to the rate increase such as restructuring the rate increase to vary by issue age or offering a guarantee against future rate increases for a period of time.

We would like some additional clarity on how the approved percentages were determined in order to appropriately evaluate any new approach.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Nya Williams on 07/22/2020 01:38 PM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Post Submission Update

Comments:

Please disregard the post submission update to the Rate Rule Schedule section. That submission was intended for another state. My apologies for the mishap.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Filer

Created By:

Bobby Toone on 07/22/2020 10:23 AM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

If-Knew/Make-Up Approach

Comments:

Our apologies for the oversight. The document is attached below.

Long-term Care Insurance

Approaches to Reviewing Premium Rate Increases

NAIC LTC Pricing Subgroup

October 2018

Executive Summary

Several years ago, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care (LTC) Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued on or after the date that the state where the policy is issued adopts the changes.

Despite these changes, along with changes made to the pricing methodology of LTC insurance in 2002, carriers find themselves in situations where they must increase premium rates in order to cover future expected claims. Most of these increases are implemented on blocks that are no longer open to new business. Regulators often treat the review and approval of these rate increases differently.

Over the past year, the LTC Pricing Subgroup studied and discussed approaches used by various states to review LTC rate increases. These approaches were discussed on public calls consisting of regulators, industry representatives, and consumer advocates. Through that process, this document was developed to serve as a resource that states can use in their review of LTC rate increases. The goal is to create a more predictable and transparent process for reviewing LTC rate increase filings.

Scope

This document describes two methodologies for computing rate increases for LTC insurance policies. Regulators should consider applicable laws in their state when applying these methods to a particular block of policies.

Background

Prior to 2002, LTC insurance was priced using a fixed lifetime loss ratio methodology. This methodology was meant to ensure that premium rates were not too high. However, as experience evolved, the premiums set using this methodology proved to be inadequate, leading to large rate increases. In addition, this approach allowed for the portion of the premium available for expenses and profit to increase when actual claims were higher than what was expected when the product was initially priced.

In 2002, a new method of pricing LTC insurance was adopted by the NAIC. This new method, known as the rate stabilization methodology, moved away from fixed loss ratios applied to initial premiums and moved to a rating methodology designed to increase the probability

that premiums will remain unchanged for the life of the contract, even under moderately adverse experience.

Even under the revised methodology, policyholders continue to experience large rate increases. In response, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued after the date that the state where the policy is issued adopts the revised regulation. The new model does not address rate increases consumers are experiencing on existing business.

The LTC Pricing Subgroup turned its focus to the review of these rate increases with the goal of developing a framework to achieve greater transparency and predictability in the review and approval of requests for LTC insurance rate increases.

Approaches

As a starting point, the subgroup surveyed states on various practices surrounding their review of LTC insurance rate increases. One of the first steps in the process was to develop consistency when using certain terms, including the term "recoupment of past losses", when used in our discussions. For purposes of this document, the subgroup developed a consistent understanding of different categories of past losses.

The following charts illustrate the streams of potential losses or deficiencies stemming from two general sources – those stemming from past and future premiums being insufficient, and those stemming from past and future incurred claims being worse than expected.

At the time of a rate increase, sources of potential past premium deficiencies come from premiums that were paid by policyholders who:

- are active
- are in paid-up status (i.e., they are not on claim, but are no longer paying premium under the terms of the policy but may have future claims)
- have lapsed coverage, (i.e., they are not paying premium, are not on claim, and cannot have future claims)
- are disabled (i.e., on claim)

At the time of a rate increase, sources of future premiums come from the following two groups:

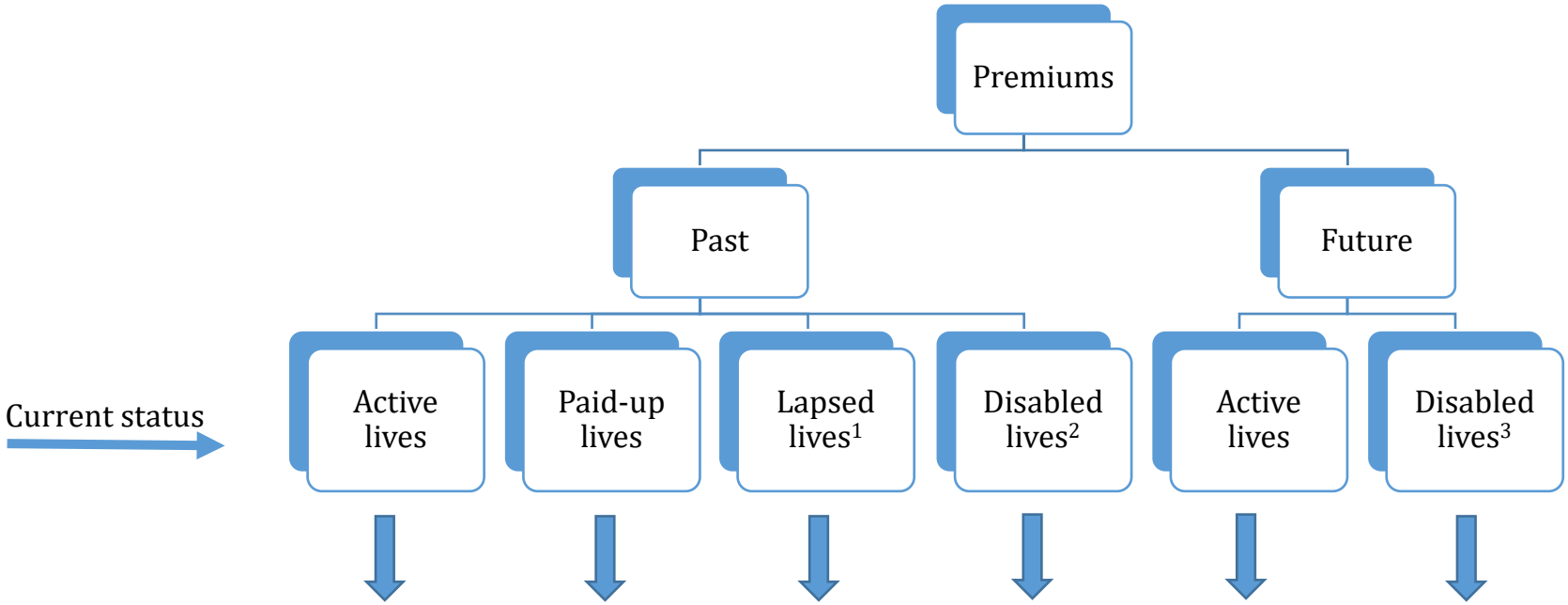
- policyholders who remain active and continue paying premiums
- policyholders who are currently on claim but recover and begin paying premiums again

At the time of a rate increase, sources of future incurred claims are:

- active premium paying policyholders who go on claim in the future

- disabled policyholders who are currently on claim, recover, and go on claim again in the future
- paid-up policyholders – this source of future claims is recognized in lifetime loss ratio calculations but not in projections of future claims for rate increases

Premium Shortfall Categories at the Time of a Rate Increase Request

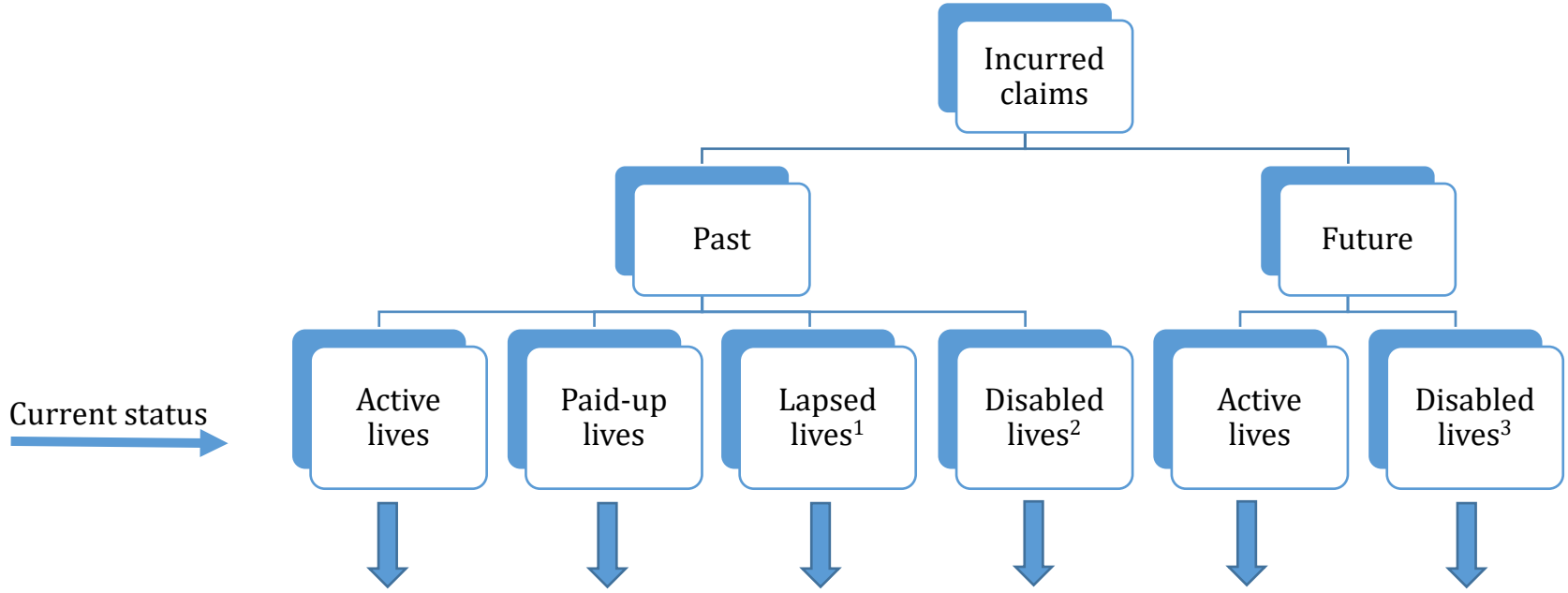


	Active lives	Paid-up lives	Lapsed lives[1]	Disabled lives[2]	Active lives	Disabled lives[3]
Lifetime loss ratio	✓	✓	✓	✓	✓	✓
Prospective present value approach	✗	✗	✗	✗	✓	✗
Blended if-knew/make up approach	✓	✓	✓	✓	✓	✓
2014 NAIC LTC Model Regulation	✓	✓	✓	✓	✓	✓

[1] Includes voluntary lapses and those who died prior to generating a claim
[2] Includes those who died while on claim and those who exhausted their benefits
[3] Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase. However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ✓ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

Categories of Adverse Claims Experience at the Time of a Rate Increase Request



	Active lives	Paid-up lives	Lapsed lives[1]	Disabled lives[2]	Active lives	Disabled lives[3]
Lifetime loss ratio	✓	✓	✓	✓	✓	✓
Prospective present value approach	✗	✗	✗	✗	✓	✗
Blended if-knew/make up approach	✓	✓	✓	✓	✓	✓
2014 NAIC LTC Model Regulation	✗	✗	✗	✗	✓	✓

[1] Includes voluntary lapses and those who died prior to generating a claim
[2] Includes those who died while on claim and those who exhausted their benefits
[3] Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase. However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ✓ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

As a second step in the process, the pricing subgroup identified several general methodologies that were consistently used across states. These are:

- The lifetime loss ratio approach, which allows for full recoupment of past losses and often results in the largest rate increase
- Unique state approaches, which are designed to limit the recoupment of past losses
- The amended model regulation, which, like the state approaches, limits the recoupment of past losses

The two state approaches discussed in the pricing subgroup are described below.

Prospective PV approach

This approach avoids a recoupment of past losses by considering only future projections. The following formula is used to compute an allowable rate increase for a block of LTC insurance policies:

$$\text{rate increase } \% = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.58 + .85\,C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.85\,PV_{\text{current}}(\text{future earned premiums})}$$

where:

Δ indicates the change in present value (PV) due to the change in actuarial assumptions between the time of the last rate increase (or the original assumptions if there was no prior rate increase) and the current assumptions

C is the cumulative percent rate increase to date. For example, if the current rate, prior to the proposed rate increase, is 50 percent higher than the rate at initial pricing, then C = .5

The *current* subscript in the denominator indicates that the PV should be computed using current assumptions. The future earned premiums in the formula are based on the current premiums prior to the proposed rate increase. Regulators may wish to consider the addition of margin to the rate increase. For example, the ΔPV(future incurred claims) term in the above formula could be multiplied by 1.1 to represent a 10 percent margin.

The formula is limited to **active, premium-paying policyholders** as of the time of the filing. All present value calculations in the formula should be based on the same set of current active lives.

For pre-rate stabilized policies, one could use .6 in place of .58 and .8 in place of .85:

$$\text{rate increase } \% = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.6 + .8\,C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.8\,PV_{\text{current}}(\text{future earned premiums})}$$

Justification for the formula

The numerator represents the amount of additional funding needed, on a prospective basis, as a result of the change in actuarial assumptions. This amount reflects the increase in the PV of incurred claims, and is partly offset by the increase in the PV of future net premiums, where net premiums are computed by multiplying gross premiums by the loss ratio.

To compute the loss ratio, if P_0 is the premium at initial pricing and P is the current premium prior to the proposed rate increase, then:

$$P = P_0(1+C)$$

so

$$P_0 = \frac{P}{1+C}$$

The portion of current premium due to prior increases is:

$$P - P_0 = P - \frac{P}{1+C} = \frac{PC}{1+C}$$

Applying a 58 percent loss ratio to the initial premium and an 85 percent loss ratio to the increase portion, the loss ratio is:

$$\frac{.58\dfrac{P}{1+C} + .85\dfrac{PC}{1+C}}{P} = \frac{.58+.85C}{1+C}$$

Since a loss ratio of 85 percent applies to the rate increase, which provides the additional funding needed, then:

$$.85\ \Delta PV_{\text{current}}(\text{future earned premiums}) =$$
$$\Delta PV(\text{future incurred claims}) - \left(\frac{.58+.85C}{1+C}\right)\Delta PV(\text{future earned premiums})$$

The percentage rate increase, computed as ΔPV / PV of future earned premiums, is found by dividing both sides of the above equation by $.85\ PV_{\text{current}}(\text{future earned premiums})$:

$$\text{rate increase }\% = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.58+.85C}{1+C}\right)\Delta PV(\text{future earned premiums})}{.85\,PV_{\text{current}}(\text{future earned premiums})}$$

Possible Modifications to Prospective PV approach

The prospective PV formula is intended to produce a rate increase that is adequate to fund the projected increase in future claim liabilities. However, a regulator should consider modifications to the formula based on the following:

- Disapproval of a prior actuarially justified rate increase.
- A prior actuarially justified rate increase reduced by the regulator.
- Approval of a prior actuarially justified rate increase after significant delay, offset by any company delay in filing for an actuarially justified rate increase.

Note that the use of any prior "actuarially justified" rate increase requires justification and support, which may vary by company and by state. The use and amount of any prior actuarially justified rate increase must be agreed to by both the regulator and the company.

Examples of the modifications that could be made to the prospective PV formula are described below:

Catch-up Provision (For rate increase requests denied or delayed)

If part of a past rate increase request has been denied, or if there was a material delay in the prior approval, for the new rate to be consistent with the underlying methodology of the Base Formula, a company must be granted an additional rate increase amount, called the catch-up provision. The catch-up provision is designed to reflect in a new rate increase the necessary additional premiums based on the assumptions provided to the department at the time of the previous rate increase request that were not approved with the prior filing(s). It will not take into account any deviation in actual experience from assumed experience during that time period.

$$\text{Catch-up rate increase \%} = \frac{\text{AV(premiums requested}^{\text{P}}) - \text{AV(premiums approved}^{\text{P}})}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

$$+ \frac{\text{PV(premiums requested}^{\text{F}}) - \text{PV(premiums approved}^{\text{F}})}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

Where:

AV is the Accumulated Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

PV is the Present Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Requested^P is the total past premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Requested^F is the total future premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Approved^P is the total past premiums that were collected based on the rate increase approved at the time of the previous rate increase request(s)

Premiums Approved^F is the total future premiums that would have been collected based on the rate increase approved at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

<u>Transition Provision (For Pre-Rate Stability products and other products where the last rate increase requests was voluntarily reduced by the company)</u>

If the prior rate increase request was not subject to the Rate Stability actuarial certification or a past rate increase request has been voluntarily reduced from the amount per such certification, a transition period needs to be established for companies to make a single filing to provide the full amount of premium necessary to meet the actuarial certification (consistent with the Model Bulletin calculation requirements). This transition filing would establish the assumptions to be used as the "prior assumptions" for future Base Formula requests and the maximum "Prior Premium" scale for these policies based on those prior assumptions. For any new filing of a rate increase to the Prior Rate scale to be consistent with the underlying methodology of the Base Formula, a company must be granted increases from the current approved premium scale up to but not above the maximum Prior Premium scale as part of the Transition amount. In this instance, the company will not be allowed to recapture past premiums that would have been collected if the rate increase request had not been voluntarily reduced. To the extent that a company requests a Transitional increase and a state denies or reduces the amount, the amount denied would be allowed in future rate increase requests under the Catch-Up Provision.

$$\text{Transition rate increase } \% = \frac{\text{PV(premiums justified)} - \text{PV(premiums requested)}}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

Where:

PV is the Present Value using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Justified is the total future premiums that would have been collected had the previous rate increase request been based upon the entire amount calculated in the Base Formula and Catch-up Provisions at the time of the previous rate increase request(s)

Premiums Requested is the total future premiums that would have been collected based on the entire rate increase requested at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

Calculation of Entire Rate Increase

Total Rate Increase = Base Formula Increase % + Catch-up Increase % + Transition Increase %

Blended If-Knew/Make-up Approach

This approach begins with the computation of if-knew and makeup rate increases, as described in the definitions below. Next, a blended average is computed between the if-knew and make-up increases, where the makeup component is weighted based on the percentage of original policyholders remaining in active, premium-paying status. Finally, a cost-sharing function is applied to determine the portion of the rate increase that is paid by policyholders, while the remainder is a cost borne by the company.

This approach requires the use of all components outlined in this section. It is not appropriate to use only one part of this approach to determine a rate increase.

Key definitions include:

- If-knew increase – increase to the premium rates such that the resulting rates, if in effect from inception of the form, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form

- Make-up increase – increase to the premium rates such that the resulting rates, if in effect in future years, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form

- Blended increase – weighted average of if-knew increase and makeup increase, with the makeup component weighted based on the percentage of the original policyholders remaining in active, premium-paying status

- Cost-sharing increase – blended increase reduced by the cost-sharing formula described below

- Maximum allowable rate increase – an increase that, in addition to any prior rate increase, results in a cumulative rate increase equal to the cost-sharing increase

Cost sharing

This approach requires a state to establish a cost-sharing formula to be applied the rate increase determined under this approach. The table below is an example of a formula where the rate increase is sliced into layers. The policyholder's share of the rate increase decreases with each layer.

Blended increase	Policyholder share of the increase
0-15%	100%
15-50%	90%
50-100%	75%
100-150%	65%
>150%	50%

For example, a blended increase of 70 percent would be sliced into three layers, consisting of 15 percent in the 0-15% layer, 35 percent in the 15-50% layer, and the remaining 20 percent in the 50-100% layer. The policyholder's share of a 70 percent blended increase would be 100% x 15% + 90% x 35% + 75% x 20% = 15% + 31.5% + 15% = 61.5%.

The example below illustrates the application of this method. It assumes that the minimum loss ratio applicable to the policy is 60 percent and that at the time of the rate increase filing, 40 percent of the original policyholders remain and are paying premium.

	Without current increase			Premium at if knew level			Premium at make up level			With allowable rate increase		
Experience	*Earned Premium*		*Incurred*	*Earned*	*Incurred*	*Loss*	*Earned*	*Incurred*	*Loss*	*Earned*	*Incurred*	*Loss*
Period	*Original*	*Actual*	*Claims*	*Premiums*	*Claims*	*Ratio*	*Premiums*	*Claims*	*Ratio*	*Premiums*	*Claims*	*Ratio*
Past	100	110	50	208	50	24%	110	50	45%	110	50	45%
Future	60	78	150	125	150	120%	223	150	67%	137	150	109%
Lifetime	160	188	200	333	200	60%	333	200	60%	247	200	81%
Loss ratio at the original premium level				125%								
Minimum loss ratio applicable to the form				60%		Layer	PH share					
If-knew increase				108%		15%	100%					
Make-up increase				272%		35%	90%					
Remaining policyholders percentage				40%		50%	75%					
Blended increase				174%		50%	65%					
Cost-sharing increase				128%		24%	50%					
Past rate increase				30%		174%						
Maximum allowable rate increase				76%								

There are many possible refinements of the basic approach described above, such as:

- reducing the allowable increase if the original premiums were unreasonably low (i.e. lower than a benchmark premium calculated using assumptions that are deemed appropriate for the period in which the policy was priced and issued)
- basing the if-knew and make-up increases on a measure of profitability rather than on a target or minimum loss ratio standard

- calculating present values using actual and expected investment returns rather than statutory valuation rates
- specifying how margins for adverse experience and waiver of premium benefits should be treated in the loss ratio calculation
- specifying the level of granularity of the rate increase calculation (i.e. whether the rate increase should vary by benefit features, underwriting criteria, etc.)

NAIC Model Regulation

Section 20.1(C)(2) of the Model Regulation describes a 58/85 loss ratio standard, which recognizes the lesser of actual or expected past claims. The allowable rate increase computed according to the Model Regulation's loss ratio standard applicable on the issue date of the policy, serves as a ceiling when using either of the above approaches.

Comparison of Approaches

Below are summaries of the results produced under each method for three actual rate filings received from three different carriers.

For each carrier, the earned premiums and incurred claims were multiplied by a random number to mask the carrier's actual data. Note that all yearly figures are discounted with interest:

Carrier #1

Summary of rate filing	
Type	Pre Rate Stabilized (Individual)
Rate increase history	40% in 2010; 25% in 2015
Cumulative rate prior increase	1.40 x 1.25 - 1 = 75%

	Accumulated and present values at 4.5% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	29,881,320	30,254,745	29,312,302	30,254,745
Future	6,396,557	64,064,583	8,276,125	81,078,884
Lifetime	36,277,877	94,319,328	37,588,427	111,333,629

Summary of calculations	
Estimated % of active policyholders remaining	50%
Lifetime LR	296%
Maximum rate increase under 60/80 lifetime LR standard	1321%
Blended if-knew & makeup components:	
Makeup increase	3268%
"If knew" rate increase	498%
Blended with 50% active policyholders remaining:	1883%
With cost sharing	983%

Blended if-knew & makeup rate increase* (after backing out prior 69.6% cumulative rate increase)	**519%**
Prospective PV allowable rate increase	**238%**
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 50% actives remaining.	

Carrier #2

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

	Accumulated and present values at 4% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	2,605,954	41,528	2,605,954	41,528
Future	4,537,414	3,795,819	4,382,489	5,514,785
Lifetime	7,143,367	3,837,347	6,988,442	5,556,313

Summary of calculations	
Estimated % of active policyholders remaining	71%
Lifetime LR	80%
Maximum rate increase under 58/85 lifetime LR standard	40%
Blended if-knew & makeup components:	
Makeup increase	59%
"If knew" rate increase	37%
Blended with 71% active policyholders remaining:	53%
With cost sharing	49%
Blended if-knew & makeup allowable rate increase[1, 2]	**49%**
Prospective PV allowable rate increase[2]	**49%**
[1] Rate increase assumes: (1) benchmark premium = original premium; and (2) 71% actives remaining. [2] The allowable rate increase would be limited to 40% based on the 58/85 lifetime loss ratio standard.	

Carrier #3

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

	Accumulated and present values at 4.5% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims*	Earned premiums	Incurred claims*
Past	1,272,279	221,055	1,272,279	221,055

Future	659,852	1,098,641	864,521	2,561,128
Lifetime	1,932,131	1,319,696	2,136,800	2,782,183

* Projected incurred claims include a 10% moderately adverse experience load.

Summary of calculations	
Estimated % of active policyholders remaining	77%
Lifetime LR	130%
Maximum rate increase under 58/85 lifetime LR standard	210%
Blended if-knew & makeup components:	
Makeup increase	308%
"If knew" rate increase	124%
Blended with 77% active policyholders remaining:	266%
With cost sharing	174%
Blended if-knew & makeup allowable rate increase*	**174%**
Prospective PV allowable rate increase	**183%**
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 77% actives remaining.	

Other Considerations

Premium Rate Increase Caps

Some states, either by regulation or administrative practice, place caps on premium rate increases. In particular, New Hampshire adopted a rule that caps rate increases based on the insured's attained age. In general, caps implemented by states have no actuarial basis, but instead are arbitrarily administered.

Although it is understandable that states may favor arbitrary caps in the interest of protecting policyholders from large rate increases, one concern is a potential solvency risk if actuarially justified rate increases are postponed along with the potential for substantial reductions in benefits due to state-specific guaranty fund limits. In addition, the need for future rate increases will be greater based on the degree to which requested rate increases are capped. Many states have worked with companies to successfully address large rate increases through the use of a pre-approved series of incremental increases, allowing rates to reach the appropriate level while fully informing the policyholders of the timing and amount of the full series of increases.

Delays in Filing and Delays in Approval of Rate Increases

Similar to arbitrary rate caps, delays in implementing actuarially justified rate increases due to either a carrier failing to file a needed rate increase, or delays in the regulatory approval of a needed rate increase, can pose a potential solvency risk. Several LTC insurance carriers have commented that delays in the implementation of needed rate increases lead to significantly higher rate increases later. For example, one carrier with a large block of LTC business estimated that each one-year delay of a needed rate increase adds a 5 to 10 percentage point increase to the needed rate increase.

Lifetime Loss Ratio Issue

Some regulators believe it is inappropriate to approve a rate increase that would lead to a lower projected lifetime loss ratio than in the prior rate increase filing. Where the prior filing was consistent with actuarially certified adequate premiums this would generally be an appropriate expectation unless sufficient justification is provided for an exception. Where the prior rate filing was not consistent with actuarially certified adequate premiums (e.g. most pre-rate stability business or filings limited by rate caps) or the company noted in its filing that if experience did not improve that additional rate increase filings are likely, the projected loss ratio from such a prior filing is not an appropriate limit.

Note To Reviewer

Created By:

Nya Williams on 07/20/2020 01:32 PM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

If-Knew/Make-Up Approach

Comments:

The objection created on 07/14/2020 mentions an attached description of the If-Knew/Make-Up Approach. However, there was not a document attached to the objection. Please provide us more information on the If-Knew/Make-Up Approach.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Filer

Created By:

Bobby Toone on 05/04/2020 07:54 AM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Clarification

Comments:

All of the policies issued prior to 10/1/2003 are considered to be Pre-Rate Stabilization policies and are subject ot the regulations found in 14VAC5-200-150. This would include all of the 3034/3034Q and 3035/3035Q policies and 64 of the HL200 policies.

The 676 policies written on or after 10/1/2003 are Post-Rate Stabilization and are subject to the regulations found in 14VAC5-200-153.

The Post-Stability policies will need to have separate exhibits from the Pre-Stability policies.

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Sarah Lee on 04/30/2020 11:10 AM

Last Edited By:

Bobby Toone

Submitted On:

11/28/2022 10:42 AM

Subject:

Request for Clarification

Comments:

With regards to your 4/29 objection -

No 3034Q or 3035Q policies were issued on or after 10/1/2003
For Form HL200, 64 of the 740 inforce policies have an issue date between May-September 2003. All others were issued 10/1/2003 or later.

We grouped all HL200 policies together since they're the same policy form and credibility issues of splitting out the small number of pre-10/1/2003 issues (less than 10% of inforce policies).

Exhibits are currently split between 3034Q/3035Q and HL200 - is this sufficient or are you requesting we split out the HL200 policies with issue dates prior to 10/1/03 from the other HL200 policies?

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Reviewer Note

Created By:

Bobby Toone on 04/12/2021 02:08 PM

Last Edited By:

Bobby Toone

Submitted On:

03/01/2023 01:48 PM

Subject:

RRS

Comments:

RRS1
RRS2

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

Company Name and NAIC Number: Southern Farm Bureau NAIC #68896

SERFF Tracking Number: SFBL-131934915

Revised Rates

Average Annual Premium Per Member: $1,894

Average Requested Percentage Rate Change Per Member: 73%

Range of Requested Rate Changes: 50-91%

Number of Virginia Policyholders Affected: 1,081

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
3034-VA 3035-VA 3034Q-VA	Long Term Care Policy Nursing Facility Only Policy 3034Q LTC policy	03/1996 - 11/1998 03/1996 - 11/1998 10/2000 - 06/2003	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
3035Q-VA HL200-VA 3038	Nursing Facility Only Policy LTC Policy Inflation Protection Rider - 20 Years	10/2000 - 06/2003 05/2003 - 05/2006 03/1996 - 06/2003	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
3039 3041 3044	Inflation Protection Rider - 20 Years Nonforfeiture Option Rider Nonforfeiture Option Rider	03/1996 - 06/2003 03/1996 - 11/1998 03/1996 - 11/1998	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
3060 3061 3083	Inflation Protection Rider - Unlimited Inflation Protection Rider - Unlimited Increase in Benefit Rider	03/1996 - 06/2003 03/1996 - 06/2003 11/1998 -	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
30341Q 3044Q HL501-VA	Nonforfeiture Protection Rider Nonforfeiture Option Rider Inflation Protection Rider	10/2000 - 06/2003 10/2000 - 06/2003 05/2003 - 05/2006	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
HL502-VA HL503 HL504	Nonforfeiture Protection Rider Return of Premium Rider Future Purchase Option Rider	05/2003 - 05/2006 05/2003 - 05/2006 05/2003 - 05/2006	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
HL505-VA HL506-VA	Home Care Rider 20 Year Compound Inflation Protection Rider	05/2003 - 05/2006 05/2003 - 05/2006	35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.

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

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number: Southern Farm Bureau Life Insurance Co. – NAIC # 68896

SERFF Tracking Number: SFBL-131934915

Disposition: Approved & Filed

Approval Date: 03/01/2023

Current Average Annual Premium Per Member: $2,273

Rate Changes:

Average Percentage Rate Change Per Member: 20%

Minimum Requested Percentage Rate Change Per Member: 0.0%

Maximum Requested Percentage Rate Change Per Member: 72.0%

Number of Virginia Policy Holders Affected: 1,081

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

The Company requested a 73.0% rate increase on this block of group long-term care insurance policy forms. However, after discussion with the Bureau, the increase was reduced to 20.0%.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-150 and 14VAC5-200-153 of the Virginia Administrative Code. The review indicated that the anticipated lifetime loss ratio after the increase will be 83.0%, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do not intend to request future rates increases on this block unless the actual experience is worse than projected. However , the company will continue to monitor the experience of this block and may request additional increases if future experience continues to deteriorate.

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

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these

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

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

State:	*Virginia*	**Filing Company:**	*Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*2019 LTC Rate Increase*		
Project Name/Number:	*/*		

Reviewer Note

Created By:

Bobby Toone on 09/18/2020 11:01 AM

Last Edited By:

Bobby Toone

Submitted On:

03/01/2023 01:49 PM

Subject:

Actuarial Summary and Opinion Report

Comments:

Rec'd final report - 10/5/2020
Recommends deny except HL200 w/ lifetime benefits.

JOHN T. CONDO, FSA, MAAA, PHD
ROBERT B. CROMPTON, FSA, MAAA
DAVID E. NEVE, FSA, MAAA, CERA
CANDE OLSEN, FSA, MAAA, CLU

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NAZNEE RIAS, FSA, MAAA, CERA
NICOLE L. RUSSO, ASA, MAAA
LORNE W. SCHINBEIN, FSA, MAAA

March 2, 2021

Subject: **Actuarial Report for Long Term Care Rate Increase Filing**
SERFF Tracking #SFBL-131934915

At the request of the Virginia SCC Bureau of Insurance (the "Bureau"), I have reviewed the filing for the above captioned submission from **Southern Farm Bureau Life Insurance Company** (the "Company"). This is a filing of revised premium rates for a block of Individual Long Term Care Insurance plans. This block of business is not available for new issues.

Regulatory Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-150 and 14VAC5-200-153. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, I believe that the Company has failed to demonstrate that the full amount of their requested increase is in compliance with 14VAC5-200-150 and 14VAC5-200-153. Considering only the requirements of the applicable regulations, I would recommend the Bureau deny the request for all segments other than Form HL200 with lifetime benefits.

Other Extra-Regulatory Considerations

In addition to the regulatory analysis referenced above, I have reviewed a series of extra-regulatory tests that the Bureau considers for LTC rate filings. The maximum rate increase allowed under each of those tests is shown in the chart below:

	303X Limited	**303X Lifetime**	**HL200 Limited**	**HL200 Lifetime**
Requested Increase	62%	81%	50%	91%
Compliant Increase under 14VAC5-200-150 or 14VAC5-200-153	0%	0%	0%	72%/50%
Additional Test	**Max Allowed**	**Max Allowed**	**Max Allowed**	**Max Allowed**
PV Future Loss	full	full	26%/0%	70%/30%
Prospective PV	61%	full	full	86%
If-Knew/Makeup	full	full	16%	87%
State Equity	26% to 48%	26% to 48%	26% to 48%	26% to 48%

Historical Background

There has been one previous increase for this block of 35% in 2011. The Company is requesting increases as follows:

Form	Benefit Period	Proposed Increase
3034/3035	Limited	62%
3034/3035	Lifetime	81%
HL200	Limited	50%
HL200	Lifetime	91%

These forms were issued in Virginia beginning in 1996 through 2006. As of 12/31/2018, there were 1,081 insureds with $2.0M premium in force in Virginia, and 14,592 insureds with annual premiums of $23.2M nationwide, making Virginia's block approximately 9% of the total.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, and d) review the assumptions and projections for reasonableness.

Assumptions

Morbidity – The current morbidity assumptions are based on Company experience combined with the 2000-2011 SoA LTC Intercompany Study. The claim utilization rate (but not incidence or length of stay) assumes a 3% annual increase due to underlying claim cost inflation.

The incidence assumptions are based on 1,702 claims nationwide. One measure of credibility is the formula recommended by the American Academy of Actuaries ("AAA") in a Long-term Care Credibility Monograph issued in August 2016. The recommended formula sets 3,246 claims as the standard for full credibility. Under this measure, the credibility for these forms for the Company experience would be 72%. Alternatively, the Company used a standard of 1,082 claims as fully credible, which would give 100% credibility.

Voluntary Lapse – Voluntary lapse rates are based on Company experience and vary by duration and issue age. The ultimate lapse rate ranges from 0.5% to 1.25% varying by issue age.

Mortality – the mortality is based on the 2012 IAM Table with attained age factors from 90% to 115%.

Interest – the Company is discounting at 4.49%.

Analysis

I analyzed several methods of determining the reasonableness of the requested rates.

Loss Ratio Projections

The Company has provided projections for nationwide policies as of 12/31/2018 adjusted for rate differences to the Virginia rate level.

		No Increase LR		With Increase LR			
Form	**BP**	**Future**	**Lifetime**	**Future**	**Lifetime**	**Original**	**Allowed**
3034/5	Limited	0%	88%	2%	81%	78%	0%
3034/5	Lifetime	47%	104%	31%	93%	74%	0%
HL200(pre)	Limited	83%	89%	59%	80%	87%	0%
HL200(pre)	Lifetime	113%	98%	65%	79%	75%	72%
HL200(post)	Limited	64%	79%	45%	71%	93%	0%
HL200(post)	Lifetime	103%	89%	60%	71%	79%	50%

All of the increases would need to be limited, mostly as a result of the future loss ratio after deducting policy reserves.

Dual Loss Ratio Tests

		Dual Loss Ratio Test	
Form	**BP**	**Future**	**Allowed**
3034/5	Limited	PASS	full
3034/5	Lifetime	PASS	full
HL200	Limited	FAIL	0%
HL200	Lifetime	FAIL	65%

The HL200 increases would need to be limited based on these results.

State Rate Equity

The Company has filed or is planning to file significant increase requests on this block with the 10 other states with inforce business. So far, six states have given approvals to date for the current round of increases and four are still pending. Currently, the average increase outside of VA is 70%, while the existing increase in VA is 35%. An increase of 26% would equate the rates in VA with the current average in the rest of the country, while a 48% increase would be allowed if the full amount of the pending increases are approved.

Test for Recouping Past Losses

The goal of this test is to ensure that, when looking only into the future, the company is not in a better position financially than if the assumptions were to play out according to original assumptions (except for interest). This is done by calculating the present value of the future

expected loss under original assumptions and comparing that to the current assumptions with and without the proposed premium action. For this filing, the HL200 policy form does not pass this test, so the increases would be limited.

		PV Future Loss			
Form	**BP**	**Original**	**No Incr**	**Increase**	**Allowed**
3034/5	Limited	(14,205,613)	(25,426,352)	(18,295,608)	62%
3034/5	Lifetime	(48,121,674)	(142,303,740)	(101,699,108)	81%
HL200(pre)	Limited	(12,344,803)	(15,640,302)	(9,318,623)	26%
HL200(pre)	Lifetime	(21,787,880)	(45,186,562)	(14,657,841)	70%
HL200(post)	Limited	(30,869,689)	(26,183,247)	(13,835,570)	0%
HL200(post)	Lifetime	(34,241,824)	(44,652,284)	(12,581,019)	30%

Prospective PV Approach

Form	BP	Proposed	Allowed
3034/5	Limited	62%	61%
3034/5	Lifetime	81%	187%
HL200	Limited	50%	51%
HL200	Lifetime	91%	86%

Blended If-Knew/Makeup Approach

Form	BP	Proposed	Allowed
3034/5	Limited	62%	83%
3034/5	Lifetime	81%	203%
HL200	Limited	50%	16%
HL200	Lifetime	91%	87%

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the

data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

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

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,

Shawn D. Parks, FSA, MAAA

State: Virginia
Filing Company: Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Form Schedule

Lead Form Number: HL403

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 03/01/2023	Coverage Election form	HL403-VA	AEF	Initial		50.100	HL403_Coverage Election Form_VA.pdf
2	Filed 03/01/2023	Policyholder Notification Letter		OTH	Initial			HL100_VA.pdf
3	Filed 03/01/2023	FAQ Document	LTC-FAQ-VA-2022	OTH	Initial			FAQ Document_VA.pdf
4	Filed 03/01/2023	Coverage Election form Description of Options	HL403-Desc-VA	OTH	Initial		50.100	HL403_Coverage Election FormDescriptionof Options_VA.pdf
5	Filed 03/01/2023	Policyholder Notification Letter - 2nd phase in	Form HL101-VA (Rev. 01/22)	OTH	Initial			HL101_VA.pdf
6	Filed 03/01/2023	LTC Rate Increase Disclosure	Form HL801-VA (11/2022)	OTH	Initial			HL801_VA_1122.pdf

Form Type Legend:

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

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LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

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DESCRIPTION OF OPTIONS

DEFAULT OPTION: MAINTAIN CURRENT COVERAGE- Accept Rate Increase

If you do not return this **Coverage Election Form** postmarked by [Decision_Date], you will retain your current policy and rider benefits and the premium rate will increase to the amount shown in the **Coverage Election Form**.

Please note that selecting an option reduces benefits in total – for the policy and any applicable riders.

OPTION 1: Reduce Benefits – Benefit Period

Option 1 offers a reduced **Benefit Period or Maximum Daily Benefit** that will result in a new annual premium amount to lessen the impact of the premium increase.

OPTION 2: Reduce Benefits – Inflation Freeze

Option 2 offers an **Inflation Freeze** that will result in a new annual premium amount to lessen the impact of the premium increase. Under this change, your Inflation Protection Rider will terminate. You will retain the annual increases in benefits that have already occurred on your policy and any applicable riders, but no additional benefit increases will occur. This option is only available if your policy currently has an Inflation Protection Rider in force.

OPTION 3: Convert to Paid-Up

Option 3 converts your policy from premium paying to paid-up, which means no future premiums will be required. If you choose this option, your **Policy Lifetime Maximum Benefit** will reduce as shown in the chart on the **Coverage Election Form**. All annual benefit inflation features will terminate. You will retain the increases in benefits that have already occurred on your policy and any applicable riders, but no additional benefit increases will occur. All benefits payable will be paid in accordance with the benefit provisions of your policy, up to the Reduced Paid-Up **Policy Lifetime Maximum Benefit**.

If you choose one of the options above, you will receive an endorsement that reflects the elected policy changes.

The option you select will become effective on [Effective_Date].

If you have any questions or need additional assistance, please contact your agent or our office at [**1-800-457-9611**]. Our office hours are [7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday].

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COVERAGE ELECTION FORM

Decision Due Date: [Decision_Date]

Policyholder: [PHName] **Policy Number:** [PolicyNumber]

Each of the options listed below are described in greater detail on the page titled **DESCRIPTION OF OPTIONS**.

- If you choose to maintain your current coverage and accept the rate increase, **you do not need to return this form** and the increased premium will be applied to your policy on the effective date shown below.
- If you choose Option 1, Option 2 or Option 3, you MUST sign and return this form postmarked by [Decision_Date]. You may only check **ONE** box below.
- The option you choose cannot be reversed after [Irrevocable_Date].
- The data in the chart does not reflect claims paid or payable.

	Effective [Effective_Date]			
	MAINTAIN CURRENT COVERAGE: Accept Rate Increase	**OPTION 1:** Reduce Benefits - Benefit Period or Maximum Daily Benefit	**OPTION 2:** Freeze Benefit Growth - Inflation Rider Freeze	**OPTION 3:** Convert to Paid-Up
[Mode] Premium (Currently [CurrPrem])	[NewPrem]	[O1Prem]	[O2Prem]	None
Policy Maximum Daily Benefit	[CurrDBA]	[O1DBA]	[O2DBA]	[CurrDBA]
Benefit Period	[CurrBP]	[O1BP]	[O2BP]	[CurrBP]
Policy benefits inflate annually?	Yes, if applicable	[Yes/No]	No	No
Policy Lifetime Maximum Benefit	[CurrMLB]	[O1MLB]	[O2MLB]	[O3MLB]
If you accept the rate increase, it is not necessary to return this form. Check **ONE** Box if you want Option 1, 2 or 3 to apply.	**Default – Not necessary to return form.**	☐	☐	☐

Signatures:
I understand the election I have made above and acknowledge that I have made the election voluntarily. I agree that the changes I have requested will become effective [Effective_Date] and are irrevocable on [Irrevocable_Date].

Signature: _____ Date: _____

If signing on behalf of an insured, please complete the following and provide documentation for signatory authority if you have not provided it previously to the company.

Print name here: _____
Signatory authority: ❑ Power of Attorney ❑ Conservator ❑ Other: _____

Return this form to **Southern Farm Bureau Life Insurance Company, [P.O. Box 78, Jackson, MS 39205]** or fax to [**XXX-XXX-XXXX**].
You may wish to retain a copy of this form for your records.

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[Date]

[PHNAME]
[PHADDRESS1]
[PHADDRESS2]
[PHCITY] [PHSTATE] [PHZIPCODE]

Policy Number: [PolicyNumber]

Notice of Premium Rate Increase & Policyholder Options
Decision Due Date: [**Decision_Date**]

Dear Policyholder:

At Southern Farm Bureau Life Insurance Company (SFBL), we are committed to ensuring long term care insurance benefits will be there for our policyholders when needed. To uphold this responsibility, we continuously monitor the experience of our long term care insurance policies, taking into consideration the costs associated with similar policies, the investment environment and current life expectancies. Our most recent detailed analysis of the company's experience reveals that a premium rate increase is necessary. The reason for the rate increase is due to the adverse experience such as (a) higher-than-expected incidence of claims, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim or (d) more services covered while disabled. Therefore, SFBL is implementing a [IncreasePercent] premium rate increase on your policy, as we are allowed to do under the Guaranteed Renewable provision of these long term care insurance contracts.

This increase will be implemented as two [PhasedIncreasePercent] increases over the next two years. We will notify you before the next [PhasedIncreasePercent] increase becomes effective on your policy.

Below is the first increase in premium on your policy:

Current [Mode] Premium: $[CurrPrem]

New [Mode] Premium: $[NewPrem]

This first change in premium will take effect on your policy on [Effective_Date]. This is your first premium due after the rate increase. This new premium will automatically be reflected in your next billed premium.

The second [PhasedIncreasePercent] rate increase will be applied one year after the effective date of the first increase, resulting in a [Mode] premium of $[FinalPrem].

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 State Corporation Commission's webpage at: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

The enclosed Long Term Care Premium Endorsement reflecting this change in premium should be attached to your policy. Also, please keep the enclosed LTC Insurance Rate Increase Disclosure form

with your policy. We will continue to monitor the plan experience, and future premium increases are possible under the Guaranteed Renewable provision.

We understand how important your long term care coverage is to you. The decision to implement a premium rate increase was a difficult one and not taken lightly. As a result, SFBL believes it is in the best interest of all policyholders to be offered alternatives that might best fit your circumstances in lieu of paying increased premium rates. Therefore, this notice explains the premium rate increase and describes options available to you to reduce your policy's benefits in order to help reduce or eliminate the premium increase.

You are not being singled out for a premium rate increase, and the increase is not based on any individual's personal situation such as current age, current health status, or claims history. As indicated in the terms and conditions of your policy, premium rate increases are allowable under your contract. In the event of future rate increases, you have a right to a revised premium rate or rate schedule.

A Contingent Benefit Upon Lapse provision is a part of your policy contract at no additional cost. This benefit gives you the right to take a paid up benefit when cumulative premium increases on your policy reach a certain level, called a substantial rate increase. If you take the paid up benefit, this Policy will continue automatically with the same level of maximum daily benefits and a reduction in your Maximum Lifetime Benefit ("Maximum Benefit"). The Company will allow all policyholders to exercise this provision, even if you have not received a substantial rate increase.

If you choose to take the paid up benefit under the Contingent Benefit Upon Lapse, your policy will continue under its current terms, but benefits payable will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. This option must be taken within 120 days after the premium rate increase.

YOUR OPTIONS:

DISCLAIMER: All options available to you may not be of equal value.

- **MAINTAIN CURRENT COVERAGE: If you wish to continue your policy and current benefits, and are willing to pay the increased premiums you do not need to do anything**. The rate increase of [IncreasePercent] is the default action that will occur if you do not select an option. Your [Mode] premium rate of [CurrPrem] will increase to [NewPrem] beginning with your premiums due on [Effective_Date].

- **SELECT AN OPTION: If you do not wish to pay the full increased premiums and would rather reduce benefits, you must complete and return the enclosed Coverage Election Form by [Decision_Date]**. Your election will become effective on your premium due date of [Effective_Date].
  If you elect **Option 1-Reduce Benefits** or **Option 2- Freeze Benefit Growth**, your new premium will be reflected in your premium due on [Effective_Date].
  If you elect **Option 3 – Convert to Paid Up**, your policy will become paid up on [Effective_Date] and you will no longer have to pay any premiums.

- We understand that you may want to explore additional options to reduce the impact of the premium increase. In such case we would be glad to help.
  Available options to decrease your premiums and lessen the effect of this rate increase include terminating riders, decreasing the daily benefit, decreasing the policy maximum benefit, and increasing the elimination period. In the event of a future rate increase, similar options will be available to you.
  If you have any questions or need additional assistance, please contact your agent or our office at [1-800-457-9611]. Our office hours are [7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday].

WHEN MAKING THIS DECISION, PLEASE CONSIDER:

There is a direct financial impact on you now and in the future from this decision. You may want to review your choice with your financial advisor and/or family members as appropriate. You may want to consult your tax or legal advisor about potential tax implications.

Please carefully review the enclosed **Description of Options** and **Coverage Election Form**. If you decide to maintain your current coverage and accept the rate increase, you do not need to return the **Coverage Election Form**. If you select one of the options, please complete and return the form by the Decision Due Date, which is [Decision_Date]. After the Decision Due Date, adjustments may still be available to your policy. To inquire about other adjustments available, please contact your local Farm Bureau Agent or the Home Office to complete required forms.

IF YOU HAVE QUESTIONS

We have enclosed answers to a list of frequently asked questions. If you have any other questions about this premium rate increase, your coverage or these options, please call us at [1-800-457-9611] between the hours of [7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday], and a representative will assist you.

Sincerely,

Policy Services Department

Enclosures:
Frequently Asked Questions
Description of Options
Coverage Election Form
Long Term Care Premium Endorsement
LTC Insurance Rate Increase Disclosure
[Additional Enclosure]

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FREQUENTLY ASKED QUESTIONS

1) Can I change my decision after I return the Coverage Election Form?

You may change your decision until the **Decision Due Date**. At that time, all selections are final and you cannot select a different option later by returning the Coverage Election Form. However, adjustments to your policy, including the options provided on the election form, may still be available to you. To inquire about other adjustments available after the **Decision Due Date**, please contact your local Farm Bureau Agent or the Home Office to complete required forms.

2) What if I do not return the Coverage Election Form?

Your premium rate will increase to the amount shown in the **Maintain Current Coverage** section of the **Coverage Election Form**. You must still continue to pay the premium payment when due at the new rate on [Effective_Date] and thereafter to keep your policy in effect.

3) What if I do not return the Coverage Election Form AND I do not pay the full amount of the premium payment that is due on [Effective_Date]?

If you do not return the Coverage Election Form and your policy lapses for non-payment within 120 days after the Effective Date, you will automatically be assigned to **Option 3: Convert to Paid-Up** on the Coverage Election Form.

4) What if I pay the premium due on [Effective_Date] and subsequently decide to cancel my policy or stop paying premium?

If your policy lapses due to your non-payment of premium or you cancel your policy within 120 days after the due date of the increased premium, you will be automatically assigned to **Option 3: Convert to Paid-Up** under the Contingent Benefit Upon Lapse provision, which has been made a part of your policy contract at no additional cost. The Company will allow all policyholders to exercise this provision, even if you have not received a substantial rate increase.
If your policy lapses due to your non-payment of premium after 120 days, your policy will terminate unless your policy currently has a Nonforfeiture Lapse Benefit Option Rider.

If your policy lapses due to non-payment of premium or you cancel your policy prior to the effective date of the rate increase, you will not be converted to the Paid-Up benefit.

5) Can other adjustments be made to make the premium more affordable?

There may be different options to reduce the premium other than those on the **Coverage Election Form**. Listed below are some options that may be available:

- Change the Rate from Tobacco to Non-Tobacco (must be tobacco free for at least 12 months)
- Reduce the Benefit Period/Factor
- Increase the Elimination Period
- Reduce the Maximum Daily Benefit
- Reduce/Delete Policy Riders

To inquire about other adjustments available, please contact your local Farm Bureau Agent or the Home Office to complete required forms.

6) Will there be additional rate increases in the future?

It is possible that SFBL may request additional premium rate increases in the future. Any future rate increase would not be implemented until at least one year after this rate increase and will be subject to authorization by the applicable insurance regulatory authority. If a future premium rate increase becomes necessary, you will receive another notification in advance of the effective date and you also may be given the opportunity to select rate increase alternatives to help reduce or eliminate the premium increase.

7) I am currently receiving benefits under my long term care insurance policy. How does this rate increase affect me?

Your selected option and its associated premium rate will become effective on the Effective Date. If you are not currently paying premiums because you meet the requirements of the Waiver of Premium provision of your policy, your premium will continue to be waived as long as you continue to meet those requirements. If you elect to reduce benefits under any option, your reduced benefits will take effect on the Effective Date.

8) What is a Benefit Period/Factor?*

The Benefit Period/Factor is the length of time benefits will be payable.

9) What is an Elimination Period?*

The Elimination Period is the waiting period before benefits will be paid.

10) What is a Maximum Daily Benefit?*

The Maximum Daily Benefit is the maximum dollar amount that will be paid for covered charges per day.

***Please refer to the contract for a detailed description of any benefits or riders on a specific policy.

SOUTHERN FARM BUREAU
LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

Your Friends for Life. FARM BUREAU INSURANCE

DESCRIPTION OF OPTIONS

DEFAULT OPTION: MAINTAIN CURRENT COVERAGE- Accept Rate Increase

If you do not return this **Coverage Election Form** postmarked by [Decision_Date], you will retain your current policy and rider benefits and the premium rate will increase to the amount shown in the **Coverage Election Form**.

Please note that selecting an option reduces benefits in total – for the policy and any applicable riders.

OPTION 1: Reduce Benefits – Benefit Period

Option 1 offers a reduced **Benefit Period or Maximum Daily Benefit** that will result in a new annual premium amount to lessen the impact of the premium increase.

OPTION 2: Reduce Benefits – Inflation Freeze

Option 2 offers an **Inflation Freeze** that will result in a new annual premium amount to lessen the impact of the premium increase. Under this change, your Inflation Protection Rider will terminate. You will retain the annual increases in benefits that have already occurred on your policy and any applicable riders, but no additional benefit increases will occur. This option is only available if your policy currently has an Inflation Protection Rider in force.

OPTION 3: Convert to Paid-Up

Option 3 converts your policy from premium paying to paid-up, which means no future premiums will be required. If you choose this option, your **Policy Lifetime Maximum Benefit** will reduce as shown in the chart on the **Coverage Election Form**. All annual benefit inflation features will terminate. You will retain the increases in benefits that have already occurred on your policy and any applicable riders, but no additional benefit increases will occur. All benefits payable will be paid in accordance with the benefit provisions of your policy, up to the Reduced Paid-Up **Policy Lifetime Maximum Benefit**.

If you choose one of the options above, you will receive an endorsement that reflects the elected policy changes.

The option you select will become effective on [Effective_Date].

If you have any questions or need additional assistance, please contact your agent or our office at [**1-800-457-9611**]. Our office hours are [7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday].

SOUTHERN FARM BUREAU
LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

Your Friends for Life.

[Date]

[PHNAME]
[PHADDRESS1]
[PHADDRESS2]
[PHCITY] [PHSTATE] [PHZIPCODE]

Policy Number: [PolicyNumber]

Notice of Premium Rate Increase & Policyholder Options
Decision Due Date: [**Decision_Date**]

Dear Policyholder:

At Southern Farm Bureau Life Insurance Company (SFBL), we are committed to ensuring long term care insurance benefits will be there for our policyholders when needed. To uphold this responsibility, we continuously monitor the experience of our long term care insurance policies, taking into consideration the costs associated with similar policies, the investment environment and current life expectancies. Our most recent detailed analysis of the company's experience reveals that a premium rate increase is necessary. The reason for the rate increase is due to the adverse experience such as (a) higher-than-expected incidence of claims, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim or (d) more services covered while disabled. Therefore, SFBL is implementing a [IncreasePercent] premium rate increase on your policy, as we are allowed to do under the Guaranteed Renewable provision of these long term care insurance contracts.

This increase is being implemented as two [PhasedIncreasePercent] increases over two years. You were previously notified of the rate increase on [PhaseOneMailDate]. This letter is to notify you of the second of the two increases.

Below is the second increase in premium on your policy:

Current [Mode] Premium: [$ xx.xx]

New [Mode] Premium: [$ xx.xx]

This second change in premium will take effect on your policy on [Effective_Date]. This is your first premium due after the rate increase. This new premium will automatically be reflected in your next billed premium.

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 State Corporation Commission's webpage at: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

The enclosed Long Term Care Premium Endorsement reflecting this change in premium should be attached to your policy. Also, please keep the enclosed LTC Insurance Rate Increase Disclosure form with your policy. We will continue to monitor the plan experience, and future premium increases are possible under the Guaranteed Renewable provision.

We understand how important your long term care coverage is to you. The decision to implement a premium rate increase was a difficult one and not taken lightly. As a result, SFBL believes it is in the best interest of all policyholders to be offered alternatives that might best fit your circumstances in lieu of paying increased premium rates. Therefore, this notice explains the premium rate increase and describes options available to you to reduce your policy's benefits in order to help reduce or eliminate the premium increase.

You are not being singled out for a premium rate increase, and the increase is not based on any individual's personal situation such as current age, current health status, or claims history. As indicated in the terms and conditions of your policy, premium rate increases are allowable under your contract. In the event of future rate increases, you have a right to a revised premium rate or rate schedule.

A Contingent Benefit Upon Lapse provision is a part of your policy contract at no additional cost. This benefit gives you the right to take a paid up benefit when cumulative premium increases on your policy reach a certain level, called a substantial rate increase. If you take the paid up benefit, this Policy will continue automatically with the same level of maximum daily benefits and a reduction in your Maximum Lifetime Benefit ("Maximum Benefit"). The Company will allow all policyholders to exercise this provision, even if you have not received a substantial rate increase.

If you choose to take the paid up benefit under the Contingent Benefit Upon Lapse, your policy will continue under its current terms, but benefits payable will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. This option must be taken within 120 days after the premium rate increase.

YOUR OPTIONS:

DISCLAIMER: All options available to you may not be of equal value.

- **MAINTAIN CURRENT COVERAGE: If you wish to continue your policy and current benefits, and are willing to pay the increased premiums you do not need to do anything**. The rate increase of [IncreasePercent] is the default action that will occur if you do not select an option. Your [Mode] premium rate of [CurrPrem] will increase to [NewPrem] beginning with your premiums due on [Effective_Date].

- **SELECT AN OPTION: If you do not wish to pay the full increased premiums and would rather reduce benefits, you must complete and return the enclosed Coverage Election Form by [Decision_Date]**. Your election will become effective on your premium due date of [Effective_Date].
  If you elect **Option 1-Reduce Benefits** or **Option 2- Freeze Benefit Growth**, your new premium will be reflected in your premium due on [Effective_Date].
  If you elect **Option 3 – Convert to Paid Up**, your policy will become paid up on [Effective_Date] and you will no longer have to pay any premiums.

- We understand that you may want to explore additional options to reduce the impact of the premium increase. In such case we would be glad to help.
  Available options to decrease your premiums and lessen the effect of this rate increase include terminating riders, decreasing the daily benefit, decreasing the policy maximum benefit, and increasing the elimination period. In the event of a future rate increase, similar options will be available to you.
  If you have any questions or need additional assistance, please contact your agent or our office at [1-800-457-9611]. Our office hours are [7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday].

WHEN MAKING THIS DECISION, PLEASE CONSIDER:

There is a direct financial impact on you now and in the future from this decision. You may want to review your choice with your financial advisor and/or family members as appropriate. You may want to consult your tax or legal advisor about potential tax implications.

Please carefully review the enclosed **Description of Options** and **Coverage Election Form**. If you decide to maintain your current coverage and accept the rate increase, you do not need to return the **Coverage Election Form**. If you select one of the options, please complete and return the form by the Decision Due Date, which is [Decision_Date]. After the Decision Due Date, adjustments may still be available to your policy. To inquire about other adjustments available, please contact your local Farm Bureau Agent or the Home Office to complete required forms.

IF YOU HAVE QUESTIONS

We have enclosed answers to a list of frequently asked questions. If you have any other questions about this premium rate increase, your coverage or these options, please call us at [1-800-457-9611] between the hours of [7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday], and a representative will assist you.

Sincerely,

Policy Services Department

Enclosures:
Frequently Asked Questions
Description of Options
Coverage Election Form
Long Term Care Premium Endorsement
LTC Insurance Rate Increase Disclosure
[Additional Enclosure]

Long Term Care Insurance Rate Increase Disclosure Form
Southern Farm Bureau Life Insurance Company
[P. O. Box 78, Jackson, MS 39205
1-800-457-9611]

1. Premium Rate: Premium rate that is applicable to you and that will be in effect until a request is made and approved for an increase is $[_____]. You have the right to receive a revised premium rate if the premium rate is changed in the future.
2. Rate Schedule Adjustments:
   If your rates are changed, the new rates will become effective on the next date a premium is due after a notice of at least 75 days is given of an increase.
3. Potential Rate Revisions:
   Your policy is Guaranteed Renewable. This means that the rates for your policy may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.
   If you have received, or receive in the future, a premium rate or premium rate schedule increase, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:
   - Pay the increased premium and continue your policy in force as is.
   - Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
   - Exercise your nonforfeiture option if purchased. (This option was available for purchase for an additional premium.)
   - Exercise your contingent nonforfeiture rights.* (This option is available if you did not purchase a separate nonforfeiture option.)
4. Rate Increase History
   We have sold long-term care insurance since 1996. This is the third rate increase we have applied to any of the long-term care policies sold in this state or any other state. The description of each rate increase we have applied to this policy form or any similar policy forms is shown below.

   Effective in 2010 (2011 in one state)

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	10-35%
3034Q	1997 – 2003	10-35%
3035	1996 – 1997	10-35%
3035Q	1997 – 2003	10-35%
HL200	2003 – 2006	10-35%

   Effective in 2015-16

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	25-40%
3034Q	1997 – 2003	25-40%
3035	1996 – 1997	25-40%
3035Q	1997 – 2003	25-40%
HL200	2003 – 2006	25-40%

Effective in 2020-2021

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	0 - 38%
3034Q	1997 – 2003	0 - 38%
3035	1996 – 1997	0 - 38%
3035Q	1997 – 2003	0 - 38%
HL200	2003 – 2006	0 - 26%

[Effective in 2022

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	0 - 26%
3034Q	1997 – 2003	0 - 26%
3035	1996 – 1997	0 - 26%
3035Q	1997 – 2003	0 - 26%
HL200	2003 – 2006	0 - 26%

]

*** Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long term care coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the $1,000 annual premium for 10 years, so you have paid a total of $10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or $500 for a new annual premium of $1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are $10,000 (provided you have at least $10,000 of benefits remaining under your policy.)

Contingent Nonforfeiture **Cumulative Premium Increase over Initial Premium** **That qualifies for Contingent Nonforfeiture** (Percentage Increase is cumulative from date of original issue. It does NOT represent a one-time increase)	
Issue Age	Percent Increase over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

State: Virginia **Filing Company:** Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Comprehensive Long Term Care Coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request:	Form 3034 Rate Sheets with applied increase factors.pdf,
2		Qualified Long Term Care Rates		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request:	Form 3034Q Rate Sheets with applied increase factors.pdf,
3		Facility Only Long Term Care coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request:	Form 3035 Rate Sheets with applied increase factors.pdf,
4		Qualified Facility Only Long Term Care coverage		Revised	Previous State Filing Number: SFBL-129974404 Percent Rate Change Request:	Form 3035Q Rate Sheets with applied increase factors.pdf,
5		Qualified Long Term Care Rates		Revised	Previous State Filing Number: SFBL-129973541 Percent Rate Change Request: 20	VA Rate Sheets with 2-Year Phase-In Rate Increase.pdf,
6		All above forms		Revised	Previous State Filing Number: SFBL-129973541; SFBL-129974404 Percent Rate Change Request: 20	VA Rate Sheets with 2-Year Phase-In Rate Increase.pdf,

LTCG™
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

March 5, 2020

Southern Farm Bureau Life Insurance Company

The following rate pages correspond to the proposed rates. Proposed rates were calculated by applying the rate increase schedule below to the current rates.

Form	Benefit Period	Proposed Rate Increase
3034/3035	Limited	62%
3034/3035	Lifetime	81%
HL200	Limited	50%
HL200	Lifetime	91%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day	LIFETIME MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day
18-35	$37.18	$34.99	$30.62	$51.31	$48.87	$46.43
36	$39.37	$37.18	$32.81	$56.20	$51.31	$48.87
37	$41.55	$37.18	$34.99	$58.64	$56.20	$51.31
38	$43.74	$39.37	$37.18	$63.53	$58.64	$56.20
39	$45.93	$41.55	$37.18	$65.97	$61.09	$58.64
40	$48.11	$43.74	$39.37	$70.86	$65.97	$63.53
41	$50.30	$48.11	$41.55	$75.75	$70.86	$65.97
42	$54.68	$50.30	$43.74	$80.64	$73.31	$70.86
43	$56.86	$52.49	$45.93	$85.52	$78.19	$73.31
44	$61.24	$54.68	$48.11	$90.41	$83.08	$78.19
45	$63.42	$59.05	$52.49	$95.30	$87.97	$83.08
46	$67.80	$61.24	$54.68	$100.18	$92.85	$85.52
47	$72.17	$65.61	$56.86	$105.07	$97.74	$90.41
48	$76.55	$69.98	$61.24	$112.40	$102.63	$95.30
49	$83.11	$74.36	$65.61	$119.73	$109.96	$102.63
50	$89.67	$80.92	$69.98	$127.06	$117.29	$109.96
51	$96.23	$85.29	$74.36	$136.84	$124.62	$117.29
52	$102.79	$91.85	$78.73	$146.61	$134.39	$124.62
53	$109.35	$98.42	$85.29	$156.38	$144.17	$134.39
54	$120.29	$107.16	$91.85	$168.60	$153.94	$144.17
55	$129.03	$115.91	$100.60	$183.26	$166.16	$153.94
56	$142.16	$126.85	$109.35	$197.92	$180.82	$166.16
57	$155.28	$137.78	$118.10	$215.03	$195.48	$180.82
58	$168.40	$150.90	$129.03	$232.13	$210.14	$193.04
59	$183.71	$166.21	$139.97	$251.68	$227.25	$210.14
60	$201.20	$181.52	$153.09	$273.67	$246.79	$227.25
61	$220.89	$196.83	$168.40	$298.11	$268.79	$246.79
62	$238.38	$214.33	$181.52	$322.54	$290.78	$266.34
63	$260.25	$231.82	$196.83	$349.42	$315.21	$288.33
64	$284.31	$255.88	$216.51	$381.19	$342.09	$312.77
65	$314.93	$282.12	$238.38	$420.28	$376.30	$344.53
66	$347.73	$310.55	$262.44	$461.82	$412.95	$376.30
67	$384.91	$343.36	$290.87	$508.25	$454.49	$412.95
68	$424.28	$378.35	$321.49	$562.01	$500.92	$454.49
69	$472.39	$422.09	$356.48	$620.65	$554.67	$503.36
70	$527.07	$470.21	$398.03	$693.95	$618.21	$559.56
71	$588.30	$524.88	$443.96	$774.59	$689.07	$623.09
72	$656.10	$583.93	$492.08	$862.56	$767.26	$693.95
73	$730.46	$651.73	$548.94	$962.74	$852.78	$769.70
74	$817.94	$728.27	$612.36	$1,075.14	$952.97	$857.67
75	$918.54	$815.75	$686.72	$1,207.09	$1,067.81	$960.30
76	$1,030.08	$914.17	$767.64	$1,353.70	$1,194.87	$1,072.70
77	$1,148.18	$1,021.33	$857.30	$1,507.64	$1,329.26	$1,192.43
78	$1,283.77	$1,139.43	$955.72	$1,681.13	$1,480.76	$1,324.38
79	$1,436.86	$1,275.02	$1,069.44	$1,881.50	$1,651.81	$1,475.87
80	$1,614.01	$1,432.49	$1,200.66	$2,111.18	$1,852.17	$1,651.81

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day	LIFETIME MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day
18-35	$30.62	$30.62	$26.24	$43.98	$41.54	$39.10
36	$32.81	$30.62	$28.43	$48.87	$43.98	$41.54
37	$34.99	$30.62	$30.62	$48.87	$48.87	$43.98
38	$37.18	$32.81	$30.62	$53.76	$48.87	$48.87
39	$39.37	$34.99	$30.62	$56.20	$51.31	$48.87
40	$41.55	$37.18	$32.81	$61.09	$56.20	$53.76
41	$43.74	$41.55	$34.99	$63.53	$61.09	$56.20
42	$45.93	$43.74	$37.18	$68.42	$63.53	$61.09
43	$48.11	$43.74	$39.37	$73.31	$65.97	$63.53
44	$52.49	$45.93	$41.55	$75.75	$70.86	$65.97
45	$54.68	$50.30	$43.74	$80.64	$75.75	$70.86
46	$56.86	$52.49	$45.93	$85.52	$78.19	$73.31
47	$61.24	$56.86	$48.11	$90.41	$83.08	$75.75
48	$65.61	$59.05	$52.49	$95.30	$87.97	$80.64
49	$69.98	$63.42	$56.86	$102.63	$92.85	$87.97
50	$76.55	$67.80	$59.05	$107.51	$100.18	$92.85
51	$80.92	$72.17	$63.42	$117.29	$105.07	$100.18
52	$87.48	$78.73	$67.80	$124.62	$114.84	$105.07
53	$94.04	$83.11	$72.17	$131.95	$122.18	$114.84
54	$102.79	$91.85	$78.73	$144.17	$131.95	$122.18
55	$109.35	$98.42	$85.29	$156.38	$141.72	$131.95
56	$120.29	$107.16	$94.04	$168.60	$153.94	$141.72
57	$131.22	$118.10	$100.60	$183.26	$166.16	$153.94
58	$142.16	$129.03	$109.35	$197.92	$178.38	$163.71
59	$155.28	$142.16	$118.10	$215.03	$193.04	$178.38
60	$170.59	$155.28	$131.22	$232.13	$210.14	$193.04
61	$188.08	$168.40	$142.16	$254.12	$229.69	$210.14
62	$203.39	$181.52	$155.28	$273.67	$246.79	$227.25
63	$220.89	$196.83	$168.40	$298.11	$268.79	$244.35
64	$242.76	$216.51	$183.71	$324.99	$290.78	$266.34
65	$266.81	$240.57	$203.39	$356.75	$320.10	$293.22
66	$295.25	$264.63	$223.07	$393.40	$351.86	$320.10
67	$328.05	$290.87	$247.13	$432.50	$386.07	$351.86
68	$360.86	$321.49	$273.38	$478.93	$425.17	$386.07
69	$402.41	$358.67	$303.99	$527.80	$471.60	$427.61
70	$448.34	$400.22	$338.99	$588.88	$525.35	$476.48
71	$500.82	$446.15	$378.35	$657.30	$586.44	$530.24
72	$557.69	$496.45	$417.72	$733.05	$652.41	$588.88
73	$621.11	$553.31	$465.83	$818.57	$725.72	$654.86
74	$695.47	$618.92	$520.51	$913.87	$811.24	$728.16
75	$780.76	$693.28	$583.93	$1,026.27	$906.54	$816.13
76	$874.80	$776.39	$651.73	$1,150.89	$1,016.50	$911.43
77	$975.40	$868.24	$728.27	$1,280.39	$1,128.90	$1,014.05
78	$1,091.31	$968.84	$811.38	$1,429.45	$1,258.40	$1,126.45
79	$1,220.35	$1,084.75	$909.79	$1,600.49	$1,405.01	$1,253.52
80	$1,371.25	$1,218.16	$1,021.33	$1,793.53	$1,573.61	$1,405.01

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$26.24	$26.24	$21.87	$36.65	$34.21	$34.21
36	$28.43	$26.24	$24.06	$41.54	$36.65	$34.21
37	$30.62	$26.24	$26.24	$41.54	$41.54	$36.65
38	$30.62	$28.43	$26.24	$46.43	$41.54	$41.54
39	$32.81	$30.62	$26.24	$48.87	$43.98	$41.54
40	$34.99	$30.62	$28.43	$51.31	$48.87	$46.43
41	$37.18	$34.99	$30.62	$53.76	$51.31	$48.87
42	$39.37	$37.18	$30.62	$58.64	$53.76	$51.31
43	$41.55	$37.18	$32.81	$61.09	$56.20	$53.76
44	$43.74	$39.37	$34.99	$65.97	$61.09	$56.20
45	$45.93	$43.74	$37.18	$68.42	$63.53	$61.09
46	$48.11	$43.74	$39.37	$73.31	$65.97	$61.09
47	$52.49	$48.11	$41.55	$75.75	$70.86	$65.97
48	$54.68	$50.30	$43.74	$80.64	$73.31	$68.42
49	$59.05	$54.68	$48.11	$85.52	$80.64	$73.31
50	$65.61	$59.05	$50.30	$92.85	$85.52	$80.64
51	$69.98	$61.24	$54.68	$97.74	$90.41	$85.52
52	$74.36	$65.61	$56.86	$105.07	$97.74	$90.41
53	$78.73	$72.17	$61.24	$112.40	$105.07	$97.74
54	$87.48	$76.55	$65.61	$122.18	$112.40	$105.07
55	$94.04	$83.11	$72.17	$131.95	$119.73	$112.40
56	$102.79	$91.85	$78.73	$144.17	$129.51	$119.73
57	$111.54	$100.60	$85.29	$156.38	$141.72	$129.51
58	$122.47	$109.35	$94.04	$168.60	$151.50	$139.28
59	$133.41	$120.29	$100.60	$180.82	$163.71	$151.50
60	$144.34	$131.22	$111.54	$197.92	$178.38	$163.71
61	$159.65	$142.16	$122.47	$215.03	$193.04	$178.38
62	$172.77	$155.28	$131.22	$232.13	$210.14	$193.04
63	$188.08	$168.40	$142.16	$251.68	$227.25	$207.70
64	$205.58	$185.90	$157.46	$276.12	$246.79	$224.80
65	$227.45	$203.39	$172.77	$302.99	$271.23	$249.24
66	$251.51	$225.26	$190.27	$334.76	$298.11	$271.23
67	$277.75	$247.13	$209.95	$366.53	$327.43	$298.11
68	$306.18	$273.38	$231.82	$405.62	$361.64	$327.43
69	$341.17	$303.99	$258.07	$449.60	$400.73	$364.08
70	$380.54	$338.99	$286.50	$500.92	$447.16	$403.18
71	$424.28	$378.35	$321.49	$559.56	$498.47	$449.60
72	$474.58	$422.09	$356.48	$623.09	$554.67	$500.92
73	$527.07	$470.21	$395.85	$696.40	$615.76	$557.12
74	$590.49	$527.07	$441.77	$777.03	$689.07	$620.65
75	$662.66	$588.30	$496.45	$872.33	$772.15	$693.95
76	$743.58	$660.47	$555.50	$977.40	$862.56	$774.59
77	$828.87	$737.02	$618.92	$1,089.80	$960.30	$862.56
78	$927.29	$822.31	$691.09	$1,214.42	$1,070.25	$957.85
79	$1,038.83	$920.73	$772.01	$1,358.59	$1,192.43	$1,065.37
80	$1,165.67	$1,034.45	$868.24	$1,524.74	$1,339.04	$1,192.43

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$54.68	$50.30	$45.93	$83.08	$75.75	$70.86
36	$59.05	$54.68	$48.11	$87.97	$80.64	$75.75
37	$63.42	$56.86	$50.30	$92.85	$85.52	$80.64
38	$67.80	$61.24	$54.68	$100.18	$92.85	$85.52
39	$72.17	$65.61	$56.86	$107.51	$97.74	$92.85
40	$76.55	$69.98	$61.24	$114.84	$105.07	$97.74
41	$80.92	$74.36	$63.42	$122.18	$109.96	$105.07
42	$87.48	$78.73	$67.80	$129.51	$117.29	$109.96
43	$91.85	$83.11	$72.17	$136.84	$124.62	$117.29
44	$98.42	$89.67	$76.55	$146.61	$134.39	$124.62
45	$107.16	$96.23	$83.11	$156.38	$141.72	$131.95
46	$113.72	$102.79	$87.48	$166.16	$151.50	$141.72
47	$122.47	$111.54	$94.04	$178.38	$161.27	$151.50
48	$133.41	$118.10	$100.60	$190.59	$173.49	$161.27
49	$142.16	$126.85	$109.35	$205.25	$185.71	$171.05
50	$155.28	$137.78	$118.10	$219.92	$200.37	$183.26
51	$168.40	$150.90	$126.85	$237.02	$215.03	$197.92
52	$181.52	$161.84	$137.78	$256.57	$232.13	$212.58
53	$196.83	$174.96	$148.72	$276.12	$249.24	$229.69
54	$214.33	$190.27	$161.84	$298.11	$268.79	$246.79
55	$234.01	$207.77	$174.96	$324.99	$293.22	$268.79
56	$255.88	$227.45	$192.46	$351.86	$317.66	$290.78
57	$277.75	$249.32	$209.95	$381.19	$344.53	$315.21
58	$303.99	$271.19	$229.64	$415.40	$371.41	$339.65
59	$332.42	$295.25	$249.32	$449.60	$403.18	$366.53
60	$360.86	$321.49	$271.19	$486.26	$434.94	$398.29
61	$391.47	$347.73	$293.06	$525.35	$469.15	$427.61
62	$422.09	$376.16	$317.12	$564.45	$503.36	$459.38
63	$454.90	$404.60	$341.17	$605.99	$542.46	$491.14
64	$492.08	$439.59	$369.60	$654.86	$584.00	$530.24
65	$535.82	$478.95	$402.41	$711.06	$632.87	$574.22
66	$586.12	$522.69	$439.59	$774.59	$689.07	$623.09
67	$640.79	$570.81	$478.95	$845.45	$750.15	$679.29
68	$699.84	$623.30	$524.88	$921.20	$818.57	$737.94
69	$765.45	$682.34	$572.99	$1,004.28	$891.88	$803.91
70	$837.62	$745.77	$625.48	$1,099.58	$972.51	$877.22
71	$914.17	$813.56	$682.34	$1,197.32	$1,060.48	$952.97
72	$995.09	$883.55	$741.39	$1,302.39	$1,153.33	$1,036.04
73	$1,082.57	$962.28	$807.00	$1,419.67	$1,253.52	$1,124.01
74	$1,180.98	$1,049.76	$879.17	$1,549.18	$1,365.92	$1,224.19
75	$1,294.70	$1,150.36	$964.47	$1,698.23	$1,495.42	$1,339.04
76	$1,423.74	$1,264.09	$1,058.51	$1,864.39	$1,639.59	$1,466.10
77	$1,561.52	$1,384.37	$1,159.11	$2,042.77	$1,795.97	$1,602.94
78	$1,714.61	$1,519.97	$1,270.65	$2,240.69	$1,967.02	$1,751.99
79	$1,883.01	$1,668.68	$1,395.31	$2,460.60	$2,155.17	$1,918.15
80	$2,073.28	$1,837.08	$1,535.27	$2,707.40	$2,367.75	$2,106.30

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$45.93	$43.74	$39.37	$70.86	$63.53	$61.09
36	$50.30	$45.93	$41.55	$75.75	$68.42	$63.53
37	$54.68	$48.11	$43.74	$78.19	$73.31	$68.42
38	$56.86	$52.49	$45.93	$85.52	$78.19	$73.31
39	$61.24	$56.86	$48.11	$90.41	$83.08	$78.19
40	$65.61	$59.05	$52.49	$97.74	$90.41	$83.08
41	$67.80	$63.42	$54.68	$105.07	$92.85	$90.41
42	$74.36	$67.80	$56.86	$109.96	$100.18	$92.85
43	$78.73	$69.98	$61.24	$117.29	$105.07	$100.18
44	$83.11	$76.55	$65.61	$124.62	$114.84	$105.07
45	$91.85	$80.92	$69.98	$131.95	$119.73	$112.40
46	$96.23	$87.48	$74.36	$141.72	$129.51	$119.73
47	$104.98	$94.04	$80.92	$151.50	$136.84	$129.51
48	$113.72	$100.60	$85.29	$161.27	$146.61	$136.84
49	$120.29	$107.16	$94.04	$173.49	$158.83	$146.61
50	$131.22	$118.10	$100.60	$188.15	$171.05	$156.38
51	$142.16	$129.03	$107.16	$200.37	$183.26	$168.60
52	$155.28	$137.78	$118.10	$217.47	$197.92	$180.82
53	$168.40	$148.72	$126.85	$234.58	$212.58	$195.48
54	$181.52	$161.84	$137.78	$254.12	$229.69	$210.14
55	$199.02	$177.15	$148.72	$276.12	$249.24	$229.69
56	$216.51	$192.46	$164.03	$298.11	$271.23	$246.79
57	$236.20	$212.14	$179.33	$324.99	$293.22	$268.79
58	$258.07	$229.64	$194.64	$354.31	$315.21	$288.33
59	$282.12	$251.51	$212.14	$381.19	$342.09	$312.77
60	$306.18	$273.38	$229.64	$412.95	$368.97	$339.65
61	$332.42	$295.25	$249.32	$447.16	$398.29	$364.08
62	$358.67	$319.30	$269.00	$478.93	$427.61	$390.96
63	$387.10	$343.36	$290.87	$515.58	$461.82	$417.84
64	$417.72	$373.98	$314.93	$557.12	$496.03	$449.60
65	$454.90	$406.78	$341.17	$603.54	$537.57	$488.70
66	$498.64	$443.96	$373.98	$657.30	$586.44	$530.24
67	$544.56	$485.51	$406.78	$718.39	$637.75	$576.67
68	$594.86	$529.25	$446.15	$781.92	$696.40	$627.98
69	$651.73	$579.56	$487.70	$852.78	$757.49	$684.18
70	$712.96	$634.23	$531.44	$935.86	$825.90	$745.27
71	$776.39	$691.09	$579.56	$1,018.94	$901.65	$811.24
72	$846.37	$750.14	$629.86	$1,106.91	$979.84	$879.66
73	$920.73	$817.94	$686.72	$1,207.09	$1,065.37	$955.41
74	$1,003.83	$892.30	$747.95	$1,317.05	$1,160.66	$1,040.93
75	$1,100.06	$977.59	$820.13	$1,444.11	$1,270.62	$1,138.67
76	$1,209.41	$1,073.82	$898.86	$1,585.83	$1,392.80	$1,246.19
77	$1,327.51	$1,176.61	$986.34	$1,737.33	$1,527.19	$1,363.47
78	$1,456.54	$1,292.52	$1,080.38	$1,903.49	$1,671.35	$1,488.09
79	$1,600.88	$1,419.36	$1,185.35	$2,091.64	$1,832.63	$1,629.81
80	$1,762.72	$1,561.52	$1,305.64	$2,301.78	$2,013.44	$1,791.09

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$39.37	$37.18	$32.81	$61.09	$53.76	$51.31
36	$43.74	$39.37	$34.99	$63.53	$58.64	$53.76
37	$45.93	$41.55	$37.18	$65.97	$61.09	$58.64
38	$48.11	$43.74	$39.37	$73.31	$65.97	$61.09
39	$52.49	$48.11	$41.55	$78.19	$70.86	$65.97
40	$54.68	$50.30	$43.74	$83.08	$75.75	$70.86
41	$59.05	$54.68	$45.93	$87.97	$80.64	$75.75
42	$63.42	$56.86	$48.11	$92.85	$85.52	$80.64
43	$65.61	$59.05	$52.49	$97.74	$90.41	$85.52
44	$72.17	$65.61	$54.68	$105.07	$97.74	$90.41
45	$76.55	$69.98	$59.05	$112.40	$102.63	$95.30
46	$83.11	$74.36	$63.42	$119.73	$109.96	$102.63
47	$87.48	$80.92	$67.80	$129.51	$117.29	$109.96
48	$96.23	$85.29	$72.17	$136.84	$124.62	$117.29
49	$102.79	$91.85	$78.73	$149.05	$134.39	$124.62
50	$111.54	$100.60	$85.29	$158.83	$144.17	$131.95
51	$122.47	$109.35	$91.85	$171.05	$156.38	$144.17
52	$131.22	$115.91	$100.60	$185.71	$168.60	$153.94
53	$142.16	$126.85	$107.16	$200.37	$180.82	$166.16
54	$155.28	$137.78	$115.91	$215.03	$193.04	$178.38
55	$168.40	$150.90	$126.85	$234.58	$212.58	$193.04
56	$185.90	$164.03	$139.97	$254.12	$229.69	$210.14
57	$201.20	$179.33	$150.90	$276.12	$249.24	$227.25
58	$218.70	$196.83	$166.21	$300.55	$268.79	$244.35
59	$240.57	$214.33	$179.33	$324.99	$290.78	$263.90
60	$260.25	$231.82	$196.83	$351.86	$315.21	$288.33
61	$282.12	$251.51	$212.14	$378.74	$339.65	$307.88
62	$303.99	$271.19	$229.64	$408.06	$364.08	$332.32
63	$328.05	$293.06	$247.13	$437.39	$390.96	$354.31
64	$356.48	$317.12	$266.81	$474.04	$422.73	$383.63
65	$387.10	$345.55	$290.87	$513.14	$456.93	$415.40
66	$424.28	$378.35	$317.12	$559.56	$498.47	$449.60
67	$463.64	$413.34	$345.55	$610.88	$542.46	$491.14
68	$505.20	$450.52	$378.35	$664.63	$591.33	$532.68
69	$553.31	$492.08	$413.34	$725.72	$645.08	$581.55
70	$605.80	$538.00	$452.71	$794.14	$703.73	$632.87
71	$660.47	$588.30	$492.08	$865.00	$767.26	$689.07
72	$719.52	$638.60	$535.82	$940.75	$833.23	$747.71
73	$782.95	$695.47	$583.93	$1,026.27	$906.54	$811.24
74	$852.93	$758.89	$634.23	$1,119.12	$987.17	$884.55
75	$936.04	$831.06	$697.65	$1,226.64	$1,080.03	$967.63
76	$1,027.89	$914.17	$765.45	$1,346.37	$1,185.10	$1,060.48
77	$1,128.49	$999.46	$837.62	$1,475.87	$1,297.50	$1,158.22
78	$1,237.84	$1,097.87	$918.54	$1,620.04	$1,422.12	$1,265.73
79	$1,360.31	$1,205.04	$1,008.21	$1,778.87	$1,556.51	$1,385.46
80	$1,498.10	$1,327.51	$1,108.81	$1,957.24	$1,710.45	$1,522.30

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$89.67	$83.11	$72.17	$129.51	$117.29	$109.96
36	$96.23	$87.48	$74.36	$136.84	$124.62	$114.84
37	$100.60	$91.85	$78.73	$144.17	$131.95	$122.18
38	$107.16	$96.23	$83.11	$153.94	$139.28	$129.51
39	$113.72	$102.79	$87.48	$161.27	$146.61	$136.84
40	$120.29	$107.16	$91.85	$171.05	$153.94	$144.17
41	$126.85	$113.72	$98.42	$180.82	$163.71	$151.50
42	$133.41	$120.29	$102.79	$190.59	$173.49	$158.83
43	$142.16	$126.85	$109.35	$200.37	$180.82	$168.60
44	$148.72	$133.41	$113.72	$212.58	$190.59	$175.93
45	$159.65	$142.16	$120.29	$224.80	$202.81	$185.71
46	$168.40	$150.90	$126.85	$237.02	$212.58	$195.48
47	$177.15	$159.65	$135.59	$249.24	$224.80	$207.70
48	$188.08	$168.40	$142.16	$263.90	$237.02	$217.47
49	$199.02	$179.33	$150.90	$278.56	$251.68	$229.69
50	$212.14	$190.27	$161.84	$295.66	$266.34	$244.35
51	$227.45	$201.20	$170.59	$312.77	$281.00	$259.01
52	$240.57	$214.33	$181.52	$332.32	$298.11	$273.67
53	$258.07	$229.64	$192.46	$354.31	$317.66	$290.78
54	$273.38	$244.94	$205.58	$376.30	$337.20	$307.88
55	$293.06	$262.44	$220.89	$400.73	$359.19	$327.43
56	$314.93	$279.94	$236.20	$427.61	$383.63	$349.42
57	$336.80	$301.81	$253.69	$456.93	$410.51	$373.86
58	$360.86	$323.68	$271.19	$488.70	$437.39	$398.29
59	$387.10	$345.55	$290.87	$520.47	$466.71	$422.73
60	$415.53	$369.60	$312.74	$554.67	$496.03	$449.60
61	$441.77	$393.66	$332.42	$591.33	$527.80	$478.93
62	$470.21	$419.90	$352.11	$625.54	$557.12	$505.80
63	$500.82	$446.15	$373.98	$664.63	$591.33	$535.13
64	$533.63	$474.58	$400.22	$708.62	$630.42	$569.34
65	$575.18	$511.76	$430.84	$759.93	$674.41	$610.88
66	$621.11	$553.31	$463.64	$818.57	$728.16	$657.30
67	$671.41	$597.05	$503.01	$882.10	$784.36	$708.62
68	$726.08	$647.35	$544.56	$955.41	$847.89	$764.82
69	$789.51	$702.03	$590.49	$1,033.60	$916.31	$825.90
70	$857.30	$763.26	$640.79	$1,124.01	$994.50	$896.76
71	$931.66	$828.87	$695.47	$1,219.31	$1,080.03	$970.07
72	$1,008.21	$896.67	$752.33	$1,321.93	$1,167.99	$1,048.26
73	$1,093.50	$971.03	$813.56	$1,431.89	$1,265.73	$1,136.23
74	$1,189.73	$1,056.32	$885.74	$1,558.95	$1,375.69	$1,233.97
75	$1,301.27	$1,156.92	$968.84	$1,705.56	$1,502.75	$1,346.37
76	$1,428.11	$1,268.46	$1,060.70	$1,869.28	$1,644.48	$1,470.99
77	$1,565.89	$1,388.75	$1,161.30	$2,047.65	$1,800.86	$1,607.82
78	$1,716.80	$1,522.15	$1,275.02	$2,245.58	$1,969.46	$1,756.88
79	$1,885.19	$1,670.87	$1,397.49	$2,463.05	$2,160.05	$1,923.03
80	$2,075.46	$1,839.27	$1,537.46	$2,707.40	$2,370.20	$2,106.30

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$76.55	$69.98	$61.24	$109.96	$100.18	$92.85
36	$80.92	$74.36	$63.42	$117.29	$105.07	$97.74
37	$85.29	$78.73	$67.80	$122.18	$112.40	$105.07
38	$91.85	$80.92	$69.98	$131.95	$117.29	$109.96
39	$96.23	$87.48	$74.36	$136.84	$124.62	$117.29
40	$102.79	$91.85	$78.73	$146.61	$131.95	$122.18
41	$107.16	$96.23	$83.11	$153.94	$139.28	$129.51
42	$113.72	$102.79	$87.48	$161.27	$146.61	$134.39
43	$120.29	$107.16	$94.04	$171.05	$153.94	$144.17
44	$126.85	$113.72	$96.23	$180.82	$161.27	$149.05
45	$135.59	$120.29	$102.79	$190.59	$173.49	$158.83
46	$142.16	$129.03	$107.16	$200.37	$180.82	$166.16
47	$150.90	$135.59	$115.91	$212.58	$190.59	$175.93
48	$159.65	$142.16	$120.29	$224.80	$200.37	$185.71
49	$168.40	$153.09	$129.03	$237.02	$215.03	$195.48
50	$179.33	$161.84	$137.78	$251.68	$227.25	$207.70
51	$192.46	$170.59	$144.34	$266.34	$239.46	$219.92
52	$205.58	$181.52	$155.28	$283.45	$254.12	$232.13
53	$218.70	$194.64	$164.03	$300.55	$271.23	$246.79
54	$231.82	$207.77	$174.96	$320.10	$285.89	$261.45
55	$249.32	$223.07	$188.08	$339.65	$305.44	$278.56
56	$266.81	$238.38	$201.20	$364.08	$324.99	$298.11
57	$286.50	$255.88	$216.51	$388.52	$349.42	$317.66
58	$306.18	$275.56	$229.64	$415.40	$371.41	$339.65
59	$328.05	$293.06	$247.13	$442.27	$395.85	$359.19
60	$354.29	$314.93	$266.81	$471.60	$422.73	$381.19
61	$376.16	$334.61	$282.12	$503.36	$449.60	$408.06
62	$400.22	$356.48	$299.62	$532.68	$474.04	$430.06
63	$426.47	$378.35	$317.12	$564.45	$503.36	$454.49
64	$452.71	$402.41	$341.17	$603.54	$535.13	$483.81
65	$489.89	$435.21	$365.23	$645.08	$574.22	$520.47
66	$527.07	$470.21	$393.66	$696.40	$618.21	$559.56
67	$570.81	$507.38	$428.65	$750.15	$667.08	$603.54
68	$616.73	$551.12	$463.64	$811.24	$720.83	$649.97
69	$671.41	$597.05	$503.01	$879.66	$779.48	$701.28
70	$728.27	$649.54	$544.56	$955.41	$845.45	$762.37
71	$791.69	$704.21	$590.49	$1,036.04	$918.76	$823.46
72	$857.30	$763.26	$638.60	$1,124.01	$992.06	$891.88
73	$929.48	$824.50	$691.09	$1,216.86	$1,075.14	$965.18
74	$1,010.39	$898.86	$752.33	$1,324.38	$1,170.44	$1,048.26
75	$1,106.62	$984.15	$824.50	$1,449.00	$1,277.95	$1,143.56
76	$1,213.79	$1,078.19	$901.04	$1,588.28	$1,397.68	$1,251.07
77	$1,331.88	$1,180.98	$986.34	$1,739.77	$1,529.63	$1,365.92
78	$1,458.73	$1,294.70	$1,084.75	$1,908.37	$1,673.80	$1,492.98
79	$1,603.07	$1,419.36	$1,187.54	$2,094.08	$1,835.07	$1,634.70
80	$1,764.91	$1,563.71	$1,307.83	$2,301.78	$2,015.89	$1,791.09

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$65.61	$59.05	$52.49	$92.85	$85.52	$80.64
36	$69.98	$63.42	$54.68	$97.74	$90.41	$83.08
37	$72.17	$65.61	$56.86	$105.07	$95.30	$87.97
38	$76.55	$69.98	$59.05	$112.40	$100.18	$92.85
39	$83.11	$74.36	$63.42	$117.29	$105.07	$97.74
40	$87.48	$76.55	$65.61	$124.62	$112.40	$105.07
41	$91.85	$83.11	$72.17	$129.51	$117.29	$109.96
42	$96.23	$87.48	$74.36	$136.84	$124.62	$114.84
43	$102.79	$91.85	$78.73	$144.17	$129.51	$122.18
44	$107.16	$96.23	$83.11	$153.94	$136.84	$127.06
45	$115.91	$102.79	$87.48	$161.27	$146.61	$134.39
46	$122.47	$109.35	$91.85	$171.05	$153.94	$141.72
47	$129.03	$115.91	$98.42	$180.82	$161.27	$149.05
48	$135.59	$122.47	$102.79	$190.59	$171.05	$156.38
49	$144.34	$129.03	$109.35	$200.37	$180.82	$166.16
50	$153.09	$137.78	$115.91	$212.58	$193.04	$175.93
51	$164.03	$144.34	$122.47	$224.80	$202.81	$188.15
52	$172.77	$155.28	$131.22	$239.46	$215.03	$197.92
53	$185.90	$166.21	$139.97	$256.57	$229.69	$210.14
54	$196.83	$177.15	$148.72	$271.23	$244.35	$222.36
55	$212.14	$190.27	$159.65	$288.33	$259.01	$237.02
56	$227.45	$201.20	$170.59	$307.88	$276.12	$251.68
57	$242.76	$218.70	$183.71	$329.87	$295.66	$271.23
58	$260.25	$234.01	$196.83	$354.31	$315.21	$288.33
59	$279.94	$249.32	$209.95	$376.30	$337.20	$305.44
60	$299.62	$266.81	$225.26	$400.73	$359.19	$324.99
61	$319.30	$284.31	$240.57	$427.61	$381.19	$346.98
62	$338.99	$303.99	$253.69	$452.05	$403.18	$366.53
63	$360.86	$321.49	$271.19	$481.37	$427.61	$386.07
64	$384.91	$343.36	$288.68	$513.14	$454.49	$410.51
65	$415.53	$369.60	$310.55	$549.79	$486.26	$442.27
66	$448.34	$400.22	$334.61	$591.33	$525.35	$474.04
67	$485.51	$430.84	$363.04	$637.75	$566.89	$513.14
68	$524.88	$468.02	$393.66	$689.07	$613.32	$552.23
69	$570.81	$507.38	$426.47	$747.71	$662.19	$596.21
70	$618.92	$551.12	$463.64	$811.24	$718.39	$647.53
71	$673.60	$599.24	$503.01	$882.10	$779.48	$701.28
72	$728.27	$647.35	$544.56	$955.41	$843.01	$757.49
73	$789.51	$702.03	$588.30	$1,033.60	$913.87	$821.02
74	$859.49	$763.26	$640.79	$1,126.45	$994.50	$891.88
75	$940.41	$835.43	$699.84	$1,231.52	$1,084.91	$972.51
76	$1,032.26	$916.35	$765.45	$1,351.26	$1,187.54	$1,062.92
77	$1,130.68	$1,003.83	$839.81	$1,478.32	$1,299.94	$1,160.66
78	$1,240.03	$1,100.06	$920.73	$1,622.48	$1,422.12	$1,268.18
79	$1,362.50	$1,207.22	$1,010.39	$1,778.87	$1,561.40	$1,390.35
80	$1,500.28	$1,329.70	$1,111.00	$1,957.24	$1,712.89	$1,522.30

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium

Issue Age	Return of Premium at Death Option	Nonforfeiture at Lapse Option
40	3.90%	13.40%
41	4.10%	13.00%
42	4.40%	12.60%
43	4.60%	12.20%
44	4.80%	11.90%
45	5.10%	11.60%
46	5.40%	11.40%
47	5.60%	11.20%
48	5.90%	11.00%
49	6.20%	10.80%
50	6.40%	10.60%
51	6.60%	10.30%
52	6.90%	10.00%
53	7.10%	9.70%
54	7.30%	9.30%
55	7.50%	9.00%
56	7.60%	8.70%
57	7.70%	8.40%
58	7.80%	8.20%
59	7.70%	7.90%
60	7.60%	7.60%
61	7.30%	7.30%
62	6.90%	7.00%
63	6.40%	6.70%
64	5.80%	6.40%
65	5.30%	6.10%
66	4.50%	5.80%
67	3.70%	5.50%
68	2.90%	5.10%
69	2.20%	4.80%
70	N/A	4.50%
71	N/A	4.20%
72	N/A	3.90%
73	N/A	3.60%
74	N/A	3.30%
75	N/A	3.00%
76	N/A	2.70%
77	N/A	2.50%
78	N/A	2.20%
79	N/A	2.00%
80	N/A	1.80%

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March 5, 2020

Southern Farm Bureau Life Insurance Company

The following rate pages correspond to the proposed rates. Proposed rates were calculated by applying the rate increase schedule below to the current rates.

Form	Benefit Period	Proposed Rate Increase
3034/3035	Limited	62%
3034/3035	Lifetime	81%
HL200	Limited	50%
HL200	Lifetime	91%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$37.18	$34.99	$32.81	$53.76	$48.87	$46.43
36	$39.37	$37.18	$32.81	$56.20	$53.76	$51.31
37	$41.55	$39.37	$34.99	$58.64	$56.20	$53.76
38	$43.74	$41.55	$37.18	$63.53	$58.64	$56.20
39	$45.93	$43.74	$39.37	$68.42	$63.53	$61.09
40	$50.30	$45.93	$41.55	$70.86	$65.97	$63.53
41	$52.49	$48.11	$43.74	$75.75	$70.86	$65.97
42	$54.68	$50.30	$43.74	$80.64	$75.75	$70.86
43	$59.05	$52.49	$45.93	$85.52	$78.19	$75.75
44	$61.24	$56.86	$50.30	$90.41	$83.08	$78.19
45	$65.61	$59.05	$52.49	$95.30	$87.97	$83.08
46	$69.98	$63.42	$54.68	$102.63	$92.85	$87.97
47	$74.36	$67.80	$59.05	$107.51	$97.74	$92.85
48	$78.73	$72.17	$61.24	$112.40	$105.07	$97.74
49	$83.11	$76.55	$65.61	$119.73	$109.96	$102.63
50	$89.67	$80.92	$69.98	$129.51	$117.29	$109.96
51	$96.23	$87.48	$74.36	$139.28	$127.06	$117.29
52	$104.98	$94.04	$80.92	$149.05	$134.39	$127.06
53	$111.54	$100.60	$87.48	$158.83	$146.61	$134.39
54	$120.29	$109.35	$94.04	$171.05	$156.38	$146.61
55	$131.22	$118.10	$100.60	$185.71	$168.60	$156.38
56	$144.34	$129.03	$109.35	$200.37	$183.26	$168.60
57	$157.46	$139.97	$120.29	$217.47	$197.92	$183.26
58	$170.59	$153.09	$131.22	$234.58	$212.58	$197.92
59	$188.08	$168.40	$142.16	$256.57	$232.13	$212.58
60	$205.58	$183.71	$155.28	$278.56	$251.68	$232.13
61	$223.07	$201.20	$170.59	$302.99	$273.67	$251.68
62	$242.76	$218.70	$185.90	$327.43	$295.66	$271.23
63	$264.63	$236.20	$201.20	$356.75	$320.10	$293.22
64	$290.87	$260.25	$220.89	$388.52	$349.42	$320.10
65	$321.49	$286.50	$242.76	$427.61	$383.63	$349.42
66	$354.29	$317.12	$269.00	$471.60	$422.73	$386.07
67	$391.47	$349.92	$295.25	$518.02	$464.27	$422.73
68	$433.03	$387.10	$328.05	$571.78	$510.69	$464.27
69	$481.14	$430.84	$363.04	$635.31	$566.89	$513.14
70	$538.00	$481.14	$406.78	$708.62	$632.87	$571.78
71	$603.61	$538.00	$452.71	$794.14	$706.17	$637.75
72	$671.41	$599.24	$505.20	$884.55	$786.81	$711.06
73	$750.14	$667.04	$562.06	$987.17	$874.77	$789.25
74	$839.81	$747.95	$627.67	$1,104.46	$979.84	$882.10
75	$944.78	$839.81	$704.21	$1,241.30	$1,097.13	$987.17
76	$1,058.51	$940.41	$789.51	$1,392.80	$1,229.08	$1,102.02
77	$1,183.17	$1,051.95	$881.36	$1,554.07	$1,368.36	$1,226.64
78	$1,320.95	$1,174.42	$984.15	$1,734.89	$1,524.74	$1,365.92
79	$1,480.60	$1,314.39	$1,102.25	$1,940.14	$1,703.12	$1,522.30
80	$1,664.31	$1,476.23	$1,237.84	$2,179.60	$1,910.82	$1,703.12

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$30.62	$30.62	$28.43	$46.43	$41.54	$39.10
36	$32.81	$30.62	$28.43	$48.87	$46.43	$43.98
37	$34.99	$32.81	$30.62	$48.87	$48.87	$46.43
38	$37.18	$34.99	$30.62	$53.76	$48.87	$48.87
39	$39.37	$37.18	$32.81	$58.64	$53.76	$51.31
40	$43.74	$39.37	$34.99	$61.09	$56.20	$53.76
41	$43.74	$41.55	$37.18	$63.53	$61.09	$56.20
42	$45.93	$43.74	$37.18	$68.42	$63.53	$61.09
43	$50.30	$43.74	$39.37	$73.31	$65.97	$63.53
44	$52.49	$48.11	$43.74	$75.75	$70.86	$65.97
45	$56.86	$50.30	$43.74	$80.64	$75.75	$70.86
46	$59.05	$54.68	$45.93	$87.97	$78.19	$75.75
47	$63.42	$56.86	$50.30	$90.41	$83.08	$78.19
48	$67.80	$61.24	$52.49	$95.30	$90.41	$83.08
49	$69.98	$65.61	$56.86	$102.63	$92.85	$87.97
50	$76.55	$67.80	$59.05	$109.96	$100.18	$92.85
51	$80.92	$74.36	$63.42	$117.29	$107.51	$100.18
52	$89.67	$80.92	$67.80	$127.06	$114.84	$107.51
53	$94.04	$85.29	$74.36	$134.39	$124.62	$114.84
54	$102.79	$94.04	$80.92	$146.61	$131.95	$124.62
55	$111.54	$100.60	$85.29	$158.83	$144.17	$131.95
56	$122.47	$109.35	$94.04	$171.05	$156.38	$144.17
57	$133.41	$118.10	$102.79	$185.71	$168.60	$156.38
58	$144.34	$131.22	$111.54	$200.37	$180.82	$168.60
59	$159.65	$142.16	$120.29	$217.47	$197.92	$180.82
60	$174.96	$155.28	$131.22	$237.02	$215.03	$197.92
61	$190.27	$170.59	$144.34	$256.57	$232.13	$215.03
62	$205.58	$185.90	$157.46	$278.56	$251.68	$229.69
63	$225.26	$201.20	$170.59	$302.99	$271.23	$249.24
64	$247.13	$220.89	$188.08	$329.87	$298.11	$271.23
65	$273.38	$242.76	$205.58	$364.08	$324.99	$298.11
66	$301.81	$269.00	$229.64	$400.73	$359.19	$327.43
67	$332.42	$297.43	$251.51	$439.83	$395.85	$359.19
68	$367.42	$328.05	$279.94	$486.26	$434.94	$395.85
69	$408.97	$365.23	$308.37	$540.01	$481.37	$437.39
70	$457.08	$408.97	$345.55	$603.54	$537.57	$486.26
71	$513.95	$457.08	$384.91	$674.41	$601.10	$542.46
72	$570.81	$509.57	$428.65	$752.60	$669.52	$603.54
73	$638.60	$566.43	$476.77	$838.12	$742.82	$671.96
74	$712.96	$636.42	$533.63	$938.30	$833.23	$750.15
75	$802.63	$712.96	$599.24	$1,055.59	$933.42	$838.12
76	$898.86	$800.44	$671.41	$1,185.10	$1,045.82	$935.86
77	$1,006.02	$894.48	$750.14	$1,321.93	$1,163.11	$1,043.37
78	$1,121.93	$997.27	$837.62	$1,475.87	$1,295.06	$1,160.66
79	$1,257.53	$1,117.56	$936.04	$1,649.36	$1,446.55	$1,295.06
80	$1,414.99	$1,255.34	$1,051.95	$1,852.17	$1,624.93	$1,446.55

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$26.24	$26.24	$24.06	$39.10	$34.21	$34.21
36	$28.43	$26.24	$24.06	$41.54	$39.10	$36.65
37	$30.62	$28.43	$26.24	$41.54	$41.54	$39.10
38	$30.62	$30.62	$26.24	$46.43	$41.54	$41.54
39	$32.81	$30.62	$28.43	$48.87	$46.43	$43.98
40	$37.18	$32.81	$30.62	$51.31	$48.87	$46.43
41	$37.18	$34.99	$30.62	$53.76	$51.31	$48.87
42	$39.37	$37.18	$30.62	$58.64	$53.76	$51.31
43	$43.74	$37.18	$32.81	$61.09	$56.20	$53.76
44	$43.74	$41.55	$37.18	$65.97	$61.09	$56.20
45	$48.11	$43.74	$37.18	$68.42	$63.53	$61.09
46	$50.30	$45.93	$39.37	$73.31	$65.97	$63.53
47	$54.68	$48.11	$43.74	$78.19	$70.86	$65.97
48	$56.86	$52.49	$43.74	$80.64	$75.75	$70.86
49	$59.05	$54.68	$48.11	$85.52	$80.64	$73.31
50	$65.61	$59.05	$50.30	$92.85	$85.52	$80.64
51	$69.98	$63.42	$54.68	$100.18	$92.85	$85.52
52	$76.55	$67.80	$59.05	$107.51	$97.74	$92.85
53	$80.92	$72.17	$63.42	$114.84	$105.07	$97.74
54	$87.48	$78.73	$67.80	$124.62	$112.40	$105.07
55	$94.04	$85.29	$72.17	$134.39	$122.18	$112.40
56	$104.98	$94.04	$78.73	$144.17	$131.95	$122.18
57	$113.72	$100.60	$87.48	$156.38	$144.17	$131.95
58	$122.47	$111.54	$94.04	$168.60	$153.94	$144.17
59	$135.59	$122.47	$102.79	$185.71	$168.60	$153.94
60	$148.72	$133.41	$111.54	$200.37	$180.82	$168.60
61	$161.84	$144.34	$122.47	$219.92	$197.92	$180.82
62	$174.96	$157.46	$133.41	$237.02	$212.58	$195.48
63	$190.27	$170.59	$144.34	$256.57	$232.13	$212.58
64	$209.95	$188.08	$159.65	$281.00	$251.68	$232.13
65	$231.82	$207.77	$174.96	$307.88	$276.12	$251.68
66	$255.88	$229.64	$194.64	$339.65	$305.44	$278.56
67	$282.12	$253.69	$214.33	$373.86	$334.76	$305.44
68	$312.74	$279.94	$236.20	$412.95	$368.97	$334.76
69	$347.73	$310.55	$262.44	$459.38	$410.51	$371.41
70	$389.29	$347.73	$293.06	$513.14	$456.93	$412.95
71	$435.21	$389.29	$328.05	$574.22	$510.69	$461.82
72	$485.51	$433.03	$365.23	$640.20	$569.34	$513.14
73	$542.38	$481.14	$406.78	$713.50	$632.87	$569.34
74	$605.80	$540.19	$452.71	$799.02	$708.62	$637.75
75	$682.34	$605.80	$509.57	$896.76	$791.69	$713.50
76	$765.45	$680.16	$570.81	$1,006.72	$886.99	$796.58
77	$855.12	$761.08	$636.42	$1,124.01	$989.62	$886.99
78	$953.53	$848.56	$710.78	$1,253.52	$1,102.02	$987.17
79	$1,069.44	$949.16	$796.07	$1,402.57	$1,231.52	$1,099.58
80	$1,202.85	$1,067.26	$894.48	$1,573.61	$1,380.58	$1,231.52

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$56.86	$52.49	$45.93	$83.08	$75.75	$73.31
36	$59.05	$54.68	$48.11	$87.97	$83.08	$78.19
37	$63.42	$59.05	$50.30	$95.30	$87.97	$83.08
38	$67.80	$61.24	$54.68	$100.18	$92.85	$87.97
39	$72.17	$65.61	$56.86	$107.51	$100.18	$92.85
40	$76.55	$69.98	$61.24	$114.84	$105.07	$100.18
41	$83.11	$74.36	$65.61	$122.18	$112.40	$105.07
42	$87.48	$80.92	$69.98	$131.95	$119.73	$112.40
43	$94.04	$85.29	$74.36	$139.28	$127.06	$119.73
44	$100.60	$91.85	$78.73	$149.05	$136.84	$127.06
45	$109.35	$98.42	$83.11	$158.83	$144.17	$134.39
46	$115.91	$104.98	$89.67	$168.60	$153.94	$144.17
47	$124.66	$111.54	$96.23	$180.82	$163.71	$151.50
48	$133.41	$120.29	$102.79	$193.04	$175.93	$163.71
49	$144.34	$129.03	$111.54	$207.70	$188.15	$173.49
50	$157.46	$139.97	$120.29	$222.36	$202.81	$185.71
51	$170.59	$153.09	$129.03	$241.91	$217.47	$200.37
52	$183.71	$164.03	$139.97	$259.01	$234.58	$217.47
53	$199.02	$179.33	$150.90	$281.00	$254.12	$232.13
54	$216.51	$194.64	$164.03	$302.99	$273.67	$251.68
55	$236.20	$212.14	$179.33	$329.87	$295.66	$271.23
56	$260.25	$231.82	$194.64	$356.75	$322.54	$295.66
57	$282.12	$251.51	$212.14	$388.52	$349.42	$320.10
58	$308.37	$275.56	$231.82	$420.28	$378.74	$344.53
59	$336.80	$299.62	$253.69	$456.93	$408.06	$373.86
60	$367.42	$328.05	$275.56	$493.59	$442.27	$403.18
61	$398.03	$354.29	$299.62	$535.13	$476.48	$434.94
62	$428.65	$382.73	$321.49	$574.22	$513.14	$466.71
63	$463.64	$413.34	$347.73	$618.21	$552.23	$500.92
64	$503.01	$448.34	$376.16	$667.08	$596.21	$540.01
65	$546.75	$487.70	$411.16	$725.72	$647.53	$586.44
66	$599.24	$533.63	$448.34	$791.69	$703.73	$637.75
67	$653.91	$581.74	$489.89	$862.56	$767.26	$691.51
68	$715.15	$636.42	$535.82	$940.75	$835.68	$752.60
69	$780.76	$695.47	$583.93	$1,026.27	$911.43	$821.02
70	$855.12	$761.08	$640.79	$1,124.01	$994.50	$896.76
71	$936.04	$831.06	$697.65	$1,226.64	$1,084.91	$974.96
72	$1,019.14	$905.42	$758.89	$1,334.15	$1,180.21	$1,060.48
73	$1,108.81	$986.34	$826.69	$1,453.88	$1,285.28	$1,153.33
74	$1,211.60	$1,076.00	$903.23	$1,590.72	$1,402.57	$1,258.40
75	$1,331.88	$1,183.17	$990.71	$1,744.66	$1,536.96	$1,378.13
76	$1,465.29	$1,299.08	$1,086.94	$1,918.15	$1,688.46	$1,507.64
77	$1,607.45	$1,425.92	$1,194.10	$2,103.85	$1,849.73	$1,649.36
78	$1,764.91	$1,565.89	$1,310.01	$2,309.11	$2,025.66	$1,805.75
79	$1,942.06	$1,721.17	$1,439.05	$2,538.80	$2,223.59	$1,979.24
80	$2,141.07	$1,896.13	$1,585.58	$2,795.36	$2,445.94	$2,172.27

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$48.11	$43.74	$39.37	$70.86	$63.53	$63.53
36	$50.30	$45.93	$41.55	$75.75	$70.86	$65.97
37	$54.68	$50.30	$43.74	$80.64	$75.75	$70.86
38	$56.86	$52.49	$45.93	$85.52	$78.19	$75.75
39	$61.24	$56.86	$48.11	$90.41	$85.52	$78.19
40	$65.61	$59.05	$52.49	$97.74	$90.41	$85.52
41	$69.98	$63.42	$56.86	$105.07	$95.30	$90.41
42	$74.36	$67.80	$59.05	$112.40	$102.63	$95.30
43	$80.92	$72.17	$63.42	$117.29	$107.51	$102.63
44	$85.29	$78.73	$67.80	$127.06	$117.29	$107.51
45	$94.04	$83.11	$69.98	$134.39	$122.18	$114.84
46	$98.42	$89.67	$76.55	$144.17	$131.95	$122.18
47	$104.98	$94.04	$80.92	$153.94	$139.28	$129.51
48	$113.72	$102.79	$87.48	$163.71	$149.05	$139.28
49	$122.47	$109.35	$94.04	$175.93	$158.83	$146.61
50	$133.41	$118.10	$102.79	$188.15	$173.49	$158.83
51	$144.34	$131.22	$109.35	$205.25	$185.71	$171.05
52	$155.28	$139.97	$118.10	$219.92	$200.37	$185.71
53	$168.40	$153.09	$129.03	$239.46	$215.03	$197.92
54	$183.71	$166.21	$139.97	$256.57	$232.13	$215.03
55	$201.20	$179.33	$153.09	$281.00	$251.68	$229.69
56	$220.89	$196.83	$166.21	$302.99	$273.67	$251.68
57	$240.57	$214.33	$179.33	$329.87	$298.11	$271.23
58	$262.44	$234.01	$196.83	$356.75	$322.54	$293.22
59	$286.50	$253.69	$216.51	$388.52	$346.98	$317.66
60	$312.74	$279.94	$234.01	$420.28	$376.30	$342.09
61	$338.99	$301.81	$253.69	$454.49	$405.62	$368.97
62	$365.23	$325.86	$273.38	$488.70	$437.39	$395.85
63	$393.66	$352.11	$295.25	$525.35	$469.15	$425.17
64	$428.65	$380.54	$319.30	$566.89	$505.80	$459.38
65	$465.83	$415.53	$349.92	$615.76	$549.79	$498.47
66	$509.57	$452.71	$380.54	$671.96	$598.66	$542.46
67	$555.50	$494.26	$415.53	$733.05	$652.41	$588.88
68	$607.99	$540.19	$454.90	$799.02	$711.06	$640.20
69	$662.66	$590.49	$496.45	$872.33	$774.59	$698.84
70	$726.08	$647.35	$544.56	$955.41	$845.45	$762.37
71	$796.07	$706.40	$592.68	$1,043.37	$921.20	$828.35
72	$866.05	$769.82	$645.17	$1,133.78	$1,004.28	$901.65
73	$942.60	$837.62	$702.03	$1,236.41	$1,092.24	$979.84
74	$1,030.08	$914.17	$767.64	$1,351.26	$1,192.43	$1,070.25
75	$1,132.87	$1,006.02	$842.00	$1,483.20	$1,307.27	$1,170.44
76	$1,246.59	$1,104.44	$922.91	$1,629.81	$1,434.33	$1,280.39
77	$1,366.88	$1,211.60	$1,014.77	$1,788.64	$1,571.17	$1,402.57
78	$1,500.28	$1,331.88	$1,113.18	$1,962.13	$1,722.67	$1,534.52
79	$1,651.19	$1,463.10	$1,222.53	$2,157.61	$1,891.27	$1,683.57
80	$1,819.58	$1,611.82	$1,347.19	$2,375.08	$2,079.42	$1,847.29

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$41.55	$37.18	$32.81	$61.09	$53.76	$53.76
36	$43.74	$39.37	$34.99	$63.53	$61.09	$56.20
37	$45.93	$43.74	$37.18	$68.42	$63.53	$61.09
38	$48.11	$43.74	$39.37	$73.31	$65.97	$63.53
39	$52.49	$48.11	$41.55	$78.19	$73.31	$65.97
40	$54.68	$50.30	$43.74	$83.08	$75.75	$73.31
41	$59.05	$54.68	$48.11	$87.97	$80.64	$75.75
42	$63.42	$59.05	$50.30	$95.30	$85.52	$80.64
43	$67.80	$61.24	$54.68	$100.18	$92.85	$85.52
44	$72.17	$65.61	$56.86	$107.51	$97.74	$92.85
45	$78.73	$72.17	$59.05	$114.84	$105.07	$97.74
46	$83.11	$76.55	$65.61	$122.18	$112.40	$105.07
47	$89.67	$80.92	$69.98	$129.51	$117.29	$109.96
48	$96.23	$87.48	$74.36	$139.28	$127.06	$117.29
49	$104.98	$94.04	$80.92	$149.05	$136.84	$124.62
50	$113.72	$100.60	$87.48	$161.27	$146.61	$134.39
51	$122.47	$111.54	$94.04	$175.93	$156.38	$144.17
52	$133.41	$118.10	$100.60	$188.15	$168.60	$156.38
53	$144.34	$129.03	$109.35	$202.81	$183.26	$168.60
54	$157.46	$139.97	$118.10	$219.92	$197.92	$180.82
55	$170.59	$153.09	$129.03	$239.46	$212.58	$195.48
56	$188.08	$168.40	$139.97	$256.57	$232.13	$212.58
57	$203.39	$181.52	$153.09	$281.00	$251.68	$232.13
58	$223.07	$199.02	$168.40	$302.99	$273.67	$249.24
59	$242.76	$216.51	$183.71	$329.87	$295.66	$271.23
60	$264.63	$236.20	$199.02	$356.75	$320.10	$290.78
61	$286.50	$255.88	$216.51	$386.07	$344.53	$315.21
62	$310.55	$275.56	$231.82	$415.40	$371.41	$337.20
63	$334.61	$299.62	$251.51	$447.16	$398.29	$361.64
64	$363.04	$323.68	$271.19	$481.37	$430.06	$390.96
65	$395.85	$352.11	$297.43	$525.35	$466.71	$422.73
66	$433.03	$384.91	$323.68	$571.78	$508.25	$461.82
67	$472.39	$419.90	$354.29	$623.09	$554.67	$498.47
68	$516.13	$459.27	$387.10	$679.29	$603.54	$544.90
69	$564.25	$503.01	$422.09	$740.38	$657.30	$593.77
70	$616.73	$548.94	$463.64	$811.24	$718.39	$647.53
71	$675.78	$601.43	$503.01	$886.99	$784.36	$703.73
72	$737.02	$653.91	$548.94	$962.74	$852.78	$767.26
73	$800.44	$712.96	$597.05	$1,050.71	$928.53	$833.23
74	$874.80	$776.39	$651.73	$1,148.45	$1,014.05	$908.98
75	$962.28	$855.12	$715.15	$1,260.85	$1,109.35	$994.50
76	$1,058.51	$938.22	$785.13	$1,385.46	$1,219.31	$1,089.80
77	$1,161.30	$1,030.08	$861.68	$1,519.86	$1,336.59	$1,192.43
78	$1,275.02	$1,130.68	$946.97	$1,668.91	$1,463.66	$1,304.83
79	$1,404.05	$1,244.40	$1,038.83	$1,835.07	$1,605.38	$1,429.45
80	$1,546.21	$1,369.06	$1,145.99	$2,020.77	$1,766.65	$1,568.73

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$91.85	$83.11	$72.17	$129.51	$119.73	$109.96
36	$96.23	$87.48	$76.55	$139.28	$127.06	$117.29
37	$102.79	$91.85	$80.92	$146.61	$131.95	$122.18
38	$109.35	$98.42	$85.29	$153.94	$141.72	$129.51
39	$115.91	$102.79	$89.67	$163.71	$149.05	$136.84
40	$122.47	$109.35	$94.04	$173.49	$156.38	$144.17
41	$129.03	$115.91	$98.42	$183.26	$166.16	$153.94
42	$135.59	$122.47	$104.98	$193.04	$175.93	$161.27
43	$144.34	$129.03	$109.35	$202.81	$183.26	$171.05
44	$150.90	$135.59	$115.91	$215.03	$195.48	$178.38
45	$161.84	$144.34	$122.47	$227.25	$205.25	$188.15
46	$170.59	$153.09	$129.03	$239.46	$217.47	$197.92
47	$181.52	$161.84	$137.78	$254.12	$227.25	$210.14
48	$190.27	$170.59	$144.34	$266.34	$241.91	$219.92
49	$203.39	$181.52	$153.09	$283.45	$254.12	$232.13
50	$216.51	$192.46	$164.03	$300.55	$268.79	$246.79
51	$229.64	$205.58	$172.77	$317.66	$285.89	$261.45
52	$244.94	$218.70	$183.71	$337.20	$302.99	$278.56
53	$260.25	$231.82	$196.83	$359.19	$322.54	$295.66
54	$277.75	$249.32	$209.95	$381.19	$342.09	$312.77
55	$297.43	$266.81	$223.07	$408.06	$366.53	$332.32
56	$319.30	$284.31	$240.57	$434.94	$390.96	$354.31
57	$343.36	$306.18	$258.07	$464.27	$415.40	$378.74
58	$367.42	$328.05	$275.56	$496.03	$442.27	$403.18
59	$393.66	$352.11	$295.25	$530.24	$474.04	$430.06
60	$422.09	$376.16	$317.12	$564.45	$503.36	$456.93
61	$450.52	$400.22	$336.80	$601.10	$535.13	$486.26
62	$478.95	$426.47	$358.67	$637.75	$566.89	$515.58
63	$509.57	$452.71	$382.73	$676.85	$603.54	$544.90
64	$544.56	$485.51	$406.78	$720.83	$642.64	$581.55
65	$586.12	$520.51	$439.59	$774.59	$689.07	$623.09
66	$632.04	$564.25	$474.58	$835.68	$742.82	$669.52
67	$684.53	$610.17	$511.76	$901.65	$801.47	$723.28
68	$741.39	$660.47	$555.50	$974.96	$865.00	$779.48
69	$804.82	$717.34	$601.43	$1,055.59	$935.86	$843.01
70	$876.99	$780.76	$656.10	$1,148.45	$1,016.50	$916.31
71	$951.35	$846.37	$710.78	$1,248.63	$1,104.46	$992.06
72	$1,032.26	$918.54	$769.82	$1,353.70	$1,197.32	$1,075.14
73	$1,119.74	$995.09	$835.43	$1,468.54	$1,297.50	$1,165.55
74	$1,220.35	$1,084.75	$909.79	$1,600.49	$1,412.34	$1,265.73
75	$1,338.44	$1,187.54	$995.09	$1,754.43	$1,544.29	$1,383.02
76	$1,469.66	$1,303.45	$1,091.31	$1,925.48	$1,693.35	$1,512.53
77	$1,611.82	$1,430.30	$1,196.29	$2,111.18	$1,854.62	$1,654.25
78	$1,769.28	$1,568.08	$1,312.20	$2,313.99	$2,030.55	$1,810.63
79	$1,944.24	$1,723.36	$1,441.23	$2,541.24	$2,226.03	$1,981.68
80	$2,141.07	$1,898.32	$1,585.58	$2,795.36	$2,445.94	$2,174.72

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$78.73	$69.98	$61.24	$109.96	$102.63	$92.85
36	$80.92	$74.36	$65.61	$117.29	$107.51	$100.18
37	$87.48	$78.73	$67.80	$124.62	$112.40	$105.07
38	$94.04	$83.11	$72.17	$131.95	$119.73	$109.96
39	$98.42	$87.48	$76.55	$139.28	$127.06	$117.29
40	$104.98	$94.04	$80.92	$146.61	$131.95	$122.18
41	$109.35	$98.42	$83.11	$156.38	$141.72	$131.95
42	$115.91	$104.98	$89.67	$163.71	$149.05	$136.84
43	$122.47	$109.35	$94.04	$173.49	$156.38	$146.61
44	$129.03	$115.91	$98.42	$183.26	$166.16	$151.50
45	$137.78	$122.47	$104.98	$193.04	$173.49	$158.83
46	$144.34	$131.22	$109.35	$202.81	$185.71	$168.60
47	$155.28	$137.78	$118.10	$215.03	$193.04	$178.38
48	$161.84	$144.34	$122.47	$227.25	$205.25	$188.15
49	$172.77	$155.28	$131.22	$241.91	$215.03	$197.92
50	$183.71	$164.03	$139.97	$256.57	$229.69	$210.14
51	$194.64	$174.96	$146.53	$271.23	$241.91	$222.36
52	$207.77	$185.90	$155.28	$285.89	$256.57	$237.02
53	$220.89	$196.83	$168.40	$305.44	$273.67	$251.68
54	$236.20	$212.14	$179.33	$324.99	$290.78	$266.34
55	$253.69	$227.45	$190.27	$346.98	$312.77	$283.45
56	$271.19	$242.76	$205.58	$368.97	$332.32	$300.55
57	$290.87	$260.25	$218.70	$395.85	$354.31	$322.54
58	$312.74	$279.94	$234.01	$422.73	$376.30	$342.09
59	$334.61	$299.62	$251.51	$449.60	$403.18	$366.53
60	$358.67	$319.30	$269.00	$478.93	$427.61	$388.52
61	$382.73	$341.17	$286.50	$510.69	$454.49	$412.95
62	$406.78	$363.04	$303.99	$542.46	$481.37	$437.39
63	$433.03	$384.91	$325.86	$574.22	$513.14	$464.27
64	$463.64	$413.34	$345.55	$613.32	$547.34	$493.59
65	$498.64	$441.77	$373.98	$657.30	$586.44	$530.24
66	$538.00	$478.95	$402.41	$711.06	$630.42	$569.34
67	$581.74	$518.32	$435.21	$767.26	$681.74	$615.76
68	$629.86	$562.06	$472.39	$828.35	$735.49	$662.19
69	$684.53	$610.17	$511.76	$896.76	$796.58	$715.95
70	$745.77	$662.66	$557.69	$977.40	$865.00	$779.48
71	$809.19	$719.52	$603.61	$1,060.48	$938.30	$843.01
72	$876.99	$780.76	$653.91	$1,150.89	$1,018.94	$913.87
73	$951.35	$846.37	$710.78	$1,248.63	$1,102.02	$989.62
74	$1,036.64	$922.91	$774.20	$1,361.03	$1,199.76	$1,075.14
75	$1,137.24	$1,010.39	$846.37	$1,490.54	$1,312.16	$1,175.32
76	$1,248.78	$1,108.81	$927.29	$1,637.15	$1,439.22	$1,285.28
77	$1,369.06	$1,215.97	$1,016.96	$1,793.53	$1,576.06	$1,405.01
78	$1,504.66	$1,331.88	$1,115.37	$1,967.02	$1,725.11	$1,539.41
79	$1,653.37	$1,465.29	$1,224.72	$2,160.05	$1,891.27	$1,683.57
80	$1,819.58	$1,614.01	$1,347.19	$2,375.08	$2,079.42	$1,849.73

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$65.61	$59.05	$52.49	$92.85	$85.52	$80.64
36	$69.98	$63.42	$54.68	$100.18	$92.85	$85.52
37	$74.36	$65.61	$59.05	$105.07	$95.30	$87.97
38	$78.73	$72.17	$61.24	$112.40	$102.63	$92.85
39	$83.11	$74.36	$65.61	$117.29	$107.51	$97.74
40	$87.48	$78.73	$67.80	$124.62	$112.40	$105.07
41	$94.04	$83.11	$72.17	$131.95	$119.73	$112.40
42	$98.42	$87.48	$76.55	$139.28	$127.06	$117.29
43	$104.98	$94.04	$78.73	$146.61	$131.95	$124.62
44	$109.35	$98.42	$83.11	$156.38	$141.72	$129.51
45	$115.91	$104.98	$87.48	$163.71	$149.05	$136.84
46	$122.47	$111.54	$94.04	$173.49	$156.38	$144.17
47	$131.22	$115.91	$100.60	$183.26	$163.71	$151.50
48	$137.78	$122.47	$104.98	$193.04	$175.93	$158.83
49	$146.53	$131.22	$111.54	$205.25	$183.26	$168.60
50	$157.46	$139.97	$118.10	$217.47	$193.04	$178.38
51	$166.21	$148.72	$124.66	$229.69	$207.70	$188.15
52	$177.15	$157.46	$133.41	$244.35	$219.92	$200.37
53	$188.08	$168.40	$142.16	$259.01	$232.13	$212.58
54	$201.20	$179.33	$150.90	$276.12	$246.79	$224.80
55	$214.33	$192.46	$161.84	$295.66	$263.90	$239.46
56	$229.64	$205.58	$172.77	$315.21	$283.45	$256.57
57	$247.13	$220.89	$185.90	$334.76	$300.55	$273.67
58	$264.63	$236.20	$199.02	$359.19	$320.10	$290.78
59	$284.31	$253.69	$214.33	$383.63	$342.09	$310.32
60	$303.99	$271.19	$229.64	$408.06	$364.08	$329.87
61	$325.86	$288.68	$242.76	$434.94	$386.07	$351.86
62	$345.55	$308.37	$258.07	$461.82	$410.51	$371.41
63	$367.42	$328.05	$275.56	$488.70	$434.94	$393.40
64	$393.66	$349.92	$293.06	$520.47	$464.27	$420.28
65	$424.28	$376.16	$317.12	$559.56	$498.47	$449.60
66	$457.08	$406.78	$343.36	$603.54	$537.57	$483.81
67	$494.26	$441.77	$369.60	$652.41	$579.11	$522.91
68	$535.82	$476.77	$402.41	$703.73	$625.54	$562.01
69	$581.74	$518.32	$435.21	$762.37	$676.85	$608.43
70	$634.23	$564.25	$474.58	$830.79	$735.49	$662.19
71	$686.72	$612.36	$513.95	$901.65	$799.02	$715.95
72	$745.77	$662.66	$555.50	$977.40	$865.00	$777.03
73	$809.19	$719.52	$603.61	$1,060.48	$938.30	$843.01
74	$881.36	$782.95	$658.29	$1,155.78	$1,021.38	$913.87
75	$966.65	$857.30	$719.52	$1,268.18	$1,116.68	$999.39
76	$1,062.88	$942.60	$789.51	$1,390.35	$1,224.19	$1,092.24
77	$1,163.48	$1,034.45	$863.87	$1,524.74	$1,339.04	$1,194.87
78	$1,279.40	$1,132.87	$949.16	$1,671.35	$1,466.10	$1,307.27
79	$1,404.05	$1,244.40	$1,041.01	$1,835.07	$1,607.82	$1,431.89
80	$1,546.21	$1,371.25	$1,145.99	$2,020.77	$1,766.65	$1,571.17

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3034Q

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium

Issue Age	Return of Premium at Death Option	Nonforfeiture at Lapse Option
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

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March 5, 2020

Southern Farm Bureau Life Insurance Company

The following rate pages correspond to the proposed rates. Proposed rates were calculated by applying the rate increase schedule below to the current rates.

Form	Benefit Period	Proposed Rate Increase
3034/3035	Limited	62%
3034/3035	Lifetime	81%
HL200	Limited	50%
HL200	Lifetime	91%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day	LIFETIME MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day
18-35	$28.43	$28.43	$26.24	$41.54	$39.10	$36.65
36	$30.62	$28.43	$28.43	$41.54	$41.54	$39.10
37	$30.62	$30.62	$28.43	$43.98	$41.54	$41.54
38	$32.81	$30.62	$30.62	$46.43	$43.98	$41.54
39	$32.81	$32.81	$30.62	$48.87	$46.43	$43.98
40	$34.99	$32.81	$32.81	$51.31	$48.87	$46.43
41	$37.18	$34.99	$32.81	$53.76	$51.31	$48.87
42	$37.18	$37.18	$34.99	$56.20	$53.76	$48.87
43	$39.37	$37.18	$34.99	$58.64	$53.76	$51.31
44	$41.55	$39.37	$37.18	$61.09	$56.20	$53.76
45	$43.74	$41.55	$37.18	$63.53	$58.64	$56.20
46	$43.74	$41.55	$39.37	$65.97	$61.09	$58.64
47	$45.93	$43.74	$41.55	$70.86	$63.53	$61.09
48	$48.11	$45.93	$43.74	$73.31	$68.42	$63.53
49	$52.49	$48.11	$45.93	$75.75	$70.86	$65.97
50	$54.68	$52.49	$48.11	$80.64	$75.75	$70.86
51	$59.05	$54.68	$50.30	$85.52	$78.19	$73.31
52	$61.24	$56.86	$54.68	$90.41	$83.08	$78.19
53	$65.61	$61.24	$56.86	$97.74	$87.97	$83.08
54	$69.98	$65.61	$61.24	$102.63	$95.30	$87.97
55	$76.55	$69.98	$65.61	$112.40	$102.63	$95.30
56	$80.92	$76.55	$69.98	$119.73	$109.96	$100.18
57	$89.67	$83.11	$74.36	$129.51	$117.29	$107.51
58	$96.23	$89.67	$80.92	$139.28	$127.06	$117.29
59	$104.98	$96.23	$87.48	$151.50	$136.84	$124.62
60	$113.72	$104.98	$96.23	$163.71	$149.05	$136.84
61	$124.66	$115.91	$104.98	$178.38	$161.27	$146.61
62	$135.59	$124.66	$111.54	$193.04	$173.49	$158.83
63	$146.53	$135.59	$122.47	$210.14	$188.15	$171.05
64	$161.84	$148.72	$133.41	$229.69	$205.25	$188.15
65	$177.15	$164.03	$146.53	$251.68	$227.25	$205.25
66	$196.83	$181.52	$161.84	$281.00	$249.24	$227.25
67	$218.70	$201.20	$179.33	$310.32	$276.12	$249.24
68	$242.76	$223.07	$199.02	$342.09	$305.44	$276.12
69	$271.19	$247.13	$220.89	$381.19	$339.65	$307.88
70	$303.99	$277.75	$247.13	$427.61	$381.19	$342.09
71	$341.17	$310.55	$275.56	$478.93	$425.17	$383.63
72	$380.54	$347.73	$306.18	$535.13	$474.04	$427.61
73	$426.47	$387.10	$341.17	$598.66	$530.24	$476.48
74	$476.77	$433.03	$382.73	$671.96	$593.77	$532.68
75	$538.00	$487.70	$430.84	$757.49	$667.08	$598.66
76	$605.80	$548.94	$483.33	$852.78	$750.15	$669.52
77	$677.97	$614.55	$538.00	$952.97	$838.12	$747.71
78	$761.08	$688.91	$601.43	$1,067.81	$935.86	$833.23
79	$855.12	$772.01	$675.78	$1,197.32	$1,048.26	$930.97
80	$964.47	$870.43	$758.89	$1,351.26	$1,180.21	$1,045.82

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$24.06	$24.06	$21.87	$34.21	$34.21	$31.77
36	$26.24	$24.06	$24.06	$34.21	$34.21	$34.21
37	$26.24	$26.24	$24.06	$36.65	$34.21	$34.21
38	$28.43	$26.24	$26.24	$39.10	$36.65	$34.21
39	$28.43	$28.43	$26.24	$41.54	$39.10	$36.65
40	$30.62	$28.43	$28.43	$43.98	$41.54	$39.10
41	$30.62	$30.62	$28.43	$46.43	$43.98	$41.54
42	$30.62	$30.62	$30.62	$48.87	$46.43	$41.54
43	$32.81	$30.62	$30.62	$48.87	$46.43	$43.98
44	$34.99	$32.81	$30.62	$51.31	$48.87	$46.43
45	$37.18	$34.99	$30.62	$53.76	$48.87	$48.87
46	$37.18	$34.99	$32.81	$56.20	$51.31	$48.87
47	$39.37	$37.18	$34.99	$61.09	$53.76	$51.31
48	$41.55	$39.37	$37.18	$63.53	$58.64	$53.76
49	$43.74	$41.55	$39.37	$63.53	$61.09	$56.20
50	$45.93	$43.74	$41.55	$68.42	$63.53	$61.09
51	$50.30	$45.93	$43.74	$73.31	$65.97	$63.53
52	$52.49	$48.11	$45.93	$75.75	$70.86	$65.97
53	$56.86	$52.49	$48.11	$83.08	$75.75	$70.86
54	$59.05	$56.86	$52.49	$87.97	$80.64	$75.75
55	$65.61	$59.05	$56.86	$95.30	$87.97	$80.64
56	$67.80	$65.61	$59.05	$102.63	$92.85	$85.52
57	$76.55	$69.98	$63.42	$109.96	$100.18	$90.41
58	$80.92	$76.55	$67.80	$117.29	$107.51	$100.18
59	$89.67	$80.92	$74.36	$129.51	$117.29	$105.07
60	$96.23	$89.67	$80.92	$139.28	$127.06	$117.29
61	$104.98	$98.42	$89.67	$151.50	$136.84	$124.62
62	$115.91	$104.98	$94.04	$163.71	$146.61	$134.39
63	$124.66	$115.91	$104.98	$178.38	$158.83	$146.61
64	$137.78	$126.85	$113.72	$195.48	$173.49	$158.83
65	$150.90	$139.97	$124.66	$215.03	$193.04	$173.49
66	$168.40	$155.28	$137.78	$239.46	$212.58	$193.04
67	$185.90	$170.59	$153.09	$263.90	$234.58	$212.58
68	$205.58	$190.27	$168.40	$290.78	$259.01	$234.58
69	$229.64	$209.95	$188.08	$324.99	$288.33	$261.45
70	$258.07	$236.20	$209.95	$364.08	$324.99	$290.78
71	$290.87	$264.63	$234.01	$408.06	$361.64	$324.99
72	$323.68	$295.25	$260.25	$454.49	$403.18	$364.08
73	$363.04	$328.05	$290.87	$508.25	$449.60	$405.62
74	$404.60	$367.42	$325.86	$571.78	$505.80	$452.05
75	$457.08	$415.53	$365.23	$645.08	$566.89	$508.25
76	$513.95	$465.83	$411.16	$725.72	$637.75	$569.34
77	$577.37	$522.69	$457.08	$811.24	$713.50	$635.31
78	$647.35	$586.12	$511.76	$906.54	$796.58	$708.62
79	$726.08	$656.10	$575.18	$1,018.94	$891.88	$791.69
80	$820.13	$739.21	$645.17	$1,148.45	$1,004.28	$889.43

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day	LIFETIME MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day
18-35	$19.68	$19.68	$19.68	$29.32	$29.32	$26.88
36	$21.87	$19.68	$19.68	$29.32	$29.32	$29.32
37	$21.87	$21.87	$19.68	$31.77	$29.32	$29.32
38	$24.06	$21.87	$21.87	$34.21	$31.77	$29.32
39	$24.06	$24.06	$21.87	$34.21	$34.21	$31.77
40	$26.24	$24.06	$24.06	$36.65	$34.21	$34.21
41	$26.24	$26.24	$24.06	$39.10	$36.65	$34.21
42	$26.24	$26.24	$26.24	$41.54	$39.10	$34.21
43	$28.43	$26.24	$26.24	$41.54	$39.10	$36.65
44	$30.62	$28.43	$26.24	$43.98	$41.54	$39.10
45	$30.62	$30.62	$26.24	$46.43	$41.54	$41.54
46	$30.62	$30.62	$28.43	$48.87	$43.98	$41.54
47	$32.81	$30.62	$30.62	$51.31	$46.43	$43.98
48	$34.99	$32.81	$30.62	$53.76	$48.87	$46.43
49	$37.18	$34.99	$32.81	$53.76	$51.31	$48.87
50	$39.37	$37.18	$34.99	$58.64	$53.76	$51.31
51	$43.74	$39.37	$37.18	$61.09	$56.20	$53.76
52	$43.74	$41.55	$39.37	$65.97	$61.09	$56.20
53	$48.11	$43.74	$41.55	$70.86	$63.53	$61.09
54	$50.30	$48.11	$43.74	$73.31	$68.42	$63.53
55	$54.68	$50.30	$48.11	$80.64	$73.31	$68.42
56	$59.05	$54.68	$50.30	$85.52	$80.64	$73.31
57	$65.61	$59.05	$54.68	$92.85	$85.52	$78.19
58	$69.98	$65.61	$59.05	$100.18	$92.85	$85.52
59	$76.55	$69.98	$63.42	$109.96	$97.74	$90.41
60	$83.11	$76.55	$69.98	$117.29	$107.51	$97.74
61	$89.67	$83.11	$76.55	$129.51	$117.29	$105.07
62	$98.42	$89.67	$80.92	$139.28	$124.62	$114.84
63	$104.98	$98.42	$87.48	$151.50	$136.84	$124.62
64	$115.91	$107.16	$96.23	$166.16	$149.05	$136.84
65	$129.03	$118.10	$104.98	$180.82	$163.71	$149.05
66	$142.16	$131.22	$115.91	$202.81	$180.82	$163.71
67	$157.46	$144.34	$129.03	$224.80	$200.37	$180.82
68	$174.96	$161.84	$144.34	$246.79	$219.92	$200.37
69	$196.83	$179.33	$159.65	$276.12	$244.35	$222.36
70	$218.70	$201.20	$179.33	$307.88	$276.12	$246.79
71	$247.13	$225.26	$199.02	$346.98	$307.88	$276.12
72	$275.56	$251.51	$220.89	$386.07	$342.09	$307.88
73	$308.37	$279.94	$247.13	$432.50	$383.63	$344.53
74	$345.55	$312.74	$275.56	$486.26	$430.06	$386.07
75	$389.29	$352.11	$310.55	$547.34	$481.37	$432.50
76	$437.40	$395.85	$349.92	$615.76	$542.46	$483.81
77	$489.89	$443.96	$389.29	$689.07	$605.99	$540.01
78	$548.94	$498.64	$435.21	$772.15	$676.85	$601.10
79	$616.73	$557.69	$487.70	$865.00	$757.49	$671.96
80	$697.65	$629.86	$548.94	$977.40	$852.78	$755.04

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$39.37	$37.18	$37.18	$61.09	$56.20	$53.76
36	$41.55	$39.37	$37.18	$63.53	$58.64	$56.20
37	$43.74	$41.55	$39.37	$65.97	$61.09	$58.64
38	$45.93	$43.74	$41.55	$70.86	$65.97	$61.09
39	$48.11	$45.93	$43.74	$73.31	$68.42	$65.97
40	$52.49	$48.11	$45.93	$78.19	$73.31	$68.42
41	$54.68	$50.30	$48.11	$83.08	$75.75	$70.86
42	$56.86	$52.49	$50.30	$87.97	$80.64	$75.75
43	$59.05	$56.86	$52.49	$90.41	$83.08	$78.19
44	$63.42	$59.05	$54.68	$95.30	$87.97	$83.08
45	$67.80	$63.42	$59.05	$102.63	$92.85	$87.97
46	$72.17	$65.61	$61.24	$107.51	$97.74	$92.85
47	$76.55	$69.98	$65.61	$114.84	$105.07	$97.74
48	$80.92	$74.36	$69.98	$122.18	$109.96	$102.63
49	$85.29	$80.92	$74.36	$129.51	$117.29	$109.96
50	$91.85	$85.29	$78.73	$139.28	$124.62	$117.29
51	$100.60	$91.85	$85.29	$149.05	$134.39	$124.62
52	$107.16	$100.60	$89.67	$158.83	$144.17	$131.95
53	$115.91	$107.16	$98.42	$171.05	$153.94	$141.72
54	$124.66	$115.91	$104.98	$185.71	$166.16	$153.94
55	$135.59	$126.85	$113.72	$200.37	$180.82	$166.16
56	$148.72	$137.78	$124.66	$217.47	$195.48	$178.38
57	$161.84	$148.72	$135.59	$237.02	$212.58	$193.04
58	$177.15	$161.84	$146.53	$256.57	$229.69	$210.14
59	$192.46	$177.15	$159.65	$278.56	$249.24	$227.25
60	$209.95	$192.46	$172.77	$302.99	$268.79	$244.35
61	$227.45	$209.95	$188.08	$324.99	$290.78	$263.90
62	$247.13	$225.26	$201.20	$351.86	$312.77	$283.45
63	$266.81	$242.76	$216.51	$378.74	$337.20	$305.44
64	$288.68	$264.63	$236.20	$410.51	$364.08	$329.87
65	$314.93	$288.68	$255.88	$447.16	$395.85	$356.75
66	$345.55	$314.93	$279.94	$488.70	$432.50	$390.96
67	$378.35	$345.55	$306.18	$532.68	$471.60	$425.17
68	$415.53	$378.35	$334.61	$581.55	$515.58	$464.27
69	$454.90	$413.34	$365.23	$637.75	$564.45	$505.80
70	$498.64	$452.71	$400.22	$698.84	$618.21	$554.67
71	$544.56	$494.26	$437.40	$762.37	$674.41	$603.54
72	$592.68	$538.00	$474.58	$830.79	$733.05	$654.86
73	$645.17	$586.12	$516.13	$906.54	$799.02	$713.50
74	$706.40	$640.79	$562.06	$989.62	$872.33	$777.03
75	$776.39	$702.03	$616.73	$1,087.36	$955.41	$850.34
76	$852.93	$772.01	$675.78	$1,197.32	$1,048.26	$933.42
77	$938.22	$848.56	$741.39	$1,314.60	$1,150.89	$1,021.38
78	$1,030.08	$931.66	$813.56	$1,441.67	$1,260.85	$1,119.12
79	$1,135.05	$1,025.70	$894.48	$1,588.28	$1,385.46	$1,226.64
80	$1,253.15	$1,130.68	$984.15	$1,749.55	$1,524.74	$1,348.81

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$32.81	$30.62	$30.62	$51.31	$48.87	$46.43
36	$34.99	$32.81	$30.62	$53.76	$48.87	$48.87
37	$37.18	$34.99	$32.81	$56.20	$51.31	$48.87
38	$39.37	$37.18	$34.99	$61.09	$56.20	$51.31
39	$41.55	$39.37	$37.18	$63.53	$58.64	$56.20
40	$43.74	$41.55	$39.37	$65.97	$63.53	$58.64
41	$45.93	$43.74	$41.55	$70.86	$63.53	$61.09
42	$48.11	$43.74	$43.74	$75.75	$68.42	$63.53
43	$50.30	$48.11	$43.74	$75.75	$70.86	$65.97
44	$54.68	$50.30	$45.93	$80.64	$75.75	$70.86
45	$56.86	$54.68	$50.30	$87.97	$78.19	$75.75
46	$61.24	$56.86	$52.49	$90.41	$83.08	$78.19
47	$65.61	$59.05	$56.86	$97.74	$90.41	$83.08
48	$67.80	$63.42	$59.05	$105.07	$92.85	$87.97
49	$72.17	$67.80	$63.42	$109.96	$100.18	$92.85
50	$78.73	$72.17	$67.80	$117.29	$105.07	$100.18
51	$85.29	$78.73	$72.17	$127.06	$114.84	$105.07
52	$91.85	$85.29	$76.55	$134.39	$122.18	$112.40
53	$98.42	$91.85	$83.11	$146.61	$131.95	$119.73
54	$104.98	$98.42	$89.67	$158.83	$141.72	$131.95
55	$115.91	$107.16	$96.23	$171.05	$153.94	$141.72
56	$126.85	$118.10	$104.98	$185.71	$166.16	$151.50
57	$137.78	$126.85	$115.91	$200.37	$180.82	$163.71
58	$150.90	$137.78	$124.66	$217.47	$195.48	$178.38
59	$164.03	$150.90	$135.59	$237.02	$212.58	$193.04
60	$179.33	$164.03	$146.53	$256.57	$229.69	$207.70
61	$192.46	$179.33	$159.65	$276.12	$246.79	$224.80
62	$209.95	$192.46	$170.59	$298.11	$266.34	$241.91
63	$227.45	$205.58	$183.71	$322.54	$285.89	$259.01
64	$244.94	$225.26	$201.20	$349.42	$310.32	$281.00
65	$266.81	$244.94	$216.51	$381.19	$337.20	$302.99
66	$293.06	$266.81	$238.38	$415.40	$366.53	$332.32
67	$321.49	$293.06	$260.25	$452.05	$400.73	$361.64
68	$354.29	$321.49	$284.31	$493.59	$437.39	$395.85
69	$387.10	$352.11	$310.55	$542.46	$478.93	$430.06
70	$424.28	$384.91	$341.17	$593.77	$525.35	$471.60
71	$463.64	$419.90	$371.79	$647.53	$574.22	$513.14
72	$503.01	$457.08	$402.41	$706.17	$623.09	$557.12
73	$548.94	$498.64	$439.59	$769.70	$679.29	$605.99
74	$601.43	$544.56	$476.77	$840.56	$740.38	$659.75
75	$660.47	$597.05	$524.88	$923.64	$811.24	$723.28
76	$726.08	$656.10	$575.18	$1,018.94	$891.88	$794.14
77	$798.26	$721.71	$629.86	$1,116.68	$977.40	$867.44
78	$874.80	$791.69	$691.09	$1,226.64	$1,072.70	$950.52
79	$964.47	$872.61	$761.08	$1,351.26	$1,177.77	$1,043.37
80	$1,065.07	$960.09	$837.62	$1,488.09	$1,295.06	$1,146.00

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day	LIFETIME MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day
18-35	$28.43	$26.24	$26.24	$43.98	$41.54	$39.10
36	$30.62	$28.43	$26.24	$46.43	$41.54	$41.54
37	$30.62	$30.62	$28.43	$48.87	$43.98	$41.54
38	$32.81	$30.62	$30.62	$51.31	$48.87	$43.98
39	$34.99	$32.81	$30.62	$53.76	$48.87	$48.87
40	$37.18	$34.99	$32.81	$56.20	$53.76	$48.87
41	$39.37	$37.18	$34.99	$61.09	$53.76	$51.31
42	$41.55	$37.18	$37.18	$63.53	$58.64	$53.76
43	$43.74	$41.55	$37.18	$65.97	$61.09	$56.20
44	$45.93	$43.74	$39.37	$68.42	$63.53	$61.09
45	$48.11	$45.93	$43.74	$73.31	$65.97	$63.53
46	$52.49	$48.11	$43.74	$78.19	$70.86	$65.97
47	$54.68	$50.30	$48.11	$83.08	$75.75	$70.86
48	$59.05	$54.68	$50.30	$87.97	$80.64	$73.31
49	$61.24	$59.05	$54.68	$92.85	$85.52	$80.64
50	$65.61	$61.24	$56.86	$100.18	$90.41	$85.52
51	$72.17	$65.61	$61.24	$107.51	$97.74	$90.41
52	$76.55	$72.17	$65.61	$114.84	$105.07	$95.30
53	$83.11	$76.55	$72.17	$124.62	$112.40	$102.63
54	$89.67	$83.11	$76.55	$134.39	$119.73	$112.40
55	$98.42	$91.85	$83.11	$144.17	$129.51	$119.73
56	$107.16	$100.60	$89.67	$156.38	$141.72	$129.51
57	$115.91	$107.16	$98.42	$171.05	$153.94	$139.28
58	$129.03	$115.91	$104.98	$185.71	$166.16	$151.50
59	$139.97	$129.03	$115.91	$200.37	$180.82	$163.71
60	$150.90	$139.97	$124.66	$219.92	$193.04	$175.93
61	$164.03	$150.90	$135.59	$234.58	$210.14	$190.59
62	$179.33	$161.84	$144.34	$254.12	$224.80	$205.25
63	$192.46	$174.96	$157.46	$273.67	$244.35	$219.92
64	$207.77	$190.27	$170.59	$295.66	$263.90	$239.46
65	$227.45	$207.77	$185.90	$322.54	$285.89	$256.57
66	$249.32	$227.45	$201.20	$354.31	$312.77	$283.45
67	$273.38	$249.32	$220.89	$386.07	$339.65	$307.88
68	$299.62	$273.38	$242.76	$420.28	$371.41	$334.76
69	$328.05	$299.62	$264.63	$461.82	$408.06	$366.53
70	$360.86	$328.05	$288.68	$505.80	$447.16	$400.73
71	$393.66	$356.48	$317.12	$549.79	$486.26	$434.94
72	$428.65	$389.29	$343.36	$601.10	$530.24	$474.04
73	$465.83	$424.28	$373.98	$654.86	$576.67	$515.58
74	$509.57	$463.64	$406.78	$715.95	$630.42	$562.01
75	$559.87	$507.38	$446.15	$786.81	$689.07	$613.32
76	$616.73	$557.69	$487.70	$865.00	$757.49	$674.41
77	$677.97	$612.36	$535.82	$950.52	$830.79	$737.94
78	$743.58	$673.60	$588.30	$1,040.93	$911.43	$808.80
79	$820.13	$741.39	$647.35	$1,148.45	$1,001.84	$886.99
80	$905.42	$817.94	$710.78	$1,263.29	$1,102.02	$974.96

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$61.24	$56.86	$52.49	$90.41	$83.08	$78.19
36	$63.42	$61.24	$54.68	$95.30	$87.97	$80.64
37	$67.80	$63.42	$59.05	$100.18	$90.41	$85.52
38	$69.98	$65.61	$61.24	$105.07	$95.30	$87.97
39	$74.36	$69.98	$63.42	$109.96	$100.18	$92.85
40	$78.73	$72.17	$65.61	$114.84	$105.07	$97.74
41	$80.92	$76.55	$69.98	$122.18	$109.96	$102.63
42	$85.29	$78.73	$72.17	$127.06	$114.84	$107.51
43	$89.67	$83.11	$76.55	$134.39	$119.73	$112.40
44	$94.04	$87.48	$78.73	$139.28	$127.06	$117.29
45	$98.42	$91.85	$83.11	$146.61	$131.95	$122.18
46	$104.98	$96.23	$87.48	$153.94	$139.28	$127.06
47	$109.35	$100.60	$91.85	$161.27	$146.61	$134.39
48	$115.91	$107.16	$96.23	$168.60	$153.94	$139.28
49	$122.47	$111.54	$102.79	$178.38	$161.27	$146.61
50	$129.03	$118.10	$107.16	$188.15	$168.60	$156.38
51	$137.78	$126.85	$113.72	$200.37	$178.38	$163.71
52	$144.34	$133.41	$120.29	$210.14	$190.59	$173.49
53	$153.09	$142.16	$126.85	$222.36	$200.37	$183.26
54	$164.03	$150.90	$135.59	$237.02	$212.58	$193.04
55	$174.96	$159.65	$144.34	$251.68	$224.80	$205.25
56	$185.90	$170.59	$153.09	$268.79	$239.46	$217.47
57	$199.02	$183.71	$164.03	$285.89	$256.57	$232.13
58	$214.33	$194.64	$174.96	$305.44	$273.67	$246.79
59	$227.45	$209.95	$188.08	$324.99	$290.78	$263.90
60	$244.94	$223.07	$199.02	$346.98	$310.32	$281.00
61	$260.25	$238.38	$212.14	$368.97	$329.87	$298.11
62	$275.56	$253.69	$225.26	$390.96	$349.42	$315.21
63	$293.06	$269.00	$238.38	$415.40	$368.97	$334.76
64	$314.93	$286.50	$255.88	$444.72	$393.40	$356.75
65	$338.99	$308.37	$273.38	$476.48	$422.73	$381.19
66	$365.23	$334.61	$295.25	$515.58	$456.93	$410.51
67	$395.85	$360.86	$321.49	$557.12	$493.59	$444.72
68	$430.84	$391.47	$347.73	$603.54	$535.13	$481.37
69	$468.02	$426.47	$376.16	$657.30	$581.55	$520.47
70	$509.57	$463.64	$408.97	$713.50	$630.42	$564.45
71	$553.31	$503.01	$443.96	$777.03	$684.18	$613.32
72	$601.43	$546.75	$481.14	$843.01	$742.82	$664.63
73	$651.73	$592.68	$520.51	$913.87	$806.36	$718.39
74	$710.78	$645.17	$566.43	$996.95	$877.22	$781.92
75	$778.57	$706.40	$618.92	$1,092.24	$960.30	$855.23
76	$855.12	$774.20	$677.97	$1,199.76	$1,053.15	$935.86
77	$940.41	$850.74	$743.58	$1,317.05	$1,153.33	$1,023.83
78	$1,032.26	$933.85	$815.75	$1,446.55	$1,263.29	$1,121.57
79	$1,137.24	$1,025.70	$894.48	$1,588.28	$1,387.91	$1,229.08
80	$1,253.15	$1,130.68	$984.15	$1,749.55	$1,527.19	$1,348.81

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$52.49	$48.11	$43.74	$75.75	$70.86	$65.97
36	$54.68	$52.49	$45.93	$80.64	$75.75	$68.42
37	$56.86	$54.68	$50.30	$85.52	$75.75	$73.31
38	$59.05	$56.86	$52.49	$90.41	$80.64	$75.75
39	$63.42	$59.05	$54.68	$92.85	$85.52	$78.19
40	$67.80	$61.24	$56.86	$97.74	$90.41	$83.08
41	$67.80	$65.61	$59.05	$105.07	$92.85	$87.97
42	$72.17	$67.80	$61.24	$107.51	$97.74	$90.41
43	$76.55	$69.98	$65.61	$114.84	$102.63	$95.30
44	$80.92	$74.36	$67.80	$117.29	$107.51	$100.18
45	$83.11	$78.73	$69.98	$124.62	$112.40	$105.07
46	$89.67	$80.92	$74.36	$131.95	$117.29	$107.51
47	$94.04	$85.29	$78.73	$136.84	$124.62	$114.84
48	$98.42	$91.85	$80.92	$144.17	$131.95	$117.29
49	$104.98	$94.04	$87.48	$151.50	$136.84	$124.62
50	$109.35	$100.60	$91.85	$158.83	$144.17	$131.95
51	$118.10	$107.16	$96.23	$171.05	$151.50	$139.28
52	$122.47	$113.72	$102.79	$178.38	$161.27	$146.61
53	$131.22	$120.29	$107.16	$188.15	$171.05	$156.38
54	$139.97	$129.03	$115.91	$200.37	$180.82	$163.71
55	$148.72	$135.59	$122.47	$215.03	$190.59	$173.49
56	$157.46	$144.34	$131.22	$229.69	$202.81	$185.71
57	$168.40	$155.28	$139.97	$241.91	$217.47	$197.92
58	$181.52	$166.21	$148.72	$259.01	$232.13	$210.14
59	$192.46	$179.33	$159.65	$276.12	$246.79	$224.80
60	$207.77	$190.27	$168.40	$295.66	$263.90	$239.46
61	$220.89	$203.39	$179.33	$312.77	$281.00	$254.12
62	$234.01	$216.51	$192.46	$332.32	$298.11	$268.79
63	$249.32	$229.64	$203.39	$354.31	$312.77	$283.45
64	$266.81	$242.76	$216.51	$378.74	$334.76	$302.99
65	$288.68	$262.44	$231.82	$405.62	$359.19	$324.99
66	$310.55	$284.31	$251.51	$437.39	$388.52	$349.42
67	$336.80	$306.18	$273.38	$474.04	$420.28	$378.74
68	$365.23	$332.42	$295.25	$513.14	$454.49	$408.06
69	$398.03	$363.04	$319.30	$559.56	$493.59	$442.27
70	$433.03	$393.66	$347.73	$605.99	$535.13	$478.93
71	$470.21	$428.65	$378.35	$659.75	$581.55	$520.47
72	$511.76	$465.83	$408.97	$715.95	$630.42	$564.45
73	$553.31	$503.01	$441.77	$777.03	$686.62	$610.88
74	$603.61	$548.94	$481.14	$847.89	$745.27	$664.63
75	$662.66	$601.43	$527.07	$928.53	$816.13	$728.16
76	$726.08	$658.29	$577.37	$1,018.94	$894.32	$796.58
77	$800.44	$723.90	$632.04	$1,119.12	$979.84	$869.89
78	$876.99	$793.88	$693.28	$1,229.08	$1,072.70	$952.97
79	$966.65	$872.61	$761.08	$1,351.26	$1,180.21	$1,045.82
80	$1,065.07	$960.09	$837.62	$1,488.09	$1,297.50	$1,146.00

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$43.74	$41.55	$37.18	$65.97	$61.09	$56.20
36	$45.93	$43.74	$39.37	$68.42	$63.53	$58.64
37	$48.11	$45.93	$43.74	$73.31	$65.97	$61.09
38	$50.30	$48.11	$43.74	$75.75	$68.42	$63.53
39	$54.68	$50.30	$45.93	$80.64	$73.31	$65.97
40	$56.86	$52.49	$48.11	$83.08	$75.75	$70.86
41	$59.05	$54.68	$50.30	$87.97	$80.64	$73.31
42	$61.24	$56.86	$52.49	$92.85	$83.08	$78.19
43	$65.61	$59.05	$54.68	$97.74	$85.52	$80.64
44	$67.80	$63.42	$56.86	$100.18	$92.85	$85.52
45	$72.17	$65.61	$59.05	$105.07	$95.30	$87.97
46	$76.55	$69.98	$63.42	$112.40	$100.18	$92.85
47	$78.73	$72.17	$65.61	$117.29	$105.07	$97.74
48	$83.11	$76.55	$69.98	$122.18	$112.40	$100.18
49	$87.48	$80.92	$74.36	$129.51	$117.29	$105.07
50	$94.04	$85.29	$76.55	$136.84	$122.18	$112.40
51	$100.60	$91.85	$83.11	$144.17	$129.51	$117.29
52	$104.98	$96.23	$87.48	$151.50	$136.84	$124.62
53	$111.54	$102.79	$91.85	$161.27	$144.17	$131.95
54	$118.10	$109.35	$98.42	$171.05	$153.94	$139.28
55	$126.85	$115.91	$104.98	$180.82	$161.27	$149.05
56	$133.41	$122.47	$111.54	$193.04	$173.49	$156.38
57	$144.34	$133.41	$118.10	$207.70	$185.71	$168.60
58	$155.28	$139.97	$126.85	$219.92	$197.92	$178.38
59	$164.03	$150.90	$135.59	$234.58	$210.14	$190.59
60	$177.15	$161.84	$144.34	$251.68	$224.80	$202.81
61	$188.08	$172.77	$153.09	$266.34	$239.46	$215.03
62	$199.02	$183.71	$161.84	$283.45	$251.68	$227.25
63	$212.14	$194.64	$172.77	$300.55	$266.34	$241.91
64	$227.45	$207.77	$185.90	$320.10	$283.45	$256.57
65	$244.94	$223.07	$196.83	$344.53	$305.44	$276.12
66	$264.63	$242.76	$214.33	$371.41	$329.87	$295.66
67	$286.50	$260.25	$231.82	$403.18	$356.75	$320.10
68	$310.55	$282.12	$251.51	$434.94	$386.07	$346.98
69	$338.99	$308.37	$271.19	$474.04	$420.28	$376.30
70	$367.42	$334.61	$295.25	$515.58	$454.49	$408.06
71	$400.22	$363.04	$321.49	$562.01	$493.59	$442.27
72	$435.21	$395.85	$347.73	$608.43	$537.57	$481.37
73	$470.21	$428.65	$376.16	$659.75	$581.55	$518.02
74	$513.95	$465.83	$408.97	$720.83	$632.87	$564.45
75	$562.06	$509.57	$446.15	$789.25	$693.95	$618.21
76	$616.73	$559.87	$489.89	$867.44	$759.93	$676.85
77	$680.16	$614.55	$538.00	$950.52	$833.23	$740.38
78	$745.77	$675.78	$588.30	$1,045.82	$913.87	$811.24
79	$822.31	$741.39	$647.35	$1,148.45	$1,001.84	$886.99
80	$905.42	$817.94	$710.78	$1,263.29	$1,104.46	$974.96

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium

Issue Age	Return of Premium at Death Option	Nonforfeiture at Lapse Option
40	3.90%	16.20%
41	4.10%	15.80%
42	4.40%	15.40%
43	4.60%	15.00%
44	4.80%	14.60%
45	5.10%	14.30%
46	5.40%	14.00%
47	5.60%	13.80%
48	5.90%	13.60%
49	6.20%	13.40%
50	6.40%	13.10%
51	6.60%	12.70%
52	6.90%	12.30%
53	7.10%	11.90%
54	7.30%	11.40%
55	7.50%	11.00%
56	7.60%	10.60%
57	7.70%	10.30%
58	7.80%	9.90%
59	7.70%	9.60%
60	7.60%	9.20%
61	7.30%	8.80%
62	6.90%	8.30%
63	6.40%	7.90%
64	5.80%	7.40%
65	5.30%	7.00%
66	4.50%	6.60%
67	3.70%	6.20%
68	2.90%	5.80%
69	2.20%	5.40%
70	N/A	5.00%
71	N/A	4.60%
72	N/A	4.20%
73	N/A	3.90%
74	N/A	3.50%
75	N/A	3.20%
76	N/A	2.90%
77	N/A	2.60%
78	N/A	2.40%
79	N/A	2.10%
80	N/A	1.90%

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March 5, 2020

Southern Farm Bureau Life Insurance Company

The following rate pages correspond to the proposed rates. Proposed rates were calculated by applying the rate increase schedule below to the current rates.

Form	Benefit Period	Proposed Rate Increase
3034/3035	Limited	62%
3034/3035	Lifetime	81%
HL200	Limited	50%
HL200	Lifetime	91%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day	LIFETIME MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day
18-35	$28.43	$28.43	$26.24	$41.54	$39.10	$36.65
36	$30.62	$28.43	$28.43	$43.98	$41.54	$39.10
37	$30.62	$30.62	$28.43	$46.43	$43.98	$41.54
38	$32.81	$30.62	$30.62	$48.87	$43.98	$43.98
39	$34.99	$32.81	$30.62	$51.31	$46.43	$43.98
40	$34.99	$34.99	$32.81	$53.76	$48.87	$46.43
41	$37.18	$34.99	$32.81	$53.76	$51.31	$48.87
42	$39.37	$37.18	$34.99	$56.20	$53.76	$51.31
43	$39.37	$37.18	$34.99	$58.64	$56.20	$53.76
44	$41.55	$39.37	$37.18	$61.09	$58.64	$53.76
45	$43.74	$41.55	$39.37	$65.97	$61.09	$56.20
46	$45.93	$43.74	$39.37	$68.42	$63.53	$58.64
47	$48.11	$45.93	$41.55	$70.86	$65.97	$61.09
48	$50.30	$48.11	$43.74	$73.31	$68.42	$63.53
49	$52.49	$50.30	$45.93	$78.19	$70.86	$68.42
50	$54.68	$52.49	$48.11	$83.08	$75.75	$70.86
51	$59.05	$54.68	$52.49	$87.97	$80.64	$75.75
52	$63.42	$59.05	$54.68	$92.85	$85.52	$78.19
53	$65.61	$63.42	$56.86	$97.74	$90.41	$83.08
54	$72.17	$65.61	$61.24	$105.07	$95.30	$90.41
55	$76.55	$72.17	$65.61	$112.40	$102.63	$95.30
56	$83.11	$76.55	$69.98	$122.18	$109.96	$102.63
57	$89.67	$83.11	$76.55	$131.95	$119.73	$109.96
58	$98.42	$89.67	$83.11	$141.72	$129.51	$117.29
59	$107.16	$98.42	$89.67	$153.94	$139.28	$127.06
60	$115.91	$107.16	$98.42	$166.16	$151.50	$139.28
61	$126.85	$115.91	$104.98	$180.82	$163.71	$149.05
62	$137.78	$126.85	$113.72	$195.48	$175.93	$161.27
63	$148.72	$137.78	$124.66	$212.58	$190.59	$175.93
64	$164.03	$150.90	$135.59	$234.58	$210.14	$190.59
65	$181.52	$166.21	$150.90	$259.01	$232.13	$210.14
66	$201.20	$185.90	$166.21	$285.89	$254.12	$232.13
67	$223.07	$205.58	$183.71	$315.21	$281.00	$256.57
68	$247.13	$227.45	$203.39	$349.42	$312.77	$281.00
69	$277.75	$253.69	$225.26	$388.52	$346.98	$312.77
70	$310.55	$284.31	$251.51	$437.39	$388.52	$349.42
71	$349.92	$317.12	$282.12	$491.14	$434.94	$390.96
72	$389.29	$354.29	$314.93	$549.79	$486.26	$437.39
73	$437.40	$398.03	$349.92	$615.76	$544.90	$488.70
74	$489.89	$446.15	$393.66	$691.51	$610.88	$547.34
75	$553.31	$503.01	$441.77	$779.48	$686.62	$613.32
76	$623.30	$564.25	$496.45	$877.22	$772.15	$689.07
77	$699.84	$632.04	$555.50	$982.29	$862.56	$769.70
78	$782.95	$708.59	$621.11	$1,099.58	$965.18	$857.67
79	$881.36	$796.07	$695.47	$1,236.41	$1,082.47	$960.30
80	$995.09	$898.86	$782.95	$1,395.24	$1,216.86	$1,077.58

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			LIFETIME MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$24.06	$24.06	$21.87	$34.21	$34.21	$31.77
36	$26.24	$24.06	$24.06	$36.65	$34.21	$34.21
37	$26.24	$26.24	$24.06	$39.10	$36.65	$34.21
38	$28.43	$26.24	$26.24	$41.54	$36.65	$36.65
39	$30.62	$28.43	$26.24	$43.98	$39.10	$36.65
40	$30.62	$30.62	$28.43	$46.43	$41.54	$39.10
41	$30.62	$30.62	$28.43	$46.43	$43.98	$41.54
42	$32.81	$30.62	$30.62	$48.87	$46.43	$43.98
43	$32.81	$30.62	$30.62	$48.87	$48.87	$46.43
44	$34.99	$32.81	$30.62	$51.31	$48.87	$46.43
45	$37.18	$34.99	$32.81	$56.20	$51.31	$48.87
46	$39.37	$37.18	$32.81	$58.64	$53.76	$48.87
47	$41.55	$39.37	$34.99	$61.09	$56.20	$51.31
48	$43.74	$41.55	$37.18	$63.53	$58.64	$53.76
49	$43.74	$43.74	$39.37	$65.97	$61.09	$58.64
50	$45.93	$43.74	$41.55	$70.86	$63.53	$61.09
51	$50.30	$45.93	$43.74	$75.75	$68.42	$63.53
52	$54.68	$50.30	$45.93	$78.19	$73.31	$65.97
53	$56.86	$54.68	$48.11	$83.08	$75.75	$70.86
54	$61.24	$56.86	$52.49	$90.41	$80.64	$75.75
55	$65.61	$61.24	$56.86	$95.30	$87.97	$80.64
56	$69.98	$65.61	$59.05	$105.07	$92.85	$87.97
57	$76.55	$69.98	$65.61	$112.40	$102.63	$92.85
58	$83.11	$76.55	$69.98	$119.73	$109.96	$100.18
59	$91.85	$83.11	$76.55	$131.95	$117.29	$107.51
60	$98.42	$91.85	$83.11	$141.72	$129.51	$117.29
61	$107.16	$98.42	$89.67	$153.94	$139.28	$127.06
62	$118.10	$107.16	$96.23	$166.16	$149.05	$136.84
63	$126.85	$118.10	$104.98	$180.82	$161.27	$149.05
64	$139.97	$129.03	$115.91	$200.37	$178.38	$161.27
65	$155.28	$142.16	$129.03	$219.92	$197.92	$178.38
66	$170.59	$157.46	$142.16	$241.91	$215.03	$197.92
67	$190.27	$174.96	$155.28	$268.79	$239.46	$217.47
68	$209.95	$192.46	$172.77	$298.11	$266.34	$239.46
69	$236.20	$216.51	$192.46	$329.87	$295.66	$266.34
70	$264.63	$242.76	$214.33	$371.41	$329.87	$298.11
71	$297.43	$269.00	$240.57	$417.84	$368.97	$332.32
72	$330.24	$301.81	$266.81	$466.71	$412.95	$371.41
73	$371.79	$338.99	$297.43	$522.91	$464.27	$415.40
74	$415.53	$378.35	$334.61	$588.88	$520.47	$464.27
75	$470.21	$428.65	$376.16	$662.19	$584.00	$520.47
76	$529.25	$478.95	$422.09	$745.27	$657.30	$586.44
77	$594.86	$538.00	$472.39	$835.68	$733.05	$654.86
78	$664.85	$601.43	$527.07	$935.86	$821.02	$728.16
79	$750.14	$675.78	$590.49	$1,050.71	$921.20	$816.13
80	$846.37	$763.26	$664.85	$1,185.10	$1,033.60	$916.31

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day	LIFETIME MAXIMUM BENEFIT Elimination Period 30Day	90Day	180Day
18-35	$19.68	$19.68	$19.68	$29.32	$29.32	$26.88
36	$21.87	$19.68	$19.68	$31.77	$29.32	$29.32
37	$21.87	$21.87	$19.68	$34.21	$31.77	$29.32
38	$24.06	$21.87	$21.87	$34.21	$31.77	$31.77
39	$26.24	$24.06	$21.87	$36.65	$34.21	$31.77
40	$26.24	$26.24	$24.06	$39.10	$34.21	$34.21
41	$26.24	$26.24	$24.06	$39.10	$36.65	$34.21
42	$28.43	$26.24	$26.24	$41.54	$39.10	$36.65
43	$28.43	$26.24	$26.24	$41.54	$41.54	$39.10
44	$30.62	$28.43	$26.24	$43.98	$41.54	$39.10
45	$30.62	$30.62	$28.43	$48.87	$43.98	$41.54
46	$32.81	$30.62	$28.43	$48.87	$46.43	$41.54
47	$34.99	$32.81	$30.62	$51.31	$48.87	$43.98
48	$37.18	$34.99	$30.62	$53.76	$48.87	$46.43
49	$37.18	$37.18	$32.81	$56.20	$51.31	$48.87
50	$39.37	$37.18	$34.99	$61.09	$53.76	$51.31
51	$43.74	$39.37	$37.18	$63.53	$58.64	$53.76
52	$45.93	$43.74	$39.37	$65.97	$61.09	$56.20
53	$48.11	$45.93	$41.55	$70.86	$65.97	$61.09
54	$52.49	$48.11	$43.74	$75.75	$68.42	$65.97
55	$54.68	$52.49	$48.11	$80.64	$73.31	$68.42
56	$59.05	$54.68	$50.30	$87.97	$80.64	$73.31
57	$65.61	$59.05	$54.68	$95.30	$85.52	$80.64
58	$72.17	$65.61	$59.05	$102.63	$92.85	$85.52
59	$76.55	$72.17	$65.61	$112.40	$100.18	$92.85
60	$83.11	$76.55	$72.17	$119.73	$109.96	$100.18
61	$91.85	$83.11	$76.55	$129.51	$117.29	$107.51
62	$100.60	$91.85	$83.11	$141.72	$127.06	$117.29
63	$107.16	$100.60	$89.67	$153.94	$136.84	$127.06
64	$118.10	$109.35	$98.42	$168.60	$151.50	$136.84
65	$131.22	$120.29	$109.35	$188.15	$168.60	$151.50
66	$144.34	$133.41	$120.29	$207.70	$183.26	$168.60
67	$161.84	$148.72	$133.41	$227.25	$202.81	$185.71
68	$179.33	$164.03	$146.53	$251.68	$224.80	$202.81
69	$201.20	$183.71	$161.84	$281.00	$251.68	$224.80
70	$225.26	$205.58	$181.52	$315.21	$281.00	$251.68
71	$253.69	$229.64	$203.39	$354.31	$315.21	$283.45
72	$282.12	$255.88	$227.45	$398.29	$351.86	$315.21
73	$317.12	$286.50	$253.69	$444.72	$393.40	$354.31
74	$354.29	$321.49	$284.31	$498.47	$442.27	$395.85
75	$400.22	$363.04	$319.30	$562.01	$496.03	$442.27
76	$450.52	$406.78	$358.67	$632.87	$557.12	$498.47
77	$505.20	$457.08	$402.41	$708.62	$623.09	$557.12
78	$566.43	$511.76	$448.34	$794.14	$696.40	$620.65
79	$636.42	$575.18	$503.01	$894.32	$781.92	$693.95
80	$719.52	$649.54	$566.43	$1,009.17	$879.66	$779.48

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$41.55	$39.37	$37.18	$61.09	$56.20	$53.76
36	$43.74	$41.55	$39.37	$63.53	$58.64	$56.20
37	$43.74	$41.55	$39.37	$68.42	$63.53	$58.64
38	$48.11	$43.74	$41.55	$70.86	$65.97	$63.53
39	$50.30	$45.93	$43.74	$75.75	$70.86	$65.97
40	$52.49	$50.30	$45.93	$80.64	$73.31	$68.42
41	$54.68	$52.49	$48.11	$83.08	$78.19	$73.31
42	$56.86	$54.68	$50.30	$87.97	$80.64	$75.75
43	$61.24	$56.86	$52.49	$92.85	$85.52	$80.64
44	$63.42	$59.05	$54.68	$97.74	$90.41	$83.08
45	$67.80	$63.42	$59.05	$102.63	$95.30	$87.97
46	$72.17	$67.80	$61.24	$109.96	$100.18	$92.85
47	$76.55	$72.17	$65.61	$117.29	$105.07	$97.74
48	$80.92	$76.55	$69.98	$122.18	$112.40	$105.07
49	$87.48	$80.92	$74.36	$131.95	$119.73	$109.96
50	$94.04	$87.48	$80.92	$139.28	$127.06	$117.29
51	$100.60	$94.04	$85.29	$151.50	$136.84	$127.06
52	$109.35	$100.60	$91.85	$161.27	$146.61	$134.39
53	$118.10	$109.35	$98.42	$173.49	$156.38	$144.17
54	$126.85	$118.10	$107.16	$188.15	$168.60	$156.38
55	$137.78	$126.85	$115.91	$202.81	$183.26	$168.60
56	$150.90	$139.97	$124.66	$219.92	$197.92	$180.82
57	$164.03	$150.90	$137.78	$239.46	$215.03	$195.48
58	$179.33	$166.21	$148.72	$261.45	$234.58	$212.58
59	$196.83	$179.33	$161.84	$283.45	$254.12	$229.69
60	$214.33	$196.83	$174.96	$307.88	$273.67	$249.24
61	$231.82	$212.14	$190.27	$332.32	$295.66	$268.79
62	$251.51	$229.64	$205.58	$356.75	$317.66	$288.33
63	$271.19	$247.13	$220.89	$386.07	$344.53	$310.32
64	$295.25	$269.00	$240.57	$417.84	$371.41	$334.76
65	$321.49	$293.06	$260.25	$454.49	$405.62	$364.08
66	$352.11	$321.49	$286.50	$498.47	$442.27	$398.29
67	$387.10	$352.11	$312.74	$544.90	$481.37	$434.94
68	$422.09	$384.91	$341.17	$593.77	$527.80	$474.04
69	$463.64	$422.09	$373.98	$652.41	$576.67	$518.02
70	$509.57	$463.64	$408.97	$713.50	$630.42	$566.89
71	$557.69	$507.38	$446.15	$781.92	$689.07	$618.21
72	$607.99	$551.12	$485.51	$852.78	$750.15	$671.96
73	$662.66	$601.43	$529.25	$928.53	$818.57	$730.61
74	$723.90	$658.29	$577.37	$1,016.50	$894.32	$799.02
75	$796.07	$721.71	$634.23	$1,119.12	$982.29	$874.77
76	$876.99	$793.88	$695.47	$1,231.52	$1,080.03	$960.30
77	$964.47	$872.61	$763.26	$1,353.70	$1,185.10	$1,053.15
78	$1,062.88	$960.09	$837.62	$1,488.09	$1,299.94	$1,153.33
79	$1,170.05	$1,056.32	$920.73	$1,637.15	$1,429.45	$1,265.73
80	$1,292.52	$1,165.67	$1,014.77	$1,805.75	$1,573.61	$1,390.35

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$34.99	$32.81	$30.62	$51.31	$48.87	$46.43
36	$37.18	$34.99	$32.81	$53.76	$48.87	$48.87
37	$37.18	$34.99	$32.81	$58.64	$53.76	$48.87
38	$41.55	$37.18	$34.99	$61.09	$56.20	$53.76
39	$43.74	$39.37	$37.18	$63.53	$61.09	$56.20
40	$43.74	$43.74	$39.37	$68.42	$63.53	$58.64
41	$45.93	$43.74	$41.55	$70.86	$65.97	$63.53
42	$48.11	$45.93	$43.74	$75.75	$68.42	$63.53
43	$52.49	$48.11	$43.74	$78.19	$73.31	$68.42
44	$54.68	$50.30	$45.93	$83.08	$75.75	$70.86
45	$56.86	$54.68	$50.30	$87.97	$80.64	$75.75
46	$61.24	$56.86	$52.49	$92.85	$85.52	$78.19
47	$65.61	$61.24	$56.86	$100.18	$90.41	$83.08
48	$67.80	$65.61	$59.05	$105.07	$95.30	$90.41
49	$74.36	$67.80	$63.42	$112.40	$102.63	$92.85
50	$80.92	$74.36	$67.80	$117.29	$107.51	$100.18
51	$85.29	$80.92	$72.17	$129.51	$117.29	$107.51
52	$94.04	$85.29	$78.73	$136.84	$124.62	$114.84
53	$100.60	$94.04	$83.11	$146.61	$131.95	$122.18
54	$107.16	$100.60	$91.85	$158.83	$144.17	$131.95
55	$118.10	$107.16	$98.42	$173.49	$156.38	$144.17
56	$129.03	$118.10	$104.98	$188.15	$168.60	$153.94
57	$139.97	$129.03	$118.10	$202.81	$183.26	$166.16
58	$153.09	$142.16	$126.85	$222.36	$200.37	$180.82
59	$168.40	$153.09	$137.78	$241.91	$215.03	$195.48
60	$181.52	$168.40	$148.72	$261.45	$232.13	$212.58
61	$196.83	$179.33	$161.84	$283.45	$251.68	$229.69
62	$214.33	$194.64	$174.96	$302.99	$271.23	$244.35
63	$229.64	$209.95	$188.08	$327.43	$293.22	$263.90
64	$251.51	$229.64	$205.58	$354.31	$315.21	$283.45
65	$273.38	$249.32	$220.89	$386.07	$344.53	$310.32
66	$299.62	$273.38	$242.76	$422.73	$376.30	$339.65
67	$328.05	$299.62	$266.81	$464.27	$408.06	$368.97
68	$358.67	$328.05	$290.87	$505.80	$449.60	$403.18
69	$393.66	$358.67	$317.12	$554.67	$491.14	$439.83
70	$433.03	$393.66	$347.73	$605.99	$535.13	$481.37
71	$474.58	$430.84	$378.35	$664.63	$586.44	$525.35
72	$516.13	$468.02	$413.34	$725.72	$637.75	$571.78
73	$564.25	$511.76	$450.52	$789.25	$696.40	$620.65
74	$614.55	$559.87	$489.89	$865.00	$759.93	$679.29
75	$675.78	$614.55	$540.19	$950.52	$835.68	$742.82
76	$745.77	$675.78	$590.49	$1,045.82	$918.76	$816.13
77	$820.13	$741.39	$649.54	$1,150.89	$1,006.72	$894.32
78	$903.23	$815.75	$712.96	$1,265.73	$1,104.46	$979.84
79	$995.09	$898.86	$782.95	$1,392.80	$1,214.42	$1,075.14
80	$1,097.87	$990.71	$861.68	$1,534.52	$1,336.59	$1,182.65

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$30.62	$28.43	$26.24	$43.98	$41.54	$39.10
36	$30.62	$30.62	$28.43	$46.43	$41.54	$41.54
37	$30.62	$30.62	$28.43	$48.87	$46.43	$41.54
38	$34.99	$30.62	$30.62	$51.31	$48.87	$46.43
39	$37.18	$32.81	$30.62	$53.76	$51.31	$48.87
40	$37.18	$37.18	$32.81	$58.64	$53.76	$48.87
41	$39.37	$37.18	$34.99	$61.09	$56.20	$53.76
42	$41.55	$39.37	$37.18	$63.53	$58.64	$53.76
43	$43.74	$41.55	$37.18	$65.97	$61.09	$58.64
44	$45.93	$43.74	$39.37	$70.86	$65.97	$61.09
45	$48.11	$45.93	$43.74	$73.31	$68.42	$63.53
46	$52.49	$48.11	$43.74	$80.64	$73.31	$65.97
47	$54.68	$52.49	$48.11	$85.52	$75.75	$70.86
48	$59.05	$54.68	$50.30	$87.97	$80.64	$75.75
49	$63.42	$59.05	$54.68	$95.30	$85.52	$80.64
50	$67.80	$63.42	$59.05	$100.18	$92.85	$85.52
51	$72.17	$67.80	$61.24	$109.96	$97.74	$92.85
52	$78.73	$72.17	$65.61	$117.29	$105.07	$97.74
53	$85.29	$78.73	$72.17	$124.62	$112.40	$105.07
54	$91.85	$85.29	$76.55	$136.84	$122.18	$112.40
55	$100.60	$91.85	$83.11	$146.61	$131.95	$122.18
56	$109.35	$100.60	$89.67	$158.83	$144.17	$129.51
57	$118.10	$109.35	$100.60	$173.49	$156.38	$141.72
58	$129.03	$120.29	$107.16	$188.15	$168.60	$153.94
59	$142.16	$129.03	$115.91	$205.25	$183.26	$166.16
60	$155.28	$142.16	$126.85	$222.36	$197.92	$180.82
61	$168.40	$153.09	$137.78	$239.46	$212.58	$193.04
62	$181.52	$166.21	$148.72	$256.57	$229.69	$207.70
63	$196.83	$179.33	$159.65	$278.56	$249.24	$224.80
64	$214.33	$194.64	$172.77	$302.99	$268.79	$241.91
65	$231.82	$212.14	$188.08	$327.43	$293.22	$263.90
66	$253.69	$231.82	$207.77	$359.19	$320.10	$288.33
67	$279.94	$253.69	$225.26	$393.40	$346.98	$315.21
68	$303.99	$277.75	$247.13	$430.06	$381.19	$342.09
69	$334.61	$303.99	$271.19	$471.60	$417.84	$373.86
70	$367.42	$334.61	$295.25	$515.58	$454.49	$410.51
71	$402.41	$367.42	$321.49	$564.45	$498.47	$447.16
72	$439.59	$398.03	$349.92	$615.76	$542.46	$486.26
73	$478.95	$435.21	$382.73	$671.96	$591.33	$527.80
74	$522.69	$474.58	$417.72	$735.49	$645.08	$576.67
75	$575.18	$520.51	$459.27	$808.80	$708.62	$632.87
76	$634.23	$572.99	$503.01	$889.43	$779.48	$693.95
77	$697.65	$629.86	$551.12	$977.40	$855.23	$759.93
78	$767.64	$693.28	$605.80	$1,075.14	$938.30	$833.23
79	$846.37	$763.26	$664.85	$1,182.65	$1,033.60	$913.87
80	$933.85	$842.00	$732.65	$1,304.83	$1,136.23	$1,004.28

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$61.24	$59.05	$54.68	$92.85	$83.08	$78.19
36	$65.61	$61.24	$56.86	$95.30	$87.97	$83.08
37	$67.80	$63.42	$59.05	$100.18	$92.85	$85.52
38	$72.17	$67.80	$61.24	$107.51	$97.74	$90.41
39	$74.36	$69.98	$65.61	$112.40	$102.63	$95.30
40	$78.73	$74.36	$67.80	$117.29	$107.51	$100.18
41	$83.11	$76.55	$69.98	$124.62	$112.40	$102.63
42	$87.48	$80.92	$74.36	$129.51	$117.29	$107.51
43	$91.85	$85.29	$76.55	$134.39	$122.18	$112.40
44	$96.23	$87.48	$80.92	$141.72	$129.51	$117.29
45	$100.60	$94.04	$85.29	$149.05	$134.39	$124.62
46	$104.98	$98.42	$89.67	$156.38	$141.72	$129.51
47	$111.54	$102.79	$94.04	$163.71	$149.05	$136.84
48	$118.10	$109.35	$98.42	$171.05	$156.38	$141.72
49	$124.66	$113.72	$102.79	$180.82	$163.71	$149.05
50	$131.22	$120.29	$109.35	$190.59	$173.49	$158.83
51	$137.78	$129.03	$115.91	$202.81	$180.82	$166.16
52	$146.53	$135.59	$122.47	$215.03	$193.04	$175.93
53	$155.28	$144.34	$129.03	$227.25	$202.81	$185.71
54	$166.21	$153.09	$137.78	$241.91	$215.03	$197.92
55	$177.15	$161.84	$146.53	$256.57	$229.69	$207.70
56	$188.08	$172.77	$155.28	$273.67	$244.35	$222.36
57	$203.39	$185.90	$166.21	$290.78	$259.01	$237.02
58	$216.51	$199.02	$177.15	$310.32	$276.12	$251.68
59	$231.82	$212.14	$190.27	$332.32	$295.66	$268.79
60	$249.32	$227.45	$203.39	$354.31	$315.21	$285.89
61	$264.63	$242.76	$216.51	$376.30	$334.76	$302.99
62	$282.12	$258.07	$229.64	$398.29	$354.31	$320.10
63	$299.62	$273.38	$242.76	$422.73	$376.30	$339.65
64	$319.30	$293.06	$260.25	$452.05	$403.18	$361.64
65	$345.55	$314.93	$279.94	$486.26	$432.50	$388.52
66	$373.98	$341.17	$301.81	$525.35	$466.71	$420.28
67	$404.60	$369.60	$325.86	$569.34	$503.36	$452.05
68	$439.59	$400.22	$354.29	$615.76	$544.90	$491.14
69	$478.95	$435.21	$384.91	$669.52	$593.77	$532.68
70	$520.51	$474.58	$417.72	$730.61	$645.08	$579.11
71	$566.43	$516.13	$454.90	$794.14	$701.28	$627.98
72	$614.55	$559.87	$492.08	$862.56	$759.93	$679.29
73	$669.22	$605.80	$533.63	$938.30	$825.90	$737.94
74	$730.46	$662.66	$581.74	$1,023.83	$899.21	$803.91
75	$800.44	$726.08	$636.42	$1,124.01	$987.17	$879.66
76	$881.36	$798.26	$697.65	$1,233.97	$1,082.47	$962.74
77	$968.84	$874.80	$765.45	$1,356.14	$1,187.54	$1,055.59
78	$1,065.07	$962.28	$839.81	$1,490.54	$1,302.39	$1,155.78
79	$1,172.23	$1,058.51	$922.91	$1,639.59	$1,431.89	$1,265.73
80	$1,292.52	$1,165.67	$1,014.77	$1,808.19	$1,576.06	$1,392.80

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$52.49	$50.30	$45.93	$78.19	$70.86	$65.97
36	$56.86	$52.49	$48.11	$80.64	$75.75	$70.86
37	$56.86	$54.68	$50.30	$85.52	$78.19	$73.31
38	$61.24	$56.86	$52.49	$90.41	$83.08	$75.75
39	$63.42	$59.05	$56.86	$95.30	$87.97	$80.64
40	$67.80	$63.42	$56.86	$100.18	$90.41	$85.52
41	$69.98	$65.61	$59.05	$105.07	$95.30	$87.97
42	$74.36	$67.80	$63.42	$109.96	$100.18	$90.41
43	$78.73	$72.17	$65.61	$114.84	$105.07	$95.30
44	$80.92	$74.36	$67.80	$119.73	$109.96	$100.18
45	$85.29	$80.92	$72.17	$127.06	$114.84	$105.07
46	$89.67	$83.11	$76.55	$131.95	$119.73	$109.96
47	$94.04	$87.48	$80.92	$139.28	$127.06	$117.29
48	$100.60	$94.04	$83.11	$146.61	$131.95	$119.73
49	$104.98	$96.23	$87.48	$153.94	$139.28	$127.06
50	$111.54	$102.79	$94.04	$161.27	$146.61	$134.39
51	$118.10	$109.35	$98.42	$173.49	$153.94	$141.72
52	$124.66	$115.91	$104.98	$183.26	$163.71	$149.05
53	$131.22	$122.47	$109.35	$193.04	$173.49	$158.83
54	$142.16	$131.22	$118.10	$205.25	$183.26	$168.60
55	$150.90	$137.78	$124.66	$217.47	$195.48	$175.93
56	$159.65	$146.53	$131.22	$232.13	$207.70	$188.15
57	$172.77	$157.46	$142.16	$246.79	$219.92	$200.37
58	$183.71	$168.40	$150.90	$263.90	$234.58	$215.03
59	$196.83	$179.33	$161.84	$283.45	$251.68	$229.69
60	$212.14	$192.46	$172.77	$300.55	$268.79	$241.91
61	$225.26	$205.58	$183.71	$320.10	$283.45	$256.57
62	$240.57	$218.70	$194.64	$339.65	$300.55	$271.23
63	$253.69	$231.82	$205.58	$359.19	$320.10	$288.33
64	$271.19	$249.32	$220.89	$383.63	$342.09	$307.88
65	$293.06	$266.81	$238.38	$412.95	$366.53	$329.87
66	$317.12	$290.87	$255.88	$447.16	$395.85	$356.75
67	$343.36	$314.93	$277.75	$483.81	$427.61	$383.63
68	$373.98	$341.17	$301.81	$522.91	$464.27	$417.84
69	$406.78	$369.60	$328.05	$569.34	$505.80	$452.05
70	$441.77	$402.41	$354.29	$620.65	$547.34	$491.14
71	$481.14	$439.59	$387.10	$674.41	$596.21	$532.68
72	$522.69	$476.77	$417.72	$733.05	$645.08	$576.67
73	$568.62	$513.95	$452.71	$796.58	$701.28	$627.98
74	$621.11	$564.25	$494.26	$869.89	$764.82	$684.18
75	$680.16	$616.73	$540.19	$955.41	$838.12	$747.71
76	$750.14	$677.97	$592.68	$1,048.26	$921.20	$818.57
77	$824.50	$743.58	$651.73	$1,153.33	$1,009.17	$896.76
78	$905.42	$817.94	$712.96	$1,268.18	$1,106.91	$982.29
79	$997.27	$898.86	$785.13	$1,392.80	$1,216.86	$1,075.14
80	$1,097.87	$990.71	$861.68	$1,536.96	$1,339.04	$1,185.10

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

Current Annual Premiums with Proposed Increase

PER $10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

	1500 X MDB MAXIMUM BENEFIT			LIFETIME MAXIMUM BENEFIT		
Issue	Elimination Period			Elimination Period		
Age	30Day	90Day	180Day	30Day	90Day	180Day
18-35	$43.74	$43.74	$39.37	$65.97	$61.09	$56.20
36	$48.11	$43.74	$41.55	$68.42	$63.53	$61.09
37	$48.11	$45.93	$43.74	$73.31	$65.97	$61.09
38	$52.49	$48.11	$43.74	$78.19	$70.86	$65.97
39	$54.68	$50.30	$48.11	$80.64	$73.31	$68.42
40	$56.86	$54.68	$48.11	$85.52	$78.19	$73.31
41	$59.05	$54.68	$50.30	$90.41	$80.64	$73.31
42	$63.42	$59.05	$54.68	$92.85	$85.52	$78.19
43	$65.61	$61.24	$54.68	$97.74	$87.97	$80.64
44	$69.98	$63.42	$59.05	$102.63	$92.85	$85.52
45	$72.17	$67.80	$61.24	$107.51	$97.74	$90.41
46	$76.55	$72.17	$65.61	$112.40	$102.63	$92.85
47	$80.92	$74.36	$67.80	$117.29	$107.51	$97.74
48	$85.29	$78.73	$72.17	$124.62	$112.40	$102.63
49	$89.67	$83.11	$74.36	$129.51	$117.29	$107.51
50	$94.04	$87.48	$78.73	$136.84	$124.62	$114.84
51	$100.60	$94.04	$83.11	$146.61	$129.51	$119.73
52	$104.98	$98.42	$87.48	$156.38	$139.28	$127.06
53	$111.54	$104.98	$94.04	$163.71	$146.61	$134.39
54	$120.29	$111.54	$100.60	$175.93	$156.38	$144.17
55	$129.03	$115.91	$104.98	$185.71	$166.16	$149.05
56	$135.59	$124.66	$111.54	$197.92	$175.93	$161.27
57	$146.53	$133.41	$120.29	$210.14	$188.15	$171.05
58	$157.46	$144.34	$129.03	$224.80	$200.37	$180.82
59	$168.40	$153.09	$137.78	$239.46	$212.58	$193.04
60	$179.33	$164.03	$146.53	$256.57	$227.25	$207.70
61	$190.27	$174.96	$157.46	$271.23	$241.91	$219.92
62	$203.39	$185.90	$166.21	$288.33	$256.57	$232.13
63	$216.51	$196.83	$174.96	$305.44	$271.23	$244.35
64	$229.64	$212.14	$188.08	$327.43	$290.78	$261.45
65	$249.32	$227.45	$201.20	$351.86	$312.77	$281.00
66	$271.19	$247.13	$218.70	$378.74	$337.20	$302.99
67	$293.06	$266.81	$236.20	$410.51	$364.08	$327.43
68	$317.12	$288.68	$255.88	$444.72	$393.40	$354.31
69	$345.55	$314.93	$277.75	$483.81	$430.06	$386.07
70	$376.16	$343.36	$301.81	$527.80	$466.71	$417.84
71	$408.97	$373.98	$328.05	$574.22	$505.80	$454.49
72	$443.96	$404.60	$356.48	$623.09	$549.79	$491.14
73	$483.33	$437.40	$384.91	$676.85	$596.21	$532.68
74	$527.07	$478.95	$419.90	$740.38	$649.97	$581.55
75	$577.37	$524.88	$459.27	$811.24	$713.50	$635.31
76	$636.42	$577.37	$503.01	$891.88	$781.92	$696.40
77	$699.84	$632.04	$553.31	$979.84	$857.67	$762.37
78	$769.82	$695.47	$605.80	$1,077.58	$940.75	$835.68
79	$846.37	$765.45	$667.04	$1,185.10	$1,033.60	$913.87
80	$933.85	$842.00	$732.65	$1,307.27	$1,138.67	$1,006.72

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form 3035Q

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium

Issue Age	Return of Premium at Death Option	Nonforfeiture at Lapse Option
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	36.93	23.02	24.96	41.27
26	21.37	23.06	37.87	23.54	25.62	42.52
27	21.75	23.54	38.83	24.07	26.27	43.75
28	22.15	24.06	39.80	24.62	26.96	45.06
29	22.59	24.61	40.86	25.22	27.70	46.46
30	23.07	25.23	42.06	25.88	28.54	48.04
31	23.65	25.95	43.43	26.66	29.50	49.86
32	24.29	26.74	44.95	27.53	30.56	51.89
33	24.95	27.58	46.55	28.43	31.68	54.01
34	25.60	28.39	48.09	29.34	32.81	56.11
35	26.16	29.15	49.49	30.16	33.86	58.06
36	26.65	29.78	50.71	30.90	34.80	59.82
37	27.07	30.36	51.77	31.59	35.69	61.45
38	27.47	30.92	52.79	32.27	36.59	63.06
39	27.89	31.51	53.86	32.97	37.50	64.72
40	28.38	32.16	55.06	33.75	38.52	66.56
41	28.89	32.86	56.33	34.59	39.60	68.51
42	29.43	33.57	57.63	35.45	40.70	70.49
43	30.01	34.36	59.02	36.37	41.89	72.62
44	30.69	35.22	60.57	37.40	43.19	74.92
45	31.47	36.23	62.34	38.57	44.64	77.51
46	32.41	37.40	64.36	39.89	46.28	80.36
47	33.47	38.69	66.55	41.35	48.06	83.43
48	34.60	40.08	68.92	42.92	49.96	86.74
49	35.82	41.55	71.45	44.58	51.99	90.26
50	37.04	43.09	74.12	46.31	54.14	94.00
51	38.23	44.59	76.75	47.98	56.23	97.71
52	39.38	46.06	79.33	49.61	58.31	101.38
53	40.62	47.67	82.16	51.39	60.56	105.42
54	42.11	49.56	85.50	53.53	63.25	110.18
55	43.96	51.89	89.62	56.19	66.57	116.05
56	46.21	54.70	94.55	59.36	70.48	122.95
57	48.75	57.85	100.06	62.92	74.84	130.63
58	51.58	61.33	106.18	66.89	79.73	139.22
59	54.66	65.16	112.88	71.35	85.19	148.82
60	58.00	69.32	120.19	76.29	91.30	159.63
61	61.45	73.70	127.93	81.57	97.88	171.31
62	65.04	78.29	136.08	87.16	104.87	183.76
63	68.94	83.27	144.92	93.30	112.55	197.45
64	73.36	88.84	154.72	100.28	121.23	212.80
65	78.46	95.19	165.76	108.39	131.19	230.29
66	84.04	102.03	177.48	117.13	141.84	248.83
67	89.95	109.23	189.71	126.32	153.00	268.11
68	96.54	117.23	203.24	136.69	165.52	289.76
69	104.17	126.48	218.95	148.93	180.31	315.33
70	113.16	137.46	237.61	163.77	198.22	346.44
71	123.63	150.32	259.64	181.14	219.25	383.06
72	135.38	164.78	284.49	200.57	242.78	424.15
73	148.20	180.55	311.55	222.14	268.89	469.68
74	161.92	197.36	340.22	245.94	297.62	519.75
75	176.35	214.93	369.85	272.08	329.01	574.38
76	190.65	232.25	398.64	298.70	360.92	629.48
77	204.94	249.48	426.98	325.77	393.34	685.08
78	220.50	268.18	457.63	356.02	429.45	747.23
79	238.56	289.87	493.34	392.15	472.46	822.01
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	43.43	24.52	27.08	46.06
26	24.34	26.74	44.80	25.14	27.88	47.59
27	24.91	27.47	46.17	25.76	28.66	49.11
28	25.50	28.22	47.62	26.39	29.48	50.72
29	26.15	29.04	49.16	27.09	30.39	52.48
30	26.88	29.96	50.92	27.89	31.40	54.45
31	27.73	31.02	52.95	28.80	32.56	56.73
32	28.67	32.21	55.21	29.82	33.86	59.26
33	29.66	33.45	57.55	30.89	35.22	61.89
34	30.65	34.70	59.91	31.95	36.59	64.54
35	31.56	35.87	62.10	32.97	37.89	67.06
36	32.39	36.95	64.11	33.89	39.10	69.37
37	33.16	37.96	65.98	34.74	40.24	71.54
38	33.93	38.99	67.84	35.59	41.39	73.72
39	34.72	40.04	69.78	36.49	42.59	75.96
40	35.60	41.20	71.90	37.48	43.92	78.42
41	36.54	42.44	74.12	38.52	45.31	81.02
42	37.52	43.71	76.42	39.60	46.74	83.69
43	38.56	45.06	78.87	40.74	48.25	86.53
44	39.70	46.53	81.50	42.01	49.91	89.59
45	40.99	48.18	84.44	43.43	51.75	92.95
46	42.44	50.00	87.67	45.01	53.76	96.62
47	44.02	51.98	91.11	46.72	55.93	100.51
48	45.72	54.09	94.80	48.56	58.25	104.68
49	47.53	56.34	98.72	50.50	60.72	109.13
50	49.42	58.73	102.94	52.56	63.34	113.91
51	51.26	61.07	107.11	54.55	65.95	118.67
52	53.07	63.40	111.26	56.52	68.54	123.43
53	55.03	65.93	115.81	58.67	71.36	128.64
54	57.38	68.94	121.20	61.22	74.70	134.77
55	60.29	72.67	127.84	64.41	78.83	142.34
56	63.76	77.03	135.57	68.16	83.63	151.11
57	67.64	81.86	144.16	72.35	88.95	160.77
58	71.97	87.29	153.77	77.04	94.92	171.64
59	76.84	93.41	164.61	82.34	101.70	184.00
60	82.32	100.32	176.89	88.34	109.40	198.13
61	88.21	107.81	190.29	94.84	117.84	213.68
62	94.46	115.82	204.69	101.76	126.89	230.45
63	101.37	124.66	220.54	109.43	136.90	248.99
64	109.22	134.65	238.37	118.14	148.20	269.84
65	118.30	146.10	258.65	128.18	161.16	293.59
66	128.05	158.29	280.10	138.93	174.92	318.64
67	138.28	171.03	302.40	150.16	189.26	344.66
68	149.82	185.38	327.47	162.86	205.43	373.98
69	163.51	202.38	357.22	178.00	224.67	408.89
70	180.18	223.07	393.58	196.49	248.21	451.73
71	199.75	247.36	436.30	218.21	275.86	502.05
72	221.62	274.54	484.17	242.53	306.76	558.33
73	245.98	304.78	537.43	269.66	341.27	621.20
74	272.98	338.27	596.43	299.84	379.67	691.37
75	302.78	375.19	661.47	333.27	422.31	769.48
76	333.30	413.01	727.67	367.65	466.18	849.58
77	364.45	451.56	794.86	402.79	511.07	931.24
78	399.32	494.72	870.29	442.22	561.47	1023.38
79	441.06	546.29	961.29	489.47	621.89	1134.93
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		43.52	51.49	92.40		52.42	62.71	114.16
26		44.82	53.14	95.51		54.14	64.87	118.27
27		46.13	54.81	98.65		55.88	67.10	122.47
28		47.49	56.55	101.94		57.69	69.39	126.87
29		48.92	58.36	105.38		59.58	71.81	131.47
30		50.44	60.29	109.01		61.60	74.39	136.37
31		52.12	62.41	113.01		63.84	77.22	141.77
32		53.93	64.72	117.37		66.27	80.28	147.62
33		55.80	67.07	121.81		68.76	83.43	153.62
34		57.58	69.34	126.07		71.17	86.49	159.43
35		59.20	71.40	129.85		73.37	89.32	164.66
36		60.56	73.17	133.04		75.30	91.79	169.18
37		61.78	74.74	135.78		77.04	94.03	173.16
38		62.90	76.22	138.35		78.69	96.17	176.95
39		64.06	77.73	140.93		80.39	98.36	180.77
40		65.33	79.38	143.78		82.23	100.75	184.96
41		66.69	81.15	146.83		84.19	103.26	189.41
42		68.08	82.94	149.94		86.20	105.84	193.98
43		69.54	84.82	153.18		88.29	108.53	198.72
44		71.12	86.83	156.65		90.52	111.39	203.74
45		72.85	89.02	160.40		92.95	114.47	209.14
46		74.75	91.41	164.49		95.58	117.79	214.95
47		76.82	93.97	168.86		98.39	121.30	221.09
48		78.99	96.67	173.45		101.34	125.00	227.54
49		81.24	99.47	178.20		104.42	128.86	234.26
50		83.54	102.34	183.11		107.58	132.84	241.21
51		85.77	105.15	187.94		110.70	136.80	248.13
52		87.95	107.95	192.74		113.78	140.74	255.04
53		90.26	110.89	197.78		117.03	144.90	262.34
54		92.83	114.16	203.41		120.68	149.54	270.50
55		95.81	117.91	209.89		124.94	154.93	279.94
56		99.13	122.07	217.04		129.67	160.84	290.31
57		102.71	126.52	224.71		134.70	167.14	301.32
58		106.62	131.38	233.10		140.29	174.10	313.51
59		110.98	136.84	242.48		146.61	181.99	327.38
60		115.90	142.98	253.13		153.89	191.12	343.47
61		121.35	149.88	265.14		162.11	201.49	361.88
62		127.29	157.44	278.34		171.14	212.92	382.25
63		133.72	165.59	292.58		180.98	225.38	404.44
64		140.60	174.29	307.67		191.66	238.84	428.32
65		147.97	183.48	323.49		203.18	253.23	453.72
66		155.53	192.82	339.40		214.99	267.88	479.42
67		163.31	202.35	355.49		227.08	282.83	505.48
68		171.68	212.58	372.73		240.29	299.08	533.80
69		181.08	224.05	392.04		255.45	317.67	566.26
70		191.86	237.26	414.39		273.36	339.65	604.72
71		204.19	252.42	440.18		294.00	364.95	649.14
72		217.77	269.18	468.77		316.79	392.92	698.29
73		232.43	287.24	499.57		341.85	423.58	752.20
74		248.00	306.33	531.95		369.23	456.99	810.96
75		264.26	326.17	565.29		399.02	493.21	874.61
76		280.42	345.79	597.82		429.42	530.09	939.02
77		296.61	365.34	629.96		460.35	567.59	1004.17
78		314.04	386.32	664.35		494.56	608.93	1076.25
79		333.92	410.24	703.69		534.80	657.32	1161.39
80		357.48	438.57			583.79	715.96	
81		385.33	472.15			642.59	786.25	
82		416.64	509.99			709.33	866.09	
83		450.51	550.83			782.50	953.33	
84		486.04	593.45			860.57	1045.85	
85		522.32	636.61			941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	126.01	59.95	74.12	140.72
26	58.08	70.83	130.67	61.99	76.80	146.03
27	59.99	73.32	135.43	64.08	79.56	151.46
28	61.99	75.90	140.38	66.26	82.40	157.15
29	64.08	78.61	145.60	68.54	85.41	163.11
30	66.31	81.50	151.15	70.97	88.63	169.45
31	68.77	84.69	157.27	73.66	92.15	176.47
32	71.44	88.13	163.90	76.57	95.97	184.08
33	74.18	91.67	170.72	79.57	99.90	191.89
34	76.84	95.11	177.30	82.47	103.73	199.44
35	79.29	98.29	183.29	85.16	107.27	206.35
36	81.43	101.10	188.46	87.51	110.42	212.33
37	83.38	103.65	193.06	89.64	113.28	217.68
38	85.23	106.11	197.41	91.69	116.05	222.77
39	87.12	108.62	201.85	93.78	118.87	227.96
40	89.18	111.33	206.68	96.05	121.92	233.58
41	91.37	114.21	211.82	98.47	125.15	239.59
42	93.60	117.15	217.09	100.93	128.45	245.72
43	95.93	120.22	222.56	103.50	131.90	252.09
44	98.42	123.46	228.35	106.23	135.54	258.82
45	101.10	126.95	234.54	109.17	139.44	266.02
46	104.00	130.71	241.17	112.35	143.63	273.67
47	107.10	134.66	248.17	115.71	148.03	281.71
48	110.35	138.83	255.50	119.25	152.64	290.15
49	113.72	143.17	263.16	122.92	157.48	298.95
50	117.22	147.68	271.10	126.72	162.50	308.14
51	120.66	152.16	279.03	130.49	167.51	317.31
52	124.08	156.63	286.96	134.23	172.52	326.50
53	127.70	161.37	295.36	138.20	177.82	336.23
54	131.75	166.66	304.72	142.63	183.75	347.10
55	136.46	172.76	315.54	147.80	190.58	359.65
56	141.67	179.46	327.38	153.48	198.05	373.32
57	147.22	186.54	339.92	159.52	205.93	387.72
58	153.36	194.40	353.81	166.23	214.68	403.72
59	160.35	203.36	369.70	173.88	224.69	422.14
60	168.47	213.79	388.31	182.79	236.44	443.84
61	177.67	225.73	409.73	192.97	249.94	468.96
62	187.83	238.94	433.47	204.21	264.92	496.96
63	198.91	253.35	459.44	216.51	281.30	527.57
64	210.92	268.93	487.38	229.84	299.01	560.60
65	223.87	285.59	517.16	244.19	317.95	595.82
66	237.11	302.54	547.25	258.81	337.16	631.39
67	250.63	319.77	577.80	273.71	356.70	667.47
68	265.41	338.57	611.02	290.02	378.01	706.77
69	282.42	360.13	649.22	308.84	402.56	752.09
70	302.63	385.70	694.61	331.26	431.76	806.13
71	325.92	415.14	746.98	357.16	465.40	868.43
72	351.65	447.65	804.84	385.78	502.52	937.16
73	379.98	483.41	868.50	417.34	543.47	1013.02
74	411.09	522.60	938.34	452.09	588.56	1096.78
75	445.12	565.41	1014.69	490.24	638.12	1189.14
76	479.98	609.30	1092.60	529.46	689.13	1284.03
77	515.57	654.12	1171.82	569.55	741.39	1380.94
78	555.03	703.71	1259.82	614.09	799.42	1489.03
79	601.48	761.94	1364.00	666.59	867.70	1617.43
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	34.51	23.02	24.96	38.56
26	21.37	23.06	35.39	23.54	25.62	39.73
27	21.75	23.54	36.28	24.07	26.27	40.88
28	22.15	24.06	37.19	24.62	26.96	42.10
29	22.59	24.61	38.18	25.22	27.70	43.41
30	23.07	25.23	39.30	25.88	28.54	44.88
31	23.65	25.95	40.58	26.66	29.50	46.59
32	24.29	26.74	42.01	27.53	30.56	48.49
33	24.95	27.58	43.50	28.43	31.68	50.47
34	25.60	28.39	44.93	29.34	32.81	52.43
35	26.16	29.15	46.24	30.16	33.86	54.26
36	26.65	29.78	47.38	30.90	34.80	55.90
37	27.07	30.36	48.38	31.59	35.69	57.42
38	27.47	30.92	49.33	32.27	36.59	58.92
39	27.89	31.51	50.32	32.97	37.50	60.48
40	28.38	32.16	51.45	33.75	38.52	62.19
41	28.89	32.86	52.64	34.59	39.60	64.02
42	29.43	33.57	53.85	35.45	40.70	65.87
43	30.01	34.36	55.15	36.37	41.89	67.85
44	30.69	35.22	56.60	37.40	43.19	70.01
45	31.47	36.23	58.25	38.57	44.64	72.42
46	32.41	37.40	60.14	39.89	46.28	75.09
47	33.47	38.69	62.18	41.35	48.06	77.96
48	34.60	40.08	64.40	42.92	49.96	81.05
49	35.82	41.55	66.76	44.58	51.99	84.34
50	37.04	43.09	69.26	46.31	54.14	87.83
51	38.23	44.59	71.71	47.98	56.23	91.30
52	39.38	46.06	74.12	49.61	58.31	94.73
53	40.62	47.67	76.77	51.39	60.56	98.50
54	42.11	49.56	79.89	53.53	63.25	102.95
55	43.96	51.89	83.74	56.19	66.57	108.44
56	46.21	54.70	88.35	59.36	70.48	114.88
57	48.75	57.85	93.49	62.92	74.84	122.06
58	51.58	61.33	99.21	66.89	79.73	130.08
59	54.66	65.16	105.47	71.35	85.19	139.06
60	58.00	69.32	112.31	76.29	91.30	149.16
61	61.45	73.70	119.54	81.57	97.88	160.07
62	65.04	78.29	127.16	87.16	104.87	171.71
63	68.94	83.27	135.41	93.30	112.55	184.50
64	73.36	88.84	144.57	100.28	121.23	198.84
65	78.46	95.19	154.89	108.39	131.19	215.18
66	84.04	102.03	165.84	117.13	141.84	232.51
67	89.95	109.23	177.27	126.32	153.00	250.52
68	96.54	117.23	189.91	136.69	165.52	270.75
69	104.17	126.48	204.59	148.93	180.31	294.65
70	113.16	137.46	222.02	163.77	198.22	323.72
71	123.63	150.32	242.61	181.14	219.25	357.93
72	135.38	164.78	265.83	200.57	242.78	396.32
73	148.20	180.55	291.11	222.14	268.89	438.87
74	161.92	197.36	317.90	245.94	297.62	485.65
75	176.35	214.93	345.58	272.08	329.01	536.70
76	190.65	232.25	372.49	298.70	360.92	588.18
77	204.94	249.48	398.97	325.77	393.34	640.14
78	220.50	268.18	427.61	356.02	429.45	698.21
79	238.56	289.87	460.98	392.15	472.46	768.09
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	40.58	24.52	27.08	43.03
26	24.34	26.74	41.86	25.14	27.88	44.47
27	24.91	27.47	43.14	25.76	28.66	45.89
28	25.50	28.22	44.49	26.39	29.48	47.40
29	26.15	29.04	45.94	27.09	30.39	49.04
30	26.88	29.96	47.58	27.89	31.40	50.87
31	27.73	31.02	49.48	28.80	32.56	53.01
32	28.67	32.21	51.58	29.82	33.86	55.37
33	29.66	33.45	53.78	30.89	35.22	57.83
34	30.65	34.70	55.98	31.95	36.59	60.31
35	31.56	35.87	58.03	32.97	37.89	62.66
36	32.39	36.95	59.90	33.89	39.10	64.81
37	33.16	37.96	61.65	34.74	40.24	66.85
38	33.93	38.99	63.39	35.59	41.39	68.88
39	34.72	40.04	65.21	36.49	42.59	70.98
40	35.60	41.20	67.18	37.48	43.92	73.28
41	36.54	42.44	69.26	38.52	45.31	75.71
42	37.52	43.71	71.41	39.60	46.74	78.20
43	38.56	45.06	73.70	40.74	48.25	80.85
44	39.70	46.53	76.16	42.01	49.91	83.72
45	40.99	48.18	78.90	43.43	51.75	86.85
46	42.44	50.00	81.92	45.01	53.76	90.28
47	44.02	51.98	85.14	46.72	55.93	93.92
48	45.72	54.09	88.58	48.56	58.25	97.82
49	47.53	56.34	92.24	50.50	60.72	101.97
50	49.42	58.73	96.19	52.56	63.34	106.44
51	51.26	61.07	100.08	54.55	65.95	110.89
52	53.07	63.40	103.97	56.52	68.54	115.33
53	55.03	65.93	108.22	58.67	71.36	120.20
54	57.38	68.94	113.25	61.22	74.70	125.93
55	60.29	72.67	119.45	64.41	78.83	133.00
56	63.76	77.03	126.68	68.16	83.63	141.19
57	67.64	81.86	134.70	72.35	88.95	150.22
58	71.97	87.29	143.68	77.04	94.92	160.38
59	76.84	93.41	153.81	82.34	101.70	171.93
60	82.32	100.32	165.29	88.34	109.40	185.13
61	88.21	107.81	177.81	94.84	117.84	199.66
62	94.46	115.82	191.26	101.76	126.89	215.33
63	101.37	124.66	206.07	109.43	136.90	232.65
64	109.22	134.65	222.73	118.14	148.20	252.14
65	118.30	146.10	241.68	128.18	161.16	274.33
66	128.05	158.29	261.72	138.93	174.92	297.74
67	138.28	171.03	282.56	150.16	189.26	322.05
68	149.82	185.38	305.99	162.86	205.43	349.44
69	163.51	202.38	333.79	178.00	224.67	382.07
70	180.18	223.07	367.76	196.49	248.21	422.10
71	199.75	247.36	407.68	218.21	275.86	469.11
72	221.62	274.54	452.40	242.53	306.76	521.70
73	245.98	304.78	502.18	269.66	341.27	580.45
74	272.98	338.27	557.30	299.84	379.67	646.02
75	302.78	375.19	618.07	333.27	422.31	719.00
76	333.30	413.01	679.94	367.65	466.18	793.85
77	364.45	451.56	742.72	402.79	511.07	870.15
78	399.32	494.72	813.20	442.22	561.47	956.25
79	441.06	546.29	898.23	489.47	621.89	1060.48
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		43.52	51.49	86.34		52.42	62.71	106.67
26		44.82	53.14	89.24		54.14	64.87	110.51
27		46.13	54.81	92.18		55.88	67.10	114.44
28		47.49	56.55	95.26		57.69	69.39	118.54
29		48.92	58.36	98.47		59.58	71.81	122.84
30		50.44	60.29	101.86		61.60	74.39	127.42
31		52.12	62.41	105.60		63.84	77.22	132.47
32		53.93	64.72	109.67		66.27	80.28	137.94
33		55.80	67.07	113.81		68.76	83.43	143.55
34		57.58	69.34	117.80		71.17	86.49	148.97
35		59.20	71.40	121.34		73.37	89.32	153.86
36		60.56	73.17	124.31		75.30	91.79	158.09
37		61.78	74.74	126.87		77.04	94.03	161.80
38		62.90	76.22	129.27		78.69	96.17	165.34
39		64.06	77.73	131.69		80.39	98.36	168.92
40		65.33	79.38	134.35		82.23	100.75	172.82
41		66.69	81.15	137.20		84.19	103.26	176.99
42		68.08	82.94	140.10		86.20	105.84	181.25
43		69.54	84.82	143.13		88.29	108.53	185.69
44		71.12	86.83	146.38		90.52	111.39	190.38
45		72.85	89.02	149.88		92.95	114.47	195.42
46		74.75	91.41	153.70		95.58	117.79	200.85
47		76.82	93.97	157.78		98.39	121.30	206.58
48		78.99	96.67	162.07		101.34	125.00	212.61
49		81.24	99.47	166.51		104.42	128.86	218.90
50		83.54	102.34	171.10		107.58	132.84	225.39
51		85.77	105.15	175.62		110.70	136.80	231.86
52		87.95	107.95	180.10		113.78	140.74	238.31
53		90.26	110.89	184.80		117.03	144.90	245.13
54		92.83	114.16	190.07		120.68	149.54	252.75
55		95.81	117.91	196.12		124.94	154.93	261.57
56		99.13	122.07	202.80		129.67	160.84	271.26
57		102.71	126.52	209.97		134.70	167.14	281.55
58		106.62	131.38	217.81		140.29	174.10	292.95
59		110.98	136.84	226.58		146.61	181.99	305.91
60		115.90	142.98	236.52		153.89	191.12	320.94
61		121.35	149.88	247.74		162.11	201.49	338.14
62		127.29	157.44	260.08		171.14	212.92	357.17
63		133.72	165.59	273.38		180.98	225.38	377.91
64		140.60	174.29	287.48		191.66	238.84	400.22
65		147.97	183.48	302.27		203.18	253.23	423.96
66		155.53	192.82	317.14		214.99	267.88	447.97
67		163.31	202.35	332.17		227.08	282.83	472.32
68		171.68	212.58	348.28		240.29	299.08	498.78
69		181.08	224.05	366.32		255.45	317.67	529.11
70		191.86	237.26	387.21		273.36	339.65	565.06
71		204.19	252.42	411.31		294.00	364.95	606.56
72		217.77	269.18	438.02		316.79	392.92	652.48
73		232.43	287.24	466.80		341.85	423.58	702.86
74		248.00	306.33	497.06		369.23	456.99	757.76
75		264.26	326.17	528.21		399.02	493.21	817.23
76		280.42	345.79	558.60		429.42	530.09	877.42
77		296.61	365.34	588.64		460.35	567.59	938.30
78		314.04	386.32	620.77		494.56	608.93	1005.65
79		333.92	410.24	657.53		534.80	657.32	1085.20
80		357.48	438.57			583.79	715.96	
81		385.33	472.15			642.59	786.25	
82		416.64	509.99			709.33	866.09	
83		450.51	550.83			782.50	953.33	
84		486.04	593.45			860.57	1045.85	
85		522.32	636.61			941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	117.75	59.95	74.12	131.49
26	58.08	70.83	122.10	61.99	76.80	136.45
27	59.99	73.32	126.54	64.08	79.56	141.52
28	61.99	75.90	131.17	66.26	82.40	146.84
29	64.08	78.61	136.05	68.54	85.41	152.41
30	66.31	81.50	141.23	70.97	88.63	158.33
31	68.77	84.69	146.95	73.66	92.15	164.90
32	71.44	88.13	153.15	76.57	95.97	172.00
33	74.18	91.67	159.52	79.57	99.90	179.30
34	76.84	95.11	165.67	82.47	103.73	186.36
35	79.29	98.29	171.27	85.16	107.27	192.82
36	81.43	101.10	176.09	87.51	110.42	198.40
37	83.38	103.65	180.39	89.64	113.28	203.40
38	85.23	106.11	184.46	91.69	116.05	208.15
39	87.12	108.62	188.61	93.78	118.87	213.00
40	89.18	111.33	193.12	96.05	121.92	218.26
41	91.37	114.21	197.92	98.47	125.15	223.87
42	93.60	117.15	202.85	100.93	128.45	229.60
43	95.93	120.22	207.96	103.50	131.90	235.56
44	98.42	123.46	213.37	106.23	135.54	241.84
45	101.10	126.95	219.15	109.17	139.44	248.56
46	104.00	130.71	225.35	112.35	143.63	255.72
47	107.10	134.66	231.89	115.71	148.03	263.23
48	110.35	138.83	238.74	119.25	152.64	271.12
49	113.72	143.17	245.89	122.92	157.48	279.34
50	117.22	147.68	253.32	126.72	162.50	287.92
51	120.66	152.16	260.73	130.49	167.51	296.50
52	124.08	156.63	268.14	134.23	172.52	305.09
53	127.70	161.37	275.98	138.20	177.82	314.18
54	131.75	166.66	284.73	142.63	183.75	324.33
55	136.46	172.76	294.85	147.80	190.58	336.05
56	141.67	179.46	305.91	153.48	198.05	348.83
57	147.22	186.54	317.62	159.52	205.93	362.28
58	153.36	194.40	330.60	166.23	214.68	377.24
59	160.35	203.36	345.45	173.88	224.69	394.45
60	168.47	213.79	362.83	182.79	236.44	414.72
61	177.67	225.73	382.85	192.97	249.94	438.19
62	187.83	238.94	405.03	204.21	264.92	464.36
63	198.91	253.35	429.30	216.51	281.30	492.96
64	210.92	268.93	455.41	229.84	299.01	523.82
65	223.87	285.59	483.24	244.19	317.95	556.74
66	237.11	302.54	511.35	258.81	337.16	589.97
67	250.63	319.77	539.89	273.71	356.70	623.68
68	265.41	338.57	570.94	290.02	378.01	660.41
69	282.42	360.13	606.63	308.84	402.56	702.76
70	302.63	385.70	649.04	331.26	431.76	753.25
71	325.92	415.14	697.98	357.16	465.40	811.46
72	351.65	447.65	752.04	385.78	502.52	875.68
73	379.98	483.41	811.53	417.34	543.47	946.57
74	411.09	522.60	876.78	452.09	588.56	1024.84
75	445.12	565.41	948.13	490.24	638.12	1111.14
76	479.98	609.30	1020.93	529.46	689.13	1199.80
77	515.57	654.12	1094.95	569.55	741.39	1290.35
78	555.03	703.71	1177.18	614.09	799.42	1391.36
79	601.48	761.94	1274.53	666.59	867.70	1511.33
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
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Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		20.97	22.56	48.42		23.02	24.96	54.10
26		21.37	23.06	49.65		23.54	25.62	55.74
27		21.75	23.54	50.91		24.07	26.27	57.36
28		22.15	24.06	52.18		24.62	26.96	59.07
29		22.59	24.61	53.57		25.22	27.70	60.91
30		23.07	25.23	55.14		25.88	28.54	62.98
31		23.65	25.95	56.94		26.66	29.50	65.37
32		24.29	26.74	58.93		27.53	30.56	68.03
33		24.95	27.58	61.03		28.43	31.68	70.81
34		25.60	28.39	63.05		29.34	32.81	73.56
35		26.16	29.15	64.88		30.16	33.86	76.12
36		26.65	29.78	66.48		30.90	34.80	78.42
37		27.07	30.36	67.87		31.59	35.69	80.56
38		27.47	30.92	69.21		32.27	36.59	82.67
39		27.89	31.51	70.61		32.97	37.50	84.85
40		28.38	32.16	72.18		33.75	38.52	87.26
41		28.89	32.86	73.85		34.59	39.60	89.82
42		29.43	33.57	75.55		35.45	40.70	92.41
43		30.01	34.36	77.38		36.37	41.89	95.20
44		30.69	35.22	79.41		37.40	43.19	98.22
45		31.47	36.23	81.73		38.57	44.64	101.62
46		32.41	37.40	84.38		39.89	46.28	105.35
47		33.47	38.69	87.25		41.35	48.06	109.38
48		34.60	40.08	90.35		42.92	49.96	113.72
49		35.82	41.55	93.67		44.58	51.99	118.33
50		37.04	43.09	97.17		46.31	54.14	123.23
51		38.23	44.59	100.62		47.98	56.23	128.10
52		39.38	46.06	104.00		49.61	58.31	132.91
53		40.62	47.67	107.71		51.39	60.56	138.21
54		42.11	49.56	112.09		53.53	63.25	144.45
55		43.96	51.89	117.49		56.19	66.57	152.14
56		46.21	54.70	123.96		59.36	70.48	161.19
57		48.75	57.85	131.18		62.92	74.84	171.26
58		51.58	61.33	139.20		66.89	79.73	182.52
59		54.66	65.16	147.99		71.35	85.19	195.10
60		58.00	69.32	157.57		76.29	91.30	209.27
61		61.45	73.70	167.72		81.57	97.88	224.59
62		65.04	78.29	178.40		87.16	104.87	240.91
63		68.94	83.27	189.99		93.30	112.55	258.86
64		73.36	88.84	202.84		100.28	121.23	278.98
65		78.46	95.19	217.31		108.39	131.19	301.91
66		84.04	102.03	232.68		117.13	141.84	326.22
67		89.95	109.23	248.71		126.32	153.00	351.49
68		96.54	117.23	266.45		136.69	165.52	379.88
69		104.17	126.48	287.04		148.93	180.31	413.40
70		113.16	137.46	311.51		163.77	198.22	454.18
71		123.63	150.32	340.39		181.14	219.25	502.19
72		135.38	164.78	372.97		200.57	242.78	556.06
73		148.20	180.55	408.44		222.14	268.89	615.75
74		161.92	197.36	446.03		245.94	297.62	681.39
75		176.35	214.93	484.87		272.08	329.01	753.01
76		190.65	232.25	522.62		298.70	360.92	825.25
77		204.94	249.48	559.77		325.77	393.34	898.14
78		220.50	268.18	599.95		356.02	429.45	979.62
79		238.56	289.87	646.77		392.15	472.46	1077.66
80		260.40	316.13			436.87	525.57	
81		286.38	347.48			490.83	589.64	
82		315.67	382.87			552.20	662.54	
83		347.72	421.54			620.06	742.97	
84		381.93	462.65			693.47	829.63	
85		417.76	505.40			771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	56.94	24.52	27.08	60.38
26	24.34	26.74	58.73	25.14	27.88	62.39
27	24.91	27.47	60.53	25.76	28.66	64.38
28	25.50	28.22	62.43	26.39	29.48	66.49
29	26.15	29.04	64.45	27.09	30.39	68.80
30	26.88	29.96	66.76	27.89	31.40	71.38
31	27.73	31.02	69.42	28.80	32.56	74.37
32	28.67	32.21	72.38	29.82	33.86	77.69
33	29.66	33.45	75.45	30.89	35.22	81.14
34	30.65	34.70	78.54	31.95	36.59	84.61
35	31.56	35.87	81.41	32.97	37.89	87.92
36	32.39	36.95	84.05	33.89	39.10	90.94
37	33.16	37.96	86.50	34.74	40.24	93.79
38	33.93	38.99	88.94	35.59	41.39	96.65
39	34.72	40.04	91.48	36.49	42.59	99.58
40	35.60	41.20	94.26	37.48	43.92	102.81
41	36.54	42.44	97.17	38.52	45.31	106.22
42	37.52	43.71	100.19	39.60	46.74	109.72
43	38.56	45.06	103.40	40.74	48.25	113.44
44	39.70	46.53	106.85	42.01	49.91	117.45
45	40.99	48.18	110.70	43.43	51.75	121.86
46	42.44	50.00	114.94	45.01	53.76	126.67
47	44.02	51.98	119.45	46.72	55.93	131.77
48	45.72	54.09	124.28	48.56	58.25	137.24
49	47.53	56.34	129.42	50.50	60.72	143.07
50	49.42	58.73	134.95	52.56	63.34	149.34
51	51.26	61.07	140.42	54.55	65.95	155.58
52	53.07	63.40	145.86	56.52	68.54	161.82
53	55.03	65.93	151.83	58.67	71.36	168.65
54	57.38	68.94	158.89	61.22	74.70	176.68
55	60.29	72.67	167.60	64.41	78.83	186.61
56	63.76	77.03	177.73	68.16	83.63	198.11
57	67.64	81.86	188.99	72.35	88.95	210.77
58	71.97	87.29	201.59	77.04	94.92	225.02
59	76.84	93.41	215.80	82.34	101.70	241.22
60	82.32	100.32	231.90	88.34	109.40	259.75
61	88.21	107.81	249.47	94.84	117.84	280.13
62	94.46	115.82	268.35	101.76	126.89	302.12
63	101.37	124.66	289.13	109.43	136.90	326.43
64	109.22	134.65	312.50	118.14	148.20	353.76
65	118.30	146.10	339.09	128.18	161.16	384.90
66	128.05	158.29	367.21	138.93	174.92	417.74
67	138.28	171.03	396.45	150.16	189.26	451.85
68	149.82	185.38	429.31	162.86	205.43	490.29
69	163.51	202.38	468.32	178.00	224.67	536.05
70	180.18	223.07	515.98	196.49	248.21	592.22
71	199.75	247.36	571.99	218.21	275.86	658.19
72	221.62	274.54	634.75	242.53	306.76	731.97
73	245.98	304.78	704.57	269.66	341.27	814.39
74	272.98	338.27	781.92	299.84	379.67	906.39
75	302.78	375.19	867.19	333.27	422.31	1008.79
76	333.30	413.01	953.98	367.65	466.18	1113.80
77	364.45	451.56	1042.06	402.79	511.07	1220.86
78	399.32	494.72	1140.95	442.22	561.47	1341.65
79	441.06	546.29	1260.25	489.47	621.89	1487.89
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	43.52	51.49	121.14	52.42	62.71	149.66
26	44.82	53.14	125.21	54.14	64.87	155.05
27	46.13	54.81	129.33	55.88	67.10	160.56
28	47.49	56.55	133.64	57.69	69.39	166.33
29	48.92	58.36	138.15	59.58	71.81	172.36
30	50.44	60.29	142.91	61.60	74.39	178.78
31	52.12	62.41	148.16	63.84	77.22	185.86
32	53.93	64.72	153.87	66.27	80.28	193.53
33	55.80	67.07	159.69	68.76	83.43	201.40
34	57.58	69.34	165.28	71.17	86.49	209.01
35	59.20	71.40	170.23	73.37	89.32	215.87
36	60.56	73.17	174.42	75.30	91.79	221.79
37	61.78	74.74	178.01	77.04	94.03	227.01
38	62.90	76.22	181.38	78.69	96.17	231.98
39	64.06	77.73	184.76	80.39	98.36	236.99
40	65.33	79.38	188.50	82.23	100.75	242.48
41	66.69	81.15	192.49	84.19	103.26	248.32
42	68.08	82.94	196.57	86.20	105.84	254.31
43	69.54	84.82	200.82	88.29	108.53	260.52
44	71.12	86.83	205.37	90.52	111.39	267.10
45	72.85	89.02	210.28	92.95	114.47	274.18
46	74.75	91.41	215.65	95.58	117.79	281.80
47	76.82	93.97	221.38	98.39	121.30	289.85
48	78.99	96.67	227.39	101.34	125.00	298.30
49	81.24	99.47	233.62	104.42	128.86	307.11
50	83.54	102.34	240.06	107.58	132.84	316.23
51	85.77	105.15	246.39	110.70	136.80	325.30
52	87.95	107.95	252.68	113.78	140.74	334.36
53	90.26	110.89	259.29	117.03	144.90	343.93
54	92.83	114.16	266.67	120.68	149.54	354.63
55	95.81	117.91	275.17	124.94	154.93	367.00
56	99.13	122.07	284.54	129.67	160.84	380.60
57	102.71	126.52	294.59	134.70	167.14	395.03
58	106.62	131.38	305.59	140.29	174.10	411.01
59	110.98	136.84	317.89	146.61	181.99	429.20
60	115.90	142.98	331.85	153.89	191.12	450.29
61	121.35	149.88	347.60	162.11	201.49	474.42
62	127.29	157.44	364.90	171.14	212.92	501.13
63	133.72	165.59	383.57	180.98	225.38	530.22
64	140.60	174.29	403.36	191.66	238.84	561.53
65	147.97	183.48	424.10	203.18	253.23	594.83
66	155.53	192.82	444.95	214.99	267.88	628.52
67	163.31	202.35	466.05	227.08	282.83	662.68
68	171.68	212.58	488.65	240.29	299.08	699.81
69	181.08	224.05	513.96	255.45	317.67	742.37
70	191.86	237.26	543.27	273.36	339.65	792.79
71	204.19	252.42	577.08	294.00	364.95	851.02
72	217.77	269.18	614.56	316.79	392.92	915.46
73	232.43	287.24	654.94	341.85	423.58	986.13
74	248.00	306.33	697.39	369.23	456.99	1063.17
75	264.26	326.17	741.10	399.02	493.21	1146.61
76	280.42	345.79	783.74	429.42	530.09	1231.06
77	296.61	365.34	825.88	460.35	567.59	1316.47
78	314.04	386.32	870.96	494.56	608.93	1410.96
79	333.92	410.24	922.54	534.80	657.32	1522.58
80	357.48	438.57		583.79	715.96	
81	385.33	472.15		642.59	786.25	
82	416.64	509.99		709.33	866.09	
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Individual Comprehensive Long Term Care Program

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Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

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	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	165.20	59.95	74.12	184.48
26	58.08	70.83	171.31	61.99	76.80	191.45
27	59.99	73.32	177.55	64.08	79.56	198.56
28	61.99	75.90	184.04	66.26	82.40	206.02
29	64.08	78.61	190.88	68.54	85.41	213.84
30	66.31	81.50	198.16	70.97	88.63	222.15
31	68.77	84.69	206.18	73.66	92.15	231.35
32	71.44	88.13	214.87	76.57	95.97	241.33
33	74.18	91.67	223.81	79.57	99.90	251.57
34	76.84	95.11	232.44	82.47	103.73	261.47
35	79.29	98.29	240.29	85.16	107.27	270.52
36	81.43	101.10	247.07	87.51	110.42	278.36
37	83.38	103.65	253.10	89.64	113.28	285.38
38	85.23	106.11	258.80	91.69	116.05	292.05
39	87.12	108.62	264.63	93.78	118.87	298.86
40	89.18	111.33	270.96	96.05	121.92	306.22
41	91.37	114.21	277.70	98.47	125.15	314.10
42	93.60	117.15	284.60	100.93	128.45	322.14
43	95.93	120.22	291.78	103.50	131.90	330.49
44	98.42	123.46	299.37	106.23	135.54	339.31
45	101.10	126.95	307.48	109.17	139.44	348.75
46	104.00	130.71	316.17	112.35	143.63	358.78
47	107.10	134.66	325.35	115.71	148.03	369.32
48	110.35	138.83	334.96	119.25	152.64	380.39
49	113.72	143.17	345.00	122.92	157.48	391.92
50	117.22	147.68	355.41	126.72	162.50	403.97
51	120.66	152.16	365.81	130.49	167.51	415.99
52	124.08	156.63	376.20	134.23	172.52	428.04
53	127.70	161.37	387.22	138.20	177.82	440.80
54	131.75	166.66	399.49	142.63	183.75	455.05
55	136.46	172.76	413.67	147.80	190.58	471.50
56	141.67	179.46	429.20	153.48	198.05	489.42
57	147.22	186.54	445.64	159.52	205.93	508.30
58	153.36	194.40	463.84	166.23	214.68	529.28
59	160.35	203.36	484.68	173.88	224.69	553.43
60	168.47	213.79	509.07	182.79	236.44	581.87
61	177.67	225.73	537.16	192.97	249.94	614.81
62	187.83	238.94	568.28	204.21	264.92	651.51
63	198.91	253.35	602.33	216.51	281.30	691.64
64	210.92	268.93	638.96	229.84	299.01	734.95
65	223.87	285.59	678.00	244.19	317.95	781.12
66	237.11	302.54	717.44	258.81	337.16	827.75
67	250.63	319.77	757.50	273.71	356.70	875.05
68	265.41	338.57	801.05	290.02	378.01	926.58
69	282.42	360.13	851.13	308.84	402.56	985.99
70	302.63	385.70	910.63	331.26	431.76	1056.84
71	325.92	415.14	979.29	357.16	465.40	1138.51
72	351.65	447.65	1055.15	385.78	502.52	1228.62
73	379.98	483.41	1138.60	417.34	543.47	1328.07
74	411.09	522.60	1230.16	452.09	588.56	1437.88
75	445.12	565.41	1330.26	490.24	638.12	1558.96
76	479.98	609.30	1432.40	529.46	689.13	1683.36
77	515.57	654.12	1536.26	569.55	741.39	1810.41
78	555.03	703.71	1651.62	614.09	799.42	1952.12
79	601.48	761.94	1788.20	666.59	867.70	2120.45
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	42.27	23.02	24.96	47.24
26	21.37	23.06	43.35	23.54	25.62	48.67
27	21.75	23.54	44.44	24.07	26.27	50.08
28	22.15	24.06	45.56	24.62	26.96	51.57
29	22.59	24.61	46.77	25.22	27.70	53.18
30	23.07	25.23	48.14	25.88	28.54	54.98
31	23.65	25.95	49.71	26.66	29.50	57.07
32	24.29	26.74	51.46	27.53	30.56	59.40
33	24.95	27.58	53.29	28.43	31.68	61.83
34	25.60	28.39	55.04	29.34	32.81	64.23
35	26.16	29.15	56.64	30.16	33.86	66.47
36	26.65	29.78	58.04	30.90	34.80	68.48
37	27.07	30.36	59.27	31.59	35.69	70.34
38	27.47	30.92	60.43	32.27	36.59	72.18
39	27.89	31.51	61.64	32.97	37.50	74.09
40	28.38	32.16	63.03	33.75	38.52	76.18
41	28.89	32.86	64.48	34.59	39.60	78.42
42	29.43	33.57	65.97	35.45	40.70	80.69
43	30.01	34.36	67.56	36.37	41.89	83.12
44	30.69	35.22	69.34	37.40	43.19	85.76
45	31.47	36.23	71.36	38.57	44.64	88.71
46	32.41	37.40	73.67	39.89	46.28	91.99
47	33.47	38.69	76.17	41.35	48.06	95.50
48	34.60	40.08	78.89	42.92	49.96	99.29
49	35.82	41.55	81.78	44.58	51.99	103.32
50	37.04	43.09	84.84	46.31	54.14	107.59
51	38.23	44.59	87.84	47.98	56.23	111.84
52	39.38	46.06	90.80	49.61	58.31	116.04
53	40.62	47.67	94.04	51.39	60.56	120.66
54	42.11	49.56	97.87	53.53	63.25	126.11
55	43.96	51.89	102.58	56.19	66.57	132.84
56	46.21	54.70	108.23	59.36	70.48	140.73
57	48.75	57.85	114.53	62.92	74.84	149.52
58	51.58	61.33	121.53	66.89	79.73	159.35
59	54.66	65.16	129.20	71.35	85.19	170.35
60	58.00	69.32	137.58	76.29	91.30	182.72
61	61.45	73.70	146.44	81.57	97.88	196.09
62	65.04	78.29	155.77	87.16	104.87	210.34
63	68.94	83.27	165.88	93.30	112.55	226.01
64	73.36	88.84	177.10	100.28	121.23	243.58
65	78.46	95.19	189.74	108.39	131.19	263.60
66	84.04	102.03	203.15	117.13	141.84	284.82
67	89.95	109.23	217.16	126.32	153.00	306.89
68	96.54	117.23	232.64	136.69	165.52	331.67
69	104.17	126.48	250.62	148.93	180.31	360.95
70	113.16	137.46	271.97	163.77	198.22	396.56
71	123.63	150.32	297.20	181.14	219.25	438.46
72	135.38	164.78	325.64	200.57	242.78	485.49
73	148.20	180.55	356.61	222.14	268.89	537.62
74	161.92	197.36	389.43	245.94	297.62	594.92
75	176.35	214.93	423.34	272.08	329.01	657.46
76	190.65	232.25	456.30	298.70	360.92	720.52
77	204.94	249.48	488.74	325.77	393.34	784.17
78	220.50	268.18	523.82	356.02	429.45	855.31
79	238.56	289.87	564.70	392.15	472.46	940.91
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	49.71	24.52	27.08	52.71
26	24.34	26.74	51.28	25.14	27.88	54.48
27	24.91	27.47	52.85	25.76	28.66	56.22
28	25.50	28.22	54.50	26.39	29.48	58.07
29	26.15	29.04	56.28	27.09	30.39	60.07
30	26.88	29.96	58.29	27.89	31.40	62.32
31	27.73	31.02	60.61	28.80	32.56	64.94
32	28.67	32.21	63.19	29.82	33.86	67.83
33	29.66	33.45	65.88	30.89	35.22	70.84
34	30.65	34.70	68.58	31.95	36.59	73.88
35	31.56	35.87	71.09	32.97	37.89	76.76
36	32.39	36.95	73.38	33.89	39.10	79.39
37	33.16	37.96	75.52	34.74	40.24	81.89
38	33.93	38.99	77.65	35.59	41.39	84.38
39	34.72	40.04	79.88	36.49	42.59	86.95
40	35.60	41.20	82.30	37.48	43.92	89.77
41	36.54	42.44	84.84	38.52	45.31	92.74
42	37.52	43.71	87.48	39.60	46.74	95.80
43	38.56	45.06	90.28	40.74	48.25	99.04
44	39.70	46.53	93.30	42.01	49.91	102.56
45	40.99	48.18	96.65	43.43	51.75	106.39
46	42.44	50.00	100.35	45.01	53.76	110.59
47	44.02	51.98	104.30	46.72	55.93	115.05
48	45.72	54.09	108.51	48.56	58.25	119.83
49	47.53	56.34	112.99	50.50	60.72	124.91
50	49.42	58.73	117.83	52.56	63.34	130.39
51	51.26	61.07	122.60	54.55	65.95	135.84
52	53.07	63.40	127.36	56.52	68.54	141.28
53	55.03	65.93	132.57	58.67	71.36	147.25
54	57.38	68.94	138.73	61.22	74.70	154.26
55	60.29	72.67	146.33	64.41	78.83	162.93
56	63.76	77.03	155.18	68.16	83.63	172.96
57	67.64	81.86	165.01	72.35	88.95	184.02
58	71.97	87.29	176.01	77.04	94.92	196.47
59	76.84	93.41	188.42	82.34	101.70	210.61
60	82.32	100.32	202.48	88.34	109.40	226.78
61	88.21	107.81	217.82	94.84	117.84	244.58
62	94.46	115.82	234.29	101.76	126.89	263.78
63	101.37	124.66	252.44	109.43	136.90	285.00
64	109.22	134.65	272.84	118.14	148.20	308.87
65	118.30	146.10	296.06	128.18	161.16	336.05
66	128.05	158.29	320.61	138.93	174.92	364.73
67	138.28	171.03	346.14	150.16	189.26	394.51
68	149.82	185.38	374.84	162.86	205.43	428.06
69	163.51	202.38	408.89	178.00	224.67	468.04
70	180.18	223.07	450.51	196.49	248.21	517.07
71	199.75	247.36	499.41	218.21	275.86	574.66
72	221.62	274.54	554.19	242.53	306.76	639.08
73	245.98	304.78	615.17	269.66	341.27	711.05
74	272.98	338.27	682.69	299.84	379.67	791.37
75	302.78	375.19	757.14	333.27	422.31	880.78
76	333.30	413.01	832.93	367.65	466.18	972.47
77	364.45	451.56	909.83	402.79	511.07	1065.93
78	399.32	494.72	996.17	442.22	561.47	1171.41
79	441.06	546.29	1100.33	489.47	621.89	1299.09
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	43.52	51.49	105.77	52.42	62.71	130.67
26	44.82	53.14	109.32	54.14	64.87	135.37
27	46.13	54.81	112.92	55.88	67.10	140.19
28	47.49	56.55	116.69	57.69	69.39	145.21
29	48.92	58.36	120.63	59.58	71.81	150.48
30	50.44	60.29	124.78	61.60	74.39	156.09
31	52.12	62.41	129.36	63.84	77.22	162.28
32	53.93	64.72	134.35	66.27	80.28	168.98
33	55.80	67.07	139.42	68.76	83.43	175.85
34	57.58	69.34	144.31	71.17	86.49	182.49
35	59.20	71.40	148.64	73.37	89.32	188.48
36	60.56	73.17	152.28	75.30	91.79	193.66
37	61.78	74.74	155.42	77.04	94.03	198.21
38	62.90	76.22	158.36	78.69	96.17	202.54
39	64.06	77.73	161.32	80.39	98.36	206.93
40	65.33	79.38	164.58	82.23	100.75	211.70
41	66.69	81.15	168.07	84.19	103.26	216.81
42	68.08	82.94	171.62	86.20	105.84	222.03
43	69.54	84.82	175.33	88.29	108.53	227.47
44	71.12	86.83	179.32	90.52	111.39	233.22
45	72.85	89.02	183.60	92.95	114.47	239.39
46	74.75	91.41	188.28	95.58	117.79	246.04
47	76.82	93.97	193.28	98.39	121.30	253.06
48	78.99	96.67	198.54	101.34	125.00	260.45
49	81.24	99.47	203.97	104.42	128.86	268.15
50	83.54	102.34	209.60	107.58	132.84	276.10
51	85.77	105.15	215.13	110.70	136.80	284.03
52	87.95	107.95	220.62	113.78	140.74	291.93
53	90.26	110.89	226.38	117.03	144.90	300.28
54	92.83	114.16	232.84	120.68	149.54	309.62
55	95.81	117.91	240.25	124.94	154.93	320.42
56	99.13	122.07	248.43	129.67	160.84	332.29
57	102.71	126.52	257.21	134.70	167.14	344.90
58	106.62	131.38	266.82	140.29	174.10	358.86
59	110.98	136.84	277.56	146.61	181.99	374.74
60	115.90	142.98	289.74	153.89	191.12	393.15
61	121.35	149.88	303.48	162.11	201.49	414.22
62	127.29	157.44	318.60	171.14	212.92	437.53
63	133.72	165.59	334.89	180.98	225.38	462.94
64	140.60	174.29	352.16	191.66	238.84	490.27
65	147.97	183.48	370.28	203.18	253.23	519.35
66	155.53	192.82	388.50	214.99	267.88	548.76
67	163.31	202.35	406.91	227.08	282.83	578.59
68	171.68	212.58	426.64	240.29	299.08	611.01
69	181.08	224.05	448.74	255.45	317.67	648.16
70	191.86	237.26	474.33	273.36	339.65	692.20
71	204.19	252.42	503.85	294.00	364.95	743.04
72	217.77	269.18	536.57	316.79	392.92	799.29
73	232.43	287.24	571.83	341.85	423.58	861.00
74	248.00	306.33	608.90	369.23	456.99	928.26
75	264.26	326.17	647.06	399.02	493.21	1001.11
76	280.42	345.79	684.29	429.42	530.09	1074.84
77	296.61	365.34	721.08	460.35	567.59	1149.42
78	314.04	386.32	760.44	494.56	608.93	1231.92
79	333.92	410.24	805.47	534.80	657.32	1329.37
80	357.48	438.57		583.79	715.96	
81	385.33	472.15		642.59	786.25	
82	416.64	509.99		709.33	866.09	
83	450.51	550.83		782.50	953.33	
84	486.04	593.45		860.57	1045.85	
85	522.32	636.61		941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	144.24	59.95	74.12	161.08
26	58.08	70.83	149.57	61.99	76.80	167.15
27	59.99	73.32	155.01	64.08	79.56	173.36
28	61.99	75.90	160.68	66.26	82.40	179.88
29	64.08	78.61	166.66	68.54	85.41	186.70
30	66.31	81.50	173.01	70.97	88.63	193.95
31	68.77	84.69	180.01	73.66	92.15	202.00
32	71.44	88.13	187.61	76.57	95.97	210.70
33	74.18	91.67	195.41	79.57	99.90	219.64
34	76.84	95.11	202.95	82.47	103.73	228.29
35	79.29	98.29	209.81	85.16	107.27	236.20
36	81.43	101.10	215.71	87.51	110.42	243.04
37	83.38	103.65	220.98	89.64	113.28	249.17
38	85.23	106.11	225.96	91.69	116.05	254.98
39	87.12	108.62	231.05	93.78	118.87	260.93
40	89.18	111.33	236.57	96.05	121.92	267.37
41	91.37	114.21	242.45	98.47	125.15	274.24
42	93.60	117.15	248.49	100.93	128.45	281.26
43	95.93	120.22	254.75	103.50	131.90	288.56
44	98.42	123.46	261.38	106.23	135.54	296.25
45	101.10	126.95	268.46	109.17	139.44	304.49
46	104.00	130.71	276.05	112.35	143.63	313.26
47	107.10	134.66	284.07	115.71	148.03	322.46
48	110.35	138.83	292.46	119.25	152.64	332.12
49	113.72	143.17	301.22	122.92	157.48	342.19
50	117.22	147.68	310.32	126.72	162.50	352.70
51	120.66	152.16	319.39	130.49	167.51	363.21
52	124.08	156.63	328.47	134.23	172.52	373.74
53	127.70	161.37	338.08	138.20	177.82	384.87
54	131.75	166.66	348.79	142.63	183.75	397.30
55	136.46	172.76	361.19	147.80	190.58	411.66
56	141.67	179.46	374.74	153.48	198.05	427.32
57	147.22	186.54	389.08	159.52	205.93	443.79
58	153.36	194.40	404.99	166.23	214.68	462.12
59	160.35	203.36	423.18	173.88	224.69	483.20
60	168.47	213.79	444.47	182.79	236.44	508.03
61	177.67	225.73	468.99	192.97	249.94	536.78
62	187.83	238.94	496.16	204.21	264.92	568.84
63	198.91	253.35	525.89	216.51	281.30	603.88
64	210.92	268.93	557.88	229.84	299.01	641.68
65	223.87	285.59	591.97	244.19	317.95	682.01
66	237.11	302.54	626.40	258.81	337.16	722.71
67	250.63	319.77	661.37	273.71	356.70	764.01
68	265.41	338.57	699.40	290.02	378.01	809.00
69	282.42	360.13	743.12	308.84	402.56	860.88
70	302.63	385.70	795.07	331.26	431.76	922.73
71	325.92	415.14	855.03	357.16	465.40	994.04
72	351.65	447.65	921.25	385.78	502.52	1072.71
73	379.98	483.41	994.12	417.34	543.47	1159.55
74	411.09	522.60	1074.06	452.09	588.56	1255.43
75	445.12	565.41	1161.46	490.24	638.12	1361.15
76	479.98	609.30	1250.64	529.46	689.13	1469.76
77	515.57	654.12	1341.31	569.55	741.39	1580.68
78	555.03	703.71	1442.05	614.09	799.42	1704.42
79	601.48	761.94	1561.30	666.59	867.70	1851.38
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	36.93	23.02	24.96	41.27
26	21.37	23.06	37.87	23.54	25.62	42.52
27	21.75	23.54	38.83	24.07	26.27	43.75
28	22.15	24.06	39.80	24.62	26.96	45.06
29	22.59	24.61	40.86	25.22	27.70	46.46
30	23.07	25.23	42.06	25.88	28.54	48.04
31	23.65	25.95	43.43	26.66	29.50	49.86
32	24.29	26.74	44.95	27.53	30.56	51.89
33	24.95	27.58	46.55	28.43	31.68	54.01
34	25.60	28.39	48.09	29.34	32.81	56.11
35	26.16	29.15	49.49	30.16	33.86	58.06
36	26.65	29.78	50.71	30.90	34.80	59.82
37	27.07	30.36	51.77	31.59	35.69	61.45
38	27.47	30.92	52.79	32.27	36.59	63.06
39	27.89	31.51	53.86	32.97	37.50	64.72
40	28.38	32.16	55.06	33.75	38.52	66.56
41	28.89	32.86	56.33	34.59	39.60	68.51
42	29.43	33.57	57.63	35.45	40.70	70.49
43	30.01	34.36	59.02	36.37	41.89	72.62
44	30.69	35.22	60.57	37.40	43.19	74.92
45	31.47	36.23	62.34	38.57	44.64	77.51
46	32.41	37.40	64.36	39.89	46.28	80.36
47	33.47	38.69	66.55	41.35	48.06	83.43
48	34.60	40.08	68.92	42.92	49.96	86.74
49	35.82	41.55	71.45	44.58	51.99	90.26
50	37.04	43.09	74.12	46.31	54.14	94.00
51	38.23	44.59	76.75	47.98	56.23	97.71
52	39.38	46.06	79.33	49.61	58.31	101.38
53	40.62	47.67	82.16	51.39	60.56	105.42
54	42.11	49.56	85.50	53.53	63.25	110.18
55	43.96	51.89	89.62	56.19	66.57	116.05
56	46.21	54.70	94.55	59.36	70.48	122.95
57	48.75	57.85	100.06	62.92	74.84	130.63
58	51.58	61.33	106.18	66.89	79.73	139.22
59	54.66	65.16	112.88	71.35	85.19	148.82
60	58.00	69.32	120.19	76.29	91.30	159.63
61	61.45	73.70	127.93	81.57	97.88	171.31
62	65.04	78.29	136.08	87.16	104.87	183.76
63	68.94	83.27	144.92	93.30	112.55	197.45
64	73.36	88.84	154.72	100.28	121.23	212.80
65	78.46	95.19	165.76	108.39	131.19	230.29
66	84.04	102.03	177.48	117.13	141.84	248.83
67	89.95	109.23	189.71	126.32	153.00	268.11
68	96.54	117.23	203.24	136.69	165.52	289.76
69	104.17	126.48	218.95	148.93	180.31	315.33
70	113.16	137.46	237.61	163.77	198.22	346.44
71	123.63	150.32	259.64	181.14	219.25	383.06
72	135.38	164.78	284.49	200.57	242.78	424.15
73	148.20	180.55	311.55	222.14	268.89	469.68
74	161.92	197.36	340.22	245.94	297.62	519.75
75	176.35	214.93	369.85	272.08	329.01	574.38
76	190.65	232.25	398.64	298.70	360.92	629.48
77	204.94	249.48	426.98	325.77	393.34	685.08
78	220.50	268.18	457.63	356.02	429.45	747.23
79	238.56	289.87	493.34	392.15	472.46	822.01
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	43.43	24.52	27.08	46.06
26	24.34	26.74	44.80	25.14	27.88	47.59
27	24.91	27.47	46.17	25.76	28.66	49.11
28	25.50	28.22	47.62	26.39	29.48	50.72
29	26.15	29.04	49.16	27.09	30.39	52.48
30	26.88	29.96	50.92	27.89	31.40	54.45
31	27.73	31.02	52.95	28.80	32.56	56.73
32	28.67	32.21	55.21	29.82	33.86	59.26
33	29.66	33.45	57.55	30.89	35.22	61.89
34	30.65	34.70	59.91	31.95	36.59	64.54
35	31.56	35.87	62.10	32.97	37.89	67.06
36	32.39	36.95	64.11	33.89	39.10	69.37
37	33.16	37.96	65.98	34.74	40.24	71.54
38	33.93	38.99	67.84	35.59	41.39	73.72
39	34.72	40.04	69.78	36.49	42.59	75.96
40	35.60	41.20	71.90	37.48	43.92	78.42
41	36.54	42.44	74.12	38.52	45.31	81.02
42	37.52	43.71	76.42	39.60	46.74	83.69
43	38.56	45.06	78.87	40.74	48.25	86.53
44	39.70	46.53	81.50	42.01	49.91	89.59
45	40.99	48.18	84.44	43.43	51.75	92.95
46	42.44	50.00	87.67	45.01	53.76	96.62
47	44.02	51.98	91.11	46.72	55.93	100.51
48	45.72	54.09	94.80	48.56	58.25	104.68
49	47.53	56.34	98.72	50.50	60.72	109.13
50	49.42	58.73	102.94	52.56	63.34	113.91
51	51.26	61.07	107.11	54.55	65.95	118.67
52	53.07	63.40	111.26	56.52	68.54	123.43
53	55.03	65.93	115.81	58.67	71.36	128.64
54	57.38	68.94	121.20	61.22	74.70	134.77
55	60.29	72.67	127.84	64.41	78.83	142.34
56	63.76	77.03	135.57	68.16	83.63	151.11
57	67.64	81.86	144.16	72.35	88.95	160.77
58	71.97	87.29	153.77	77.04	94.92	171.64
59	76.84	93.41	164.61	82.34	101.70	184.00
60	82.32	100.32	176.89	88.34	109.40	198.13
61	88.21	107.81	190.29	94.84	117.84	213.68
62	94.46	115.82	204.69	101.76	126.89	230.45
63	101.37	124.66	220.54	109.43	136.90	248.99
64	109.22	134.65	238.37	118.14	148.20	269.84
65	118.30	146.10	258.65	128.18	161.16	293.59
66	128.05	158.29	280.10	138.93	174.92	318.64
67	138.28	171.03	302.40	150.16	189.26	344.66
68	149.82	185.38	327.47	162.86	205.43	373.98
69	163.51	202.38	357.22	178.00	224.67	408.89
70	180.18	223.07	393.58	196.49	248.21	451.73
71	199.75	247.36	436.30	218.21	275.86	502.05
72	221.62	274.54	484.17	242.53	306.76	558.33
73	245.98	304.78	537.43	269.66	341.27	621.20
74	272.98	338.27	596.43	299.84	379.67	691.37
75	302.78	375.19	661.47	333.27	422.31	769.48
76	333.30	413.01	727.67	367.65	466.18	849.58
77	364.45	451.56	794.86	402.79	511.07	931.24
78	399.32	494.72	870.29	442.22	561.47	1023.38
79	441.06	546.29	961.29	489.47	621.89	1134.93
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		43.52	51.49	92.40		52.42	62.71	114.16
26		44.82	53.14	95.51		54.14	64.87	118.27
27		46.13	54.81	98.65		55.88	67.10	122.47
28		47.49	56.55	101.94		57.69	69.39	126.87
29		48.92	58.36	105.38		59.58	71.81	131.47
30		50.44	60.29	109.01		61.60	74.39	136.37
31		52.12	62.41	113.01		63.84	77.22	141.77
32		53.93	64.72	117.37		66.27	80.28	147.62
33		55.80	67.07	121.81		68.76	83.43	153.62
34		57.58	69.34	126.07		71.17	86.49	159.43
35		59.20	71.40	129.85		73.37	89.32	164.66
36		60.56	73.17	133.04		75.30	91.79	169.18
37		61.78	74.74	135.78		77.04	94.03	173.16
38		62.90	76.22	138.35		78.69	96.17	176.95
39		64.06	77.73	140.93		80.39	98.36	180.77
40		65.33	79.38	143.78		82.23	100.75	184.96
41		66.69	81.15	146.83		84.19	103.26	189.41
42		68.08	82.94	149.94		86.20	105.84	193.98
43		69.54	84.82	153.18		88.29	108.53	198.72
44		71.12	86.83	156.65		90.52	111.39	203.74
45		72.85	89.02	160.40		92.95	114.47	209.14
46		74.75	91.41	164.49		95.58	117.79	214.95
47		76.82	93.97	168.86		98.39	121.30	221.09
48		78.99	96.67	173.45		101.34	125.00	227.54
49		81.24	99.47	178.20		104.42	128.86	234.26
50		83.54	102.34	183.11		107.58	132.84	241.21
51		85.77	105.15	187.94		110.70	136.80	248.13
52		87.95	107.95	192.74		113.78	140.74	255.04
53		90.26	110.89	197.78		117.03	144.90	262.34
54		92.83	114.16	203.41		120.68	149.54	270.50
55		95.81	117.91	209.89		124.94	154.93	279.94
56		99.13	122.07	217.04		129.67	160.84	290.31
57		102.71	126.52	224.71		134.70	167.14	301.32
58		106.62	131.38	233.10		140.29	174.10	313.51
59		110.98	136.84	242.48		146.61	181.99	327.38
60		115.90	142.98	253.13		153.89	191.12	343.47
61		121.35	149.88	265.14		162.11	201.49	361.88
62		127.29	157.44	278.34		171.14	212.92	382.25
63		133.72	165.59	292.58		180.98	225.38	404.44
64		140.60	174.29	307.67		191.66	238.84	428.32
65		147.97	183.48	323.49		203.18	253.23	453.72
66		155.53	192.82	339.40		214.99	267.88	479.42
67		163.31	202.35	355.49		227.08	282.83	505.48
68		171.68	212.58	372.73		240.29	299.08	533.80
69		181.08	224.05	392.04		255.45	317.67	566.26
70		191.86	237.26	414.39		273.36	339.65	604.72
71		204.19	252.42	440.18		294.00	364.95	649.14
72		217.77	269.18	468.77		316.79	392.92	698.29
73		232.43	287.24	499.57		341.85	423.58	752.20
74		248.00	306.33	531.95		369.23	456.99	810.96
75		264.26	326.17	565.29		399.02	493.21	874.61
76		280.42	345.79	597.82		429.42	530.09	939.02
77		296.61	365.34	629.96		460.35	567.59	1004.17
78		314.04	386.32	664.35		494.56	608.93	1076.25
79		333.92	410.24	703.69		534.80	657.32	1161.39
80		357.48	438.57			583.79	715.96	
81		385.33	472.15			642.59	786.25	
82		416.64	509.99			709.33	866.09	
83		450.51	550.83			782.50	953.33	
84		486.04	593.45			860.57	1045.85	
85		522.32	636.61			941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	126.01	59.95	74.12	140.72
26	58.08	70.83	130.67	61.99	76.80	146.03
27	59.99	73.32	135.43	64.08	79.56	151.46
28	61.99	75.90	140.38	66.26	82.40	157.15
29	64.08	78.61	145.60	68.54	85.41	163.11
30	66.31	81.50	151.15	70.97	88.63	169.45
31	68.77	84.69	157.27	73.66	92.15	176.47
32	71.44	88.13	163.90	76.57	95.97	184.08
33	74.18	91.67	170.72	79.57	99.90	191.89
34	76.84	95.11	177.30	82.47	103.73	199.44
35	79.29	98.29	183.29	85.16	107.27	206.35
36	81.43	101.10	188.46	87.51	110.42	212.33
37	83.38	103.65	193.06	89.64	113.28	217.68
38	85.23	106.11	197.41	91.69	116.05	222.77
39	87.12	108.62	201.85	93.78	118.87	227.96
40	89.18	111.33	206.68	96.05	121.92	233.58
41	91.37	114.21	211.82	98.47	125.15	239.59
42	93.60	117.15	217.09	100.93	128.45	245.72
43	95.93	120.22	222.56	103.50	131.90	252.09
44	98.42	123.46	228.35	106.23	135.54	258.82
45	101.10	126.95	234.54	109.17	139.44	266.02
46	104.00	130.71	241.17	112.35	143.63	273.67
47	107.10	134.66	248.17	115.71	148.03	281.71
48	110.35	138.83	255.50	119.25	152.64	290.15
49	113.72	143.17	263.16	122.92	157.48	298.95
50	117.22	147.68	271.10	126.72	162.50	308.14
51	120.66	152.16	279.03	130.49	167.51	317.31
52	124.08	156.63	286.96	134.23	172.52	326.50
53	127.70	161.37	295.36	138.20	177.82	336.23
54	131.75	166.66	304.72	142.63	183.75	347.10
55	136.46	172.76	315.54	147.80	190.58	359.65
56	141.67	179.46	327.38	153.48	198.05	373.32
57	147.22	186.54	339.92	159.52	205.93	387.72
58	153.36	194.40	353.81	166.23	214.68	403.72
59	160.35	203.36	369.70	173.88	224.69	422.14
60	168.47	213.79	388.31	182.79	236.44	443.84
61	177.67	225.73	409.73	192.97	249.94	468.96
62	187.83	238.94	433.47	204.21	264.92	496.96
63	198.91	253.35	459.44	216.51	281.30	527.57
64	210.92	268.93	487.38	229.84	299.01	560.60
65	223.87	285.59	517.16	244.19	317.95	595.82
66	237.11	302.54	547.25	258.81	337.16	631.39
67	250.63	319.77	577.80	273.71	356.70	667.47
68	265.41	338.57	611.02	290.02	378.01	706.77
69	282.42	360.13	649.22	308.84	402.56	752.09
70	302.63	385.70	694.61	331.26	431.76	806.13
71	325.92	415.14	746.98	357.16	465.40	868.43
72	351.65	447.65	804.84	385.78	502.52	937.16
73	379.98	483.41	868.50	417.34	543.47	1013.02
74	411.09	522.60	938.34	452.09	588.56	1096.78
75	445.12	565.41	1014.69	490.24	638.12	1189.14
76	479.98	609.30	1092.60	529.46	689.13	1284.03
77	515.57	654.12	1171.82	569.55	741.39	1380.94
78	555.03	703.71	1259.82	614.09	799.42	1489.03
79	601.48	761.94	1364.00	666.59	867.70	1617.43
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	34.51	23.02	24.96	38.56
26	21.37	23.06	35.39	23.54	25.62	39.73
27	21.75	23.54	36.28	24.07	26.27	40.88
28	22.15	24.06	37.19	24.62	26.96	42.10
29	22.59	24.61	38.18	25.22	27.70	43.41
30	23.07	25.23	39.30	25.88	28.54	44.88
31	23.65	25.95	40.58	26.66	29.50	46.59
32	24.29	26.74	42.01	27.53	30.56	48.49
33	24.95	27.58	43.50	28.43	31.68	50.47
34	25.60	28.39	44.93	29.34	32.81	52.43
35	26.16	29.15	46.24	30.16	33.86	54.26
36	26.65	29.78	47.38	30.90	34.80	55.90
37	27.07	30.36	48.38	31.59	35.69	57.42
38	27.47	30.92	49.33	32.27	36.59	58.92
39	27.89	31.51	50.32	32.97	37.50	60.48
40	28.38	32.16	51.45	33.75	38.52	62.19
41	28.89	32.86	52.64	34.59	39.60	64.02
42	29.43	33.57	53.85	35.45	40.70	65.87
43	30.01	34.36	55.15	36.37	41.89	67.85
44	30.69	35.22	56.60	37.40	43.19	70.01
45	31.47	36.23	58.25	38.57	44.64	72.42
46	32.41	37.40	60.14	39.89	46.28	75.09
47	33.47	38.69	62.18	41.35	48.06	77.96
48	34.60	40.08	64.40	42.92	49.96	81.05
49	35.82	41.55	66.76	44.58	51.99	84.34
50	37.04	43.09	69.26	46.31	54.14	87.83
51	38.23	44.59	71.71	47.98	56.23	91.30
52	39.38	46.06	74.12	49.61	58.31	94.73
53	40.62	47.67	76.77	51.39	60.56	98.50
54	42.11	49.56	79.89	53.53	63.25	102.95
55	43.96	51.89	83.74	56.19	66.57	108.44
56	46.21	54.70	88.35	59.36	70.48	114.88
57	48.75	57.85	93.49	62.92	74.84	122.06
58	51.58	61.33	99.21	66.89	79.73	130.08
59	54.66	65.16	105.47	71.35	85.19	139.06
60	58.00	69.32	112.31	76.29	91.30	149.16
61	61.45	73.70	119.54	81.57	97.88	160.07
62	65.04	78.29	127.16	87.16	104.87	171.71
63	68.94	83.27	135.41	93.30	112.55	184.50
64	73.36	88.84	144.57	100.28	121.23	198.84
65	78.46	95.19	154.89	108.39	131.19	215.18
66	84.04	102.03	165.84	117.13	141.84	232.51
67	89.95	109.23	177.27	126.32	153.00	250.52
68	96.54	117.23	189.91	136.69	165.52	270.75
69	104.17	126.48	204.59	148.93	180.31	294.65
70	113.16	137.46	222.02	163.77	198.22	323.72
71	123.63	150.32	242.61	181.14	219.25	357.93
72	135.38	164.78	265.83	200.57	242.78	396.32
73	148.20	180.55	291.11	222.14	268.89	438.87
74	161.92	197.36	317.90	245.94	297.62	485.65
75	176.35	214.93	345.58	272.08	329.01	536.70
76	190.65	232.25	372.49	298.70	360.92	588.18
77	204.94	249.48	398.97	325.77	393.34	640.14
78	220.50	268.18	427.61	356.02	429.45	698.21
79	238.56	289.87	460.98	392.15	472.46	768.09
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	40.58	24.52	27.08	43.03
26	24.34	26.74	41.86	25.14	27.88	44.47
27	24.91	27.47	43.14	25.76	28.66	45.89
28	25.50	28.22	44.49	26.39	29.48	47.40
29	26.15	29.04	45.94	27.09	30.39	49.04
30	26.88	29.96	47.58	27.89	31.40	50.87
31	27.73	31.02	49.48	28.80	32.56	53.01
32	28.67	32.21	51.58	29.82	33.86	55.37
33	29.66	33.45	53.78	30.89	35.22	57.83
34	30.65	34.70	55.98	31.95	36.59	60.31
35	31.56	35.87	58.03	32.97	37.89	62.66
36	32.39	36.95	59.90	33.89	39.10	64.81
37	33.16	37.96	61.65	34.74	40.24	66.85
38	33.93	38.99	63.39	35.59	41.39	68.88
39	34.72	40.04	65.21	36.49	42.59	70.98
40	35.60	41.20	67.18	37.48	43.92	73.28
41	36.54	42.44	69.26	38.52	45.31	75.71
42	37.52	43.71	71.41	39.60	46.74	78.20
43	38.56	45.06	73.70	40.74	48.25	80.85
44	39.70	46.53	76.16	42.01	49.91	83.72
45	40.99	48.18	78.90	43.43	51.75	86.85
46	42.44	50.00	81.92	45.01	53.76	90.28
47	44.02	51.98	85.14	46.72	55.93	93.92
48	45.72	54.09	88.58	48.56	58.25	97.82
49	47.53	56.34	92.24	50.50	60.72	101.97
50	49.42	58.73	96.19	52.56	63.34	106.44
51	51.26	61.07	100.08	54.55	65.95	110.89
52	53.07	63.40	103.97	56.52	68.54	115.33
53	55.03	65.93	108.22	58.67	71.36	120.20
54	57.38	68.94	113.25	61.22	74.70	125.93
55	60.29	72.67	119.45	64.41	78.83	133.00
56	63.76	77.03	126.68	68.16	83.63	141.19
57	67.64	81.86	134.70	72.35	88.95	150.22
58	71.97	87.29	143.68	77.04	94.92	160.38
59	76.84	93.41	153.81	82.34	101.70	171.93
60	82.32	100.32	165.29	88.34	109.40	185.13
61	88.21	107.81	177.81	94.84	117.84	199.66
62	94.46	115.82	191.26	101.76	126.89	215.33
63	101.37	124.66	206.07	109.43	136.90	232.65
64	109.22	134.65	222.73	118.14	148.20	252.14
65	118.30	146.10	241.68	128.18	161.16	274.33
66	128.05	158.29	261.72	138.93	174.92	297.74
67	138.28	171.03	282.56	150.16	189.26	322.05
68	149.82	185.38	305.99	162.86	205.43	349.44
69	163.51	202.38	333.79	178.00	224.67	382.07
70	180.18	223.07	367.76	196.49	248.21	422.10
71	199.75	247.36	407.68	218.21	275.86	469.11
72	221.62	274.54	452.40	242.53	306.76	521.70
73	245.98	304.78	502.18	269.66	341.27	580.45
74	272.98	338.27	557.30	299.84	379.67	646.02
75	302.78	375.19	618.07	333.27	422.31	719.00
76	333.30	413.01	679.94	367.65	466.18	793.85
77	364.45	451.56	742.72	402.79	511.07	870.15
78	399.32	494.72	813.20	442.22	561.47	956.25
79	441.06	546.29	898.23	489.47	621.89	1060.48
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		43.52	51.49	86.34		52.42	62.71	106.67
26		44.82	53.14	89.24		54.14	64.87	110.51
27		46.13	54.81	92.18		55.88	67.10	114.44
28		47.49	56.55	95.26		57.69	69.39	118.54
29		48.92	58.36	98.47		59.58	71.81	122.84
30		50.44	60.29	101.86		61.60	74.39	127.42
31		52.12	62.41	105.60		63.84	77.22	132.47
32		53.93	64.72	109.67		66.27	80.28	137.94
33		55.80	67.07	113.81		68.76	83.43	143.55
34		57.58	69.34	117.80		71.17	86.49	148.97
35		59.20	71.40	121.34		73.37	89.32	153.86
36		60.56	73.17	124.31		75.30	91.79	158.09
37		61.78	74.74	126.87		77.04	94.03	161.80
38		62.90	76.22	129.27		78.69	96.17	165.34
39		64.06	77.73	131.69		80.39	98.36	168.92
40		65.33	79.38	134.35		82.23	100.75	172.82
41		66.69	81.15	137.20		84.19	103.26	176.99
42		68.08	82.94	140.10		86.20	105.84	181.25
43		69.54	84.82	143.13		88.29	108.53	185.69
44		71.12	86.83	146.38		90.52	111.39	190.38
45		72.85	89.02	149.88		92.95	114.47	195.42
46		74.75	91.41	153.70		95.58	117.79	200.85
47		76.82	93.97	157.78		98.39	121.30	206.58
48		78.99	96.67	162.07		101.34	125.00	212.61
49		81.24	99.47	166.51		104.42	128.86	218.90
50		83.54	102.34	171.10		107.58	132.84	225.39
51		85.77	105.15	175.62		110.70	136.80	231.86
52		87.95	107.95	180.10		113.78	140.74	238.31
53		90.26	110.89	184.80		117.03	144.90	245.13
54		92.83	114.16	190.07		120.68	149.54	252.75
55		95.81	117.91	196.12		124.94	154.93	261.57
56		99.13	122.07	202.80		129.67	160.84	271.26
57		102.71	126.52	209.97		134.70	167.14	281.55
58		106.62	131.38	217.81		140.29	174.10	292.95
59		110.98	136.84	226.58		146.61	181.99	305.91
60		115.90	142.98	236.52		153.89	191.12	320.94
61		121.35	149.88	247.74		162.11	201.49	338.14
62		127.29	157.44	260.08		171.14	212.92	357.17
63		133.72	165.59	273.38		180.98	225.38	377.91
64		140.60	174.29	287.48		191.66	238.84	400.22
65		147.97	183.48	302.27		203.18	253.23	423.96
66		155.53	192.82	317.14		214.99	267.88	447.97
67		163.31	202.35	332.17		227.08	282.83	472.32
68		171.68	212.58	348.28		240.29	299.08	498.78
69		181.08	224.05	366.32		255.45	317.67	529.11
70		191.86	237.26	387.21		273.36	339.65	565.06
71		204.19	252.42	411.31		294.00	364.95	606.56
72		217.77	269.18	438.02		316.79	392.92	652.48
73		232.43	287.24	466.80		341.85	423.58	702.86
74		248.00	306.33	497.06		369.23	456.99	757.76
75		264.26	326.17	528.21		399.02	493.21	817.23
76		280.42	345.79	558.60		429.42	530.09	877.42
77		296.61	365.34	588.64		460.35	567.59	938.30
78		314.04	386.32	620.77		494.56	608.93	1005.65
79		333.92	410.24	657.53		534.80	657.32	1085.20
80		357.48	438.57			583.79	715.96	
81		385.33	472.15			642.59	786.25	
82		416.64	509.99			709.33	866.09	
83		450.51	550.83			782.50	953.33	
84		486.04	593.45			860.57	1045.85	
85		522.32	636.61			941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	117.75	59.95	74.12	131.49
26	58.08	70.83	122.10	61.99	76.80	136.45
27	59.99	73.32	126.54	64.08	79.56	141.52
28	61.99	75.90	131.17	66.26	82.40	146.84
29	64.08	78.61	136.05	68.54	85.41	152.41
30	66.31	81.50	141.23	70.97	88.63	158.33
31	68.77	84.69	146.95	73.66	92.15	164.90
32	71.44	88.13	153.15	76.57	95.97	172.00
33	74.18	91.67	159.52	79.57	99.90	179.30
34	76.84	95.11	165.67	82.47	103.73	186.36
35	79.29	98.29	171.27	85.16	107.27	192.82
36	81.43	101.10	176.09	87.51	110.42	198.40
37	83.38	103.65	180.39	89.64	113.28	203.40
38	85.23	106.11	184.46	91.69	116.05	208.15
39	87.12	108.62	188.61	93.78	118.87	213.00
40	89.18	111.33	193.12	96.05	121.92	218.26
41	91.37	114.21	197.92	98.47	125.15	223.87
42	93.60	117.15	202.85	100.93	128.45	229.60
43	95.93	120.22	207.96	103.50	131.90	235.56
44	98.42	123.46	213.37	106.23	135.54	241.84
45	101.10	126.95	219.15	109.17	139.44	248.56
46	104.00	130.71	225.35	112.35	143.63	255.72
47	107.10	134.66	231.89	115.71	148.03	263.23
48	110.35	138.83	238.74	119.25	152.64	271.12
49	113.72	143.17	245.89	122.92	157.48	279.34
50	117.22	147.68	253.32	126.72	162.50	287.92
51	120.66	152.16	260.73	130.49	167.51	296.50
52	124.08	156.63	268.14	134.23	172.52	305.09
53	127.70	161.37	275.98	138.20	177.82	314.18
54	131.75	166.66	284.73	142.63	183.75	324.33
55	136.46	172.76	294.85	147.80	190.58	336.05
56	141.67	179.46	305.91	153.48	198.05	348.83
57	147.22	186.54	317.62	159.52	205.93	362.28
58	153.36	194.40	330.60	166.23	214.68	377.24
59	160.35	203.36	345.45	173.88	224.69	394.45
60	168.47	213.79	362.83	182.79	236.44	414.72
61	177.67	225.73	382.85	192.97	249.94	438.19
62	187.83	238.94	405.03	204.21	264.92	464.36
63	198.91	253.35	429.30	216.51	281.30	492.96
64	210.92	268.93	455.41	229.84	299.01	523.82
65	223.87	285.59	483.24	244.19	317.95	556.74
66	237.11	302.54	511.35	258.81	337.16	589.97
67	250.63	319.77	539.89	273.71	356.70	623.68
68	265.41	338.57	570.94	290.02	378.01	660.41
69	282.42	360.13	606.63	308.84	402.56	702.76
70	302.63	385.70	649.04	331.26	431.76	753.25
71	325.92	415.14	697.98	357.16	465.40	811.46
72	351.65	447.65	752.04	385.78	502.52	875.68
73	379.98	483.41	811.53	417.34	543.47	946.57
74	411.09	522.60	876.78	452.09	588.56	1024.84
75	445.12	565.41	948.13	490.24	638.12	1111.14
76	479.98	609.30	1020.93	529.46	689.13	1199.80
77	515.57	654.12	1094.95	569.55	741.39	1290.35
78	555.03	703.71	1177.18	614.09	799.42	1391.36
79	601.48	761.94	1274.53	666.59	867.70	1511.33
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		20.97	22.56	48.42		23.02	24.96	54.10
26		21.37	23.06	49.65		23.54	25.62	55.74
27		21.75	23.54	50.91		24.07	26.27	57.36
28		22.15	24.06	52.18		24.62	26.96	59.07
29		22.59	24.61	53.57		25.22	27.70	60.91
30		23.07	25.23	55.14		25.88	28.54	62.98
31		23.65	25.95	56.94		26.66	29.50	65.37
32		24.29	26.74	58.93		27.53	30.56	68.03
33		24.95	27.58	61.03		28.43	31.68	70.81
34		25.60	28.39	63.05		29.34	32.81	73.56
35		26.16	29.15	64.88		30.16	33.86	76.12
36		26.65	29.78	66.48		30.90	34.80	78.42
37		27.07	30.36	67.87		31.59	35.69	80.56
38		27.47	30.92	69.21		32.27	36.59	82.67
39		27.89	31.51	70.61		32.97	37.50	84.85
40		28.38	32.16	72.18		33.75	38.52	87.26
41		28.89	32.86	73.85		34.59	39.60	89.82
42		29.43	33.57	75.55		35.45	40.70	92.41
43		30.01	34.36	77.38		36.37	41.89	95.20
44		30.69	35.22	79.41		37.40	43.19	98.22
45		31.47	36.23	81.73		38.57	44.64	101.62
46		32.41	37.40	84.38		39.89	46.28	105.35
47		33.47	38.69	87.25		41.35	48.06	109.38
48		34.60	40.08	90.35		42.92	49.96	113.72
49		35.82	41.55	93.67		44.58	51.99	118.33
50		37.04	43.09	97.17		46.31	54.14	123.23
51		38.23	44.59	100.62		47.98	56.23	128.10
52		39.38	46.06	104.00		49.61	58.31	132.91
53		40.62	47.67	107.71		51.39	60.56	138.21
54		42.11	49.56	112.09		53.53	63.25	144.45
55		43.96	51.89	117.49		56.19	66.57	152.14
56		46.21	54.70	123.96		59.36	70.48	161.19
57		48.75	57.85	131.18		62.92	74.84	171.26
58		51.58	61.33	139.20		66.89	79.73	182.52
59		54.66	65.16	147.99		71.35	85.19	195.10
60		58.00	69.32	157.57		76.29	91.30	209.27
61		61.45	73.70	167.72		81.57	97.88	224.59
62		65.04	78.29	178.40		87.16	104.87	240.91
63		68.94	83.27	189.99		93.30	112.55	258.86
64		73.36	88.84	202.84		100.28	121.23	278.98
65		78.46	95.19	217.31		108.39	131.19	301.91
66		84.04	102.03	232.68		117.13	141.84	326.22
67		89.95	109.23	248.71		126.32	153.00	351.49
68		96.54	117.23	266.45		136.69	165.52	379.88
69		104.17	126.48	287.04		148.93	180.31	413.40
70		113.16	137.46	311.51		163.77	198.22	454.18
71		123.63	150.32	340.39		181.14	219.25	502.19
72		135.38	164.78	372.97		200.57	242.78	556.06
73		148.20	180.55	408.44		222.14	268.89	615.75
74		161.92	197.36	446.03		245.94	297.62	681.39
75		176.35	214.93	484.87		272.08	329.01	753.01
76		190.65	232.25	522.62		298.70	360.92	825.25
77		204.94	249.48	559.77		325.77	393.34	898.14
78		220.50	268.18	599.95		356.02	429.45	979.62
79		238.56	289.87	646.77		392.15	472.46	1077.66
80		260.40	316.13			436.87	525.57	
81		286.38	347.48			490.83	589.64	
82		315.67	382.87			552.20	662.54	
83		347.72	421.54			620.06	742.97	
84		381.93	462.65			693.47	829.63	
85		417.76	505.40			771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	56.94	24.52	27.08	60.38
26	24.34	26.74	58.73	25.14	27.88	62.39
27	24.91	27.47	60.53	25.76	28.66	64.38
28	25.50	28.22	62.43	26.39	29.48	66.49
29	26.15	29.04	64.45	27.09	30.39	68.80
30	26.88	29.96	66.76	27.89	31.40	71.38
31	27.73	31.02	69.42	28.80	32.56	74.37
32	28.67	32.21	72.38	29.82	33.86	77.69
33	29.66	33.45	75.45	30.89	35.22	81.14
34	30.65	34.70	78.54	31.95	36.59	84.61
35	31.56	35.87	81.41	32.97	37.89	87.92
36	32.39	36.95	84.05	33.89	39.10	90.94
37	33.16	37.96	86.50	34.74	40.24	93.79
38	33.93	38.99	88.94	35.59	41.39	96.65
39	34.72	40.04	91.48	36.49	42.59	99.58
40	35.60	41.20	94.26	37.48	43.92	102.81
41	36.54	42.44	97.17	38.52	45.31	106.22
42	37.52	43.71	100.19	39.60	46.74	109.72
43	38.56	45.06	103.40	40.74	48.25	113.44
44	39.70	46.53	106.85	42.01	49.91	117.45
45	40.99	48.18	110.70	43.43	51.75	121.86
46	42.44	50.00	114.94	45.01	53.76	126.67
47	44.02	51.98	119.45	46.72	55.93	131.77
48	45.72	54.09	124.28	48.56	58.25	137.24
49	47.53	56.34	129.42	50.50	60.72	143.07
50	49.42	58.73	134.95	52.56	63.34	149.34
51	51.26	61.07	140.42	54.55	65.95	155.58
52	53.07	63.40	145.86	56.52	68.54	161.82
53	55.03	65.93	151.83	58.67	71.36	168.65
54	57.38	68.94	158.89	61.22	74.70	176.68
55	60.29	72.67	167.60	64.41	78.83	186.61
56	63.76	77.03	177.73	68.16	83.63	198.11
57	67.64	81.86	188.99	72.35	88.95	210.77
58	71.97	87.29	201.59	77.04	94.92	225.02
59	76.84	93.41	215.80	82.34	101.70	241.22
60	82.32	100.32	231.90	88.34	109.40	259.75
61	88.21	107.81	249.47	94.84	117.84	280.13
62	94.46	115.82	268.35	101.76	126.89	302.12
63	101.37	124.66	289.13	109.43	136.90	326.43
64	109.22	134.65	312.50	118.14	148.20	353.76
65	118.30	146.10	339.09	128.18	161.16	384.90
66	128.05	158.29	367.21	138.93	174.92	417.74
67	138.28	171.03	396.45	150.16	189.26	451.85
68	149.82	185.38	429.31	162.86	205.43	490.29
69	163.51	202.38	468.32	178.00	224.67	536.05
70	180.18	223.07	515.98	196.49	248.21	592.22
71	199.75	247.36	571.99	218.21	275.86	658.19
72	221.62	274.54	634.75	242.53	306.76	731.97
73	245.98	304.78	704.57	269.66	341.27	814.39
74	272.98	338.27	781.92	299.84	379.67	906.39
75	302.78	375.19	867.19	333.27	422.31	1008.79
76	333.30	413.01	953.98	367.65	466.18	1113.80
77	364.45	451.56	1042.06	402.79	511.07	1220.86
78	399.32	494.72	1140.95	442.22	561.47	1341.65
79	441.06	546.29	1260.25	489.47	621.89	1487.89
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	43.52	51.49	121.14	52.42	62.71	149.66
26	44.82	53.14	125.21	54.14	64.87	155.05
27	46.13	54.81	129.33	55.88	67.10	160.56
28	47.49	56.55	133.64	57.69	69.39	166.33
29	48.92	58.36	138.15	59.58	71.81	172.36
30	50.44	60.29	142.91	61.60	74.39	178.78
31	52.12	62.41	148.16	63.84	77.22	185.86
32	53.93	64.72	153.87	66.27	80.28	193.53
33	55.80	67.07	159.69	68.76	83.43	201.40
34	57.58	69.34	165.28	71.17	86.49	209.01
35	59.20	71.40	170.23	73.37	89.32	215.87
36	60.56	73.17	174.42	75.30	91.79	221.79
37	61.78	74.74	178.01	77.04	94.03	227.01
38	62.90	76.22	181.38	78.69	96.17	231.98
39	64.06	77.73	184.76	80.39	98.36	236.99
40	65.33	79.38	188.50	82.23	100.75	242.48
41	66.69	81.15	192.49	84.19	103.26	248.32
42	68.08	82.94	196.57	86.20	105.84	254.31
43	69.54	84.82	200.82	88.29	108.53	260.52
44	71.12	86.83	205.37	90.52	111.39	267.10
45	72.85	89.02	210.28	92.95	114.47	274.18
46	74.75	91.41	215.65	95.58	117.79	281.80
47	76.82	93.97	221.38	98.39	121.30	289.85
48	78.99	96.67	227.39	101.34	125.00	298.30
49	81.24	99.47	233.62	104.42	128.86	307.11
50	83.54	102.34	240.06	107.58	132.84	316.23
51	85.77	105.15	246.39	110.70	136.80	325.30
52	87.95	107.95	252.68	113.78	140.74	334.36
53	90.26	110.89	259.29	117.03	144.90	343.93
54	92.83	114.16	266.67	120.68	149.54	354.63
55	95.81	117.91	275.17	124.94	154.93	367.00
56	99.13	122.07	284.54	129.67	160.84	380.60
57	102.71	126.52	294.59	134.70	167.14	395.03
58	106.62	131.38	305.59	140.29	174.10	411.01
59	110.98	136.84	317.89	146.61	181.99	429.20
60	115.90	142.98	331.85	153.89	191.12	450.29
61	121.35	149.88	347.60	162.11	201.49	474.42
62	127.29	157.44	364.90	171.14	212.92	501.13
63	133.72	165.59	383.57	180.98	225.38	530.22
64	140.60	174.29	403.36	191.66	238.84	561.53
65	147.97	183.48	424.10	203.18	253.23	594.83
66	155.53	192.82	444.95	214.99	267.88	628.52
67	163.31	202.35	466.05	227.08	282.83	662.68
68	171.68	212.58	488.65	240.29	299.08	699.81
69	181.08	224.05	513.96	255.45	317.67	742.37
70	191.86	237.26	543.27	273.36	339.65	792.79
71	204.19	252.42	577.08	294.00	364.95	851.02
72	217.77	269.18	614.56	316.79	392.92	915.46
73	232.43	287.24	654.94	341.85	423.58	986.13
74	248.00	306.33	697.39	369.23	456.99	1063.17
75	264.26	326.17	741.10	399.02	493.21	1146.61
76	280.42	345.79	783.74	429.42	530.09	1231.06
77	296.61	365.34	825.88	460.35	567.59	1316.47
78	314.04	386.32	870.96	494.56	608.93	1410.96
79	333.92	410.24	922.54	534.80	657.32	1522.58
80	357.48	438.57		583.79	715.96	
81	385.33	472.15		642.59	786.25	
82	416.64	509.99		709.33	866.09	
83	450.51	550.83		782.50	953.33	
84	486.04	593.45		860.57	1045.85	
85	522.32	636.61		941.99	1141.52	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	165.20	59.95	74.12	184.48
26	58.08	70.83	171.31	61.99	76.80	191.45
27	59.99	73.32	177.55	64.08	79.56	198.56
28	61.99	75.90	184.04	66.26	82.40	206.02
29	64.08	78.61	190.88	68.54	85.41	213.84
30	66.31	81.50	198.16	70.97	88.63	222.15
31	68.77	84.69	206.18	73.66	92.15	231.35
32	71.44	88.13	214.87	76.57	95.97	241.33
33	74.18	91.67	223.81	79.57	99.90	251.57
34	76.84	95.11	232.44	82.47	103.73	261.47
35	79.29	98.29	240.29	85.16	107.27	270.52
36	81.43	101.10	247.07	87.51	110.42	278.36
37	83.38	103.65	253.10	89.64	113.28	285.38
38	85.23	106.11	258.80	91.69	116.05	292.05
39	87.12	108.62	264.63	93.78	118.87	298.86
40	89.18	111.33	270.96	96.05	121.92	306.22
41	91.37	114.21	277.70	98.47	125.15	314.10
42	93.60	117.15	284.60	100.93	128.45	322.14
43	95.93	120.22	291.78	103.50	131.90	330.49
44	98.42	123.46	299.37	106.23	135.54	339.31
45	101.10	126.95	307.48	109.17	139.44	348.75
46	104.00	130.71	316.17	112.35	143.63	358.78
47	107.10	134.66	325.35	115.71	148.03	369.32
48	110.35	138.83	334.96	119.25	152.64	380.39
49	113.72	143.17	345.00	122.92	157.48	391.92
50	117.22	147.68	355.41	126.72	162.50	403.97
51	120.66	152.16	365.81	130.49	167.51	415.99
52	124.08	156.63	376.20	134.23	172.52	428.04
53	127.70	161.37	387.22	138.20	177.82	440.80
54	131.75	166.66	399.49	142.63	183.75	455.05
55	136.46	172.76	413.67	147.80	190.58	471.50
56	141.67	179.46	429.20	153.48	198.05	489.42
57	147.22	186.54	445.64	159.52	205.93	508.30
58	153.36	194.40	463.84	166.23	214.68	529.28
59	160.35	203.36	484.68	173.88	224.69	553.43
60	168.47	213.79	509.07	182.79	236.44	581.87
61	177.67	225.73	537.16	192.97	249.94	614.81
62	187.83	238.94	568.28	204.21	264.92	651.51
63	198.91	253.35	602.33	216.51	281.30	691.64
64	210.92	268.93	638.96	229.84	299.01	734.95
65	223.87	285.59	678.00	244.19	317.95	781.12
66	237.11	302.54	717.44	258.81	337.16	827.75
67	250.63	319.77	757.50	273.71	356.70	875.05
68	265.41	338.57	801.05	290.02	378.01	926.58
69	282.42	360.13	851.13	308.84	402.56	985.99
70	302.63	385.70	910.63	331.26	431.76	1056.84
71	325.92	415.14	979.29	357.16	465.40	1138.51
72	351.65	447.65	1055.15	385.78	502.52	1228.62
73	379.98	483.41	1138.60	417.34	543.47	1328.07
74	411.09	522.60	1230.16	452.09	588.56	1437.88
75	445.12	565.41	1330.26	490.24	638.12	1558.96
76	479.98	609.30	1432.40	529.46	689.13	1683.36
77	515.57	654.12	1536.26	569.55	741.39	1810.41
78	555.03	703.71	1651.62	614.09	799.42	1952.12
79	601.48	761.94	1788.20	666.59	867.70	2120.45
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	42.27	23.02	24.96	47.24
26	21.37	23.06	43.35	23.54	25.62	48.67
27	21.75	23.54	44.44	24.07	26.27	50.08
28	22.15	24.06	45.56	24.62	26.96	51.57
29	22.59	24.61	46.77	25.22	27.70	53.18
30	23.07	25.23	48.14	25.88	28.54	54.98
31	23.65	25.95	49.71	26.66	29.50	57.07
32	24.29	26.74	51.46	27.53	30.56	59.40
33	24.95	27.58	53.29	28.43	31.68	61.83
34	25.60	28.39	55.04	29.34	32.81	64.23
35	26.16	29.15	56.64	30.16	33.86	66.47
36	26.65	29.78	58.04	30.90	34.80	68.48
37	27.07	30.36	59.27	31.59	35.69	70.34
38	27.47	30.92	60.43	32.27	36.59	72.18
39	27.89	31.51	61.64	32.97	37.50	74.09
40	28.38	32.16	63.03	33.75	38.52	76.18
41	28.89	32.86	64.48	34.59	39.60	78.42
42	29.43	33.57	65.97	35.45	40.70	80.69
43	30.01	34.36	67.56	36.37	41.89	83.12
44	30.69	35.22	69.34	37.40	43.19	85.76
45	31.47	36.23	71.36	38.57	44.64	88.71
46	32.41	37.40	73.67	39.89	46.28	91.99
47	33.47	38.69	76.17	41.35	48.06	95.50
48	34.60	40.08	78.89	42.92	49.96	99.29
49	35.82	41.55	81.78	44.58	51.99	103.32
50	37.04	43.09	84.84	46.31	54.14	107.59
51	38.23	44.59	87.84	47.98	56.23	111.84
52	39.38	46.06	90.80	49.61	58.31	116.04
53	40.62	47.67	94.04	51.39	60.56	120.66
54	42.11	49.56	97.87	53.53	63.25	126.11
55	43.96	51.89	102.58	56.19	66.57	132.84
56	46.21	54.70	108.23	59.36	70.48	140.73
57	48.75	57.85	114.53	62.92	74.84	149.52
58	51.58	61.33	121.53	66.89	79.73	159.35
59	54.66	65.16	129.20	71.35	85.19	170.35
60	58.00	69.32	137.58	76.29	91.30	182.72
61	61.45	73.70	146.44	81.57	97.88	196.09
62	65.04	78.29	155.77	87.16	104.87	210.34
63	68.94	83.27	165.88	93.30	112.55	226.01
64	73.36	88.84	177.10	100.28	121.23	243.58
65	78.46	95.19	189.74	108.39	131.19	263.60
66	84.04	102.03	203.15	117.13	141.84	284.82
67	89.95	109.23	217.16	126.32	153.00	306.89
68	96.54	117.23	232.64	136.69	165.52	331.67
69	104.17	126.48	250.62	148.93	180.31	360.95
70	113.16	137.46	271.97	163.77	198.22	396.56
71	123.63	150.32	297.20	181.14	219.25	438.46
72	135.38	164.78	325.64	200.57	242.78	485.49
73	148.20	180.55	356.61	222.14	268.89	537.62
74	161.92	197.36	389.43	245.94	297.62	594.92
75	176.35	214.93	423.34	272.08	329.01	657.46
76	190.65	232.25	456.30	298.70	360.92	720.52
77	204.94	249.48	488.74	325.77	393.34	784.17
78	220.50	268.18	523.82	356.02	429.45	855.31
79	238.56	289.87	564.70	392.15	472.46	940.91
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	49.71	24.52	27.08	52.71
26	24.34	26.74	51.28	25.14	27.88	54.48
27	24.91	27.47	52.85	25.76	28.66	56.22
28	25.50	28.22	54.50	26.39	29.48	58.07
29	26.15	29.04	56.28	27.09	30.39	60.07
30	26.88	29.96	58.29	27.89	31.40	62.32
31	27.73	31.02	60.61	28.80	32.56	64.94
32	28.67	32.21	63.19	29.82	33.86	67.83
33	29.66	33.45	65.88	30.89	35.22	70.84
34	30.65	34.70	68.58	31.95	36.59	73.88
35	31.56	35.87	71.09	32.97	37.89	76.76
36	32.39	36.95	73.38	33.89	39.10	79.39
37	33.16	37.96	75.52	34.74	40.24	81.89
38	33.93	38.99	77.65	35.59	41.39	84.38
39	34.72	40.04	79.88	36.49	42.59	86.95
40	35.60	41.20	82.30	37.48	43.92	89.77
41	36.54	42.44	84.84	38.52	45.31	92.74
42	37.52	43.71	87.48	39.60	46.74	95.80
43	38.56	45.06	90.28	40.74	48.25	99.04
44	39.70	46.53	93.30	42.01	49.91	102.56
45	40.99	48.18	96.65	43.43	51.75	106.39
46	42.44	50.00	100.35	45.01	53.76	110.59
47	44.02	51.98	104.30	46.72	55.93	115.05
48	45.72	54.09	108.51	48.56	58.25	119.83
49	47.53	56.34	112.99	50.50	60.72	124.91
50	49.42	58.73	117.83	52.56	63.34	130.39
51	51.26	61.07	122.60	54.55	65.95	135.84
52	53.07	63.40	127.36	56.52	68.54	141.28
53	55.03	65.93	132.57	58.67	71.36	147.25
54	57.38	68.94	138.73	61.22	74.70	154.26
55	60.29	72.67	146.33	64.41	78.83	162.93
56	63.76	77.03	155.18	68.16	83.63	172.96
57	67.64	81.86	165.01	72.35	88.95	184.02
58	71.97	87.29	176.01	77.04	94.92	196.47
59	76.84	93.41	188.42	82.34	101.70	210.61
60	82.32	100.32	202.48	88.34	109.40	226.78
61	88.21	107.81	217.82	94.84	117.84	244.58
62	94.46	115.82	234.29	101.76	126.89	263.78
63	101.37	124.66	252.44	109.43	136.90	285.00
64	109.22	134.65	272.84	118.14	148.20	308.87
65	118.30	146.10	296.06	128.18	161.16	336.05
66	128.05	158.29	320.61	138.93	174.92	364.73
67	138.28	171.03	346.14	150.16	189.26	394.51
68	149.82	185.38	374.84	162.86	205.43	428.06
69	163.51	202.38	408.89	178.00	224.67	468.04
70	180.18	223.07	450.51	196.49	248.21	517.07
71	199.75	247.36	499.41	218.21	275.86	574.66
72	221.62	274.54	554.19	242.53	306.76	639.08
73	245.98	304.78	615.17	269.66	341.27	711.05
74	272.98	338.27	682.69	299.84	379.67	791.37
75	302.78	375.19	757.14	333.27	422.31	880.78
76	333.30	413.01	832.93	367.65	466.18	972.47
77	364.45	451.56	909.83	402.79	511.07	1065.93
78	399.32	494.72	996.17	442.22	561.47	1171.41
79	441.06	546.29	1100.33	489.47	621.89	1299.09
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	43.52	51.49	105.77	52.42	62.71	130.67
26	44.82	53.14	109.32	54.14	64.87	135.37
27	46.13	54.81	112.92	55.88	67.10	140.19
28	47.49	56.55	116.69	57.69	69.39	145.21
29	48.92	58.36	120.63	59.58	71.81	150.48
30	50.44	60.29	124.78	61.60	74.39	156.09
31	52.12	62.41	129.36	63.84	77.22	162.28
32	53.93	64.72	134.35	66.27	80.28	168.98
33	55.80	67.07	139.42	68.76	83.43	175.85
34	57.58	69.34	144.31	71.17	86.49	182.49
35	59.20	71.40	148.64	73.37	89.32	188.48
36	60.56	73.17	152.28	75.30	91.79	193.66
37	61.78	74.74	155.42	77.04	94.03	198.21
38	62.90	76.22	158.36	78.69	96.17	202.54
39	64.06	77.73	161.32	80.39	98.36	206.93
40	65.33	79.38	164.58	82.23	100.75	211.70
41	66.69	81.15	168.07	84.19	103.26	216.81
42	68.08	82.94	171.62	86.20	105.84	222.03
43	69.54	84.82	175.33	88.29	108.53	227.47
44	71.12	86.83	179.32	90.52	111.39	233.22
45	72.85	89.02	183.60	92.95	114.47	239.39
46	74.75	91.41	188.28	95.58	117.79	246.04
47	76.82	93.97	193.28	98.39	121.30	253.06
48	78.99	96.67	198.54	101.34	125.00	260.45
49	81.24	99.47	203.97	104.42	128.86	268.15
50	83.54	102.34	209.60	107.58	132.84	276.10
51	85.77	105.15	215.13	110.70	136.80	284.03
52	87.95	107.95	220.62	113.78	140.74	291.93
53	90.26	110.89	226.38	117.03	144.90	300.28
54	92.83	114.16	232.84	120.68	149.54	309.62
55	95.81	117.91	240.25	124.94	154.93	320.42
56	99.13	122.07	248.43	129.67	160.84	332.29
57	102.71	126.52	257.21	134.70	167.14	344.90
58	106.62	131.38	266.82	140.29	174.10	358.86
59	110.98	136.84	277.56	146.61	181.99	374.74
60	115.90	142.98	289.74	153.89	191.12	393.15
61	121.35	149.88	303.48	162.11	201.49	414.22
62	127.29	157.44	318.60	171.14	212.92	437.53
63	133.72	165.59	334.89	180.98	225.38	462.94
64	140.60	174.29	352.16	191.66	238.84	490.27
65	147.97	183.48	370.28	203.18	253.23	519.35
66	155.53	192.82	388.50	214.99	267.88	548.76
67	163.31	202.35	406.91	227.08	282.83	578.59
68	171.68	212.58	426.64	240.29	299.08	611.01
69	181.08	224.05	448.74	255.45	317.67	648.16
70	191.86	237.26	474.33	273.36	339.65	692.20
71	204.19	252.42	503.85	294.00	364.95	743.04
72	217.77	269.18	536.57	316.79	392.92	799.29
73	232.43	287.24	571.83	341.85	423.58	861.00
74	248.00	306.33	608.90	369.23	456.99	928.26
75	264.26	326.17	647.06	399.02	493.21	1001.11
76	280.42	345.79	684.29	429.42	530.09	1074.84
77	296.61	365.34	721.08	460.35	567.59	1149.42
78	314.04	386.32	760.44	494.56	608.93	1231.92
79	333.92	410.24	805.47	534.80	657.32	1329.37
80	357.48	438.57		583.79	715.96	
81	385.33	472.15		642.59	786.25	
82	416.64	509.99		709.33	866.09	
83	450.51	550.83		782.50	953.33	
84	486.04	593.45		860.57	1045.85	
85	522.32	636.61		941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	144.24	59.95	74.12	161.08
26	58.08	70.83	149.57	61.99	76.80	167.15
27	59.99	73.32	155.01	64.08	79.56	173.36
28	61.99	75.90	160.68	66.26	82.40	179.88
29	64.08	78.61	166.66	68.54	85.41	186.70
30	66.31	81.50	173.01	70.97	88.63	193.95
31	68.77	84.69	180.01	73.66	92.15	202.00
32	71.44	88.13	187.61	76.57	95.97	210.70
33	74.18	91.67	195.41	79.57	99.90	219.64
34	76.84	95.11	202.95	82.47	103.73	228.29
35	79.29	98.29	209.81	85.16	107.27	236.20
36	81.43	101.10	215.71	87.51	110.42	243.04
37	83.38	103.65	220.98	89.64	113.28	249.17
38	85.23	106.11	225.96	91.69	116.05	254.98
39	87.12	108.62	231.05	93.78	118.87	260.93
40	89.18	111.33	236.57	96.05	121.92	267.37
41	91.37	114.21	242.45	98.47	125.15	274.24
42	93.60	117.15	248.49	100.93	128.45	281.26
43	95.93	120.22	254.75	103.50	131.90	288.56
44	98.42	123.46	261.38	106.23	135.54	296.25
45	101.10	126.95	268.46	109.17	139.44	304.49
46	104.00	130.71	276.05	112.35	143.63	313.26
47	107.10	134.66	284.07	115.71	148.03	322.46
48	110.35	138.83	292.46	119.25	152.64	332.12
49	113.72	143.17	301.22	122.92	157.48	342.19
50	117.22	147.68	310.32	126.72	162.50	352.70
51	120.66	152.16	319.39	130.49	167.51	363.21
52	124.08	156.63	328.47	134.23	172.52	373.74
53	127.70	161.37	338.08	138.20	177.82	384.87
54	131.75	166.66	348.79	142.63	183.75	397.30
55	136.46	172.76	361.19	147.80	190.58	411.66
56	141.67	179.46	374.74	153.48	198.05	427.32
57	147.22	186.54	389.08	159.52	205.93	443.79
58	153.36	194.40	404.99	166.23	214.68	462.12
59	160.35	203.36	423.18	173.88	224.69	483.20
60	168.47	213.79	444.47	182.79	236.44	508.03
61	177.67	225.73	468.99	192.97	249.94	536.78
62	187.83	238.94	496.16	204.21	264.92	568.84
63	198.91	253.35	525.89	216.51	281.30	603.88
64	210.92	268.93	557.88	229.84	299.01	641.68
65	223.87	285.59	591.97	244.19	317.95	682.01
66	237.11	302.54	626.40	258.81	337.16	722.71
67	250.63	319.77	661.37	273.71	356.70	764.01
68	265.41	338.57	699.40	290.02	378.01	809.00
69	282.42	360.13	743.12	308.84	402.56	860.88
70	302.63	385.70	795.07	331.26	431.76	922.73
71	325.92	415.14	855.03	357.16	465.40	994.04
72	351.65	447.65	921.25	385.78	502.52	1072.71
73	379.98	483.41	994.12	417.34	543.47	1159.55
74	411.09	522.60	1074.06	452.09	588.56	1255.43
75	445.12	565.41	1161.46	490.24	638.12	1361.15
76	479.98	609.30	1250.64	529.46	689.13	1469.76
77	515.57	654.12	1341.31	569.55	741.39	1580.68
78	555.03	703.71	1442.05	614.09	799.42	1704.42
79	601.48	761.94	1561.30	666.59	867.70	1851.38
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

State:	Virginia	**Filing Company:**	Southern Farm Bureau Life Insurance company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2019 LTC Rate Increase		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA LTC Certification of Compliance.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2019

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Individual Long Term Care Checklist.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2019

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum w Exhibits Revised.pdf Actuarial Certification_Reserves.pdf
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Revised Long Term Care Insurance Rate Request Summary.pdf Rate Request Summary Narrative.pdf
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Cert.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2019

Satisfied - Item:	HL403-VA - Statement of Variability
Comments:	This SoV applies to both form HL403-VA and Form HL403-Desc -VA
Attachment(s):	HL403-VA Statement of Variability.pdf

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /
Filing Company: Southern Farm Bureau Life Insurance company

Item Status:	Received & Acknowledged
Status Date:	03/01/2023

Satisfied - Item:	Rate Review Requirements Checklist
Comments:	
Attachment(s):	Rate Review Requirements Checklist.PDF
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	VA Rate Sheets
Comments:	This file has been moved to the Rate/Rule Schedule as requested.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	Policyholder Notification Letter
Comments:	This has been moved to the Form Schedule as requested.
Attachment(s):	
Item Status:	Withdrawn
Status Date:	10/07/2022

Satisfied - Item:	Filing Cover Letter
Comments:	
Attachment(s):	VA Cover Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	VA Rates with Applied Increase Factors
Comments:	These files have been moved to the Rate Schedule
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	03/01/2023

Satisfied - Item:	HL100 - Notification Letter Statement of Variability
Comments:	
Attachment(s):	HL100_VA_SOV.pdf
Item Status:	Received & Acknowledged

State: Virginia
Filing Company: Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Status Date:	03/01/2023

Satisfied - Item:	Exhibits by Rate Stability Type
Comments:	
Attachment(s):	VA Exhibits by Rate Stability Type - 20200506.pdf
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	Response to May 13 Request
Comments:	
Attachment(s):	Objection 5.pdf Exhibits I - III.xlsx Best Estimate Assumptions.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	Response to July 14 Request
Comments:	
Attachment(s):	SFB VA Obj 20200714 Response.pdf Exh 1b VA - Original Assumptions.xlsx Rate Increase History by State.xlsx Maximum Allowable Increase Projections.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	Response to August 17 Request
Comments:	
Attachment(s):	SFB VA Obj 20200817 Response.pdf Exhibit 1a - Original Pricing.xlsx Nationwide Maximum Allowable Increase Projections.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	Response to December 22 Request
Comments:	
Attachment(s):	SFB VA Obj 20201223 Response.pdf Exhibits I - Ia Revised.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

State: Virginia
Filing Company: Southern Farm Bureau Life Insurance company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2019 LTC Rate Increase
Project Name/Number: /

Satisfied - Item:	Response to January 26 Request
Comments:	
Attachment(s):	Post RS Proposed Increase by Issue Age.pdf
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	Response to May 24 Request
Comments:	
Attachment(s):	SFB VA Obj 20210527 Note to Filer.pdf Actuarial Memorandum w Exhibits Revised.pdf VA Rate Sheets with 2-Year Phase-In Rate Increase.pdf
Item Status:	Received & Acknowledged
Status Date:	10/07/2022

Satisfied - Item:	Increase Endorsement
Comments:	Form HL520 was approved 08/20/2010 under SFBL-126664670
Attachment(s):	PremiumIncreaseEndorsement_HL520.pdf
Item Status:	Received & Acknowledged
Status Date:	03/01/2023

Satisfied - Item:	FAQ Document Statement of Variability
Comments:	The only variable item is Effective Date. This will vary by policy to show the first policy billing date following the effective date of this increase in your state.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	03/01/2023

Satisfied - Item:	John Doe Samples
Comments:	"John Doe" sample version of forms on Form Schedule
Attachment(s):	HL801_VA_1122_Sample.pdf FAQ Document_VA_Sample.pdf HL403_Coverage Election FormDescriptionofOptions_VA_Sample.pdf HL403_VA_Sample.pdf HL100_VA_Sample.pdf HL101_VA_Sample_rd2.pdf
Item Status:	Received & Acknowledged
Status Date:	03/01/2023

State: *Virginia* **Filing Company:** *Southern Farm Bureau Life Insurance company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *2019 LTC Rate Increase*
Project Name/Number: */*

Satisfied - Item:	Form HL200-VA
Comments:	
Attachment(s):	Approved Form HL200-VA.pdf
Item Status:	Received & Acknowledged
Status Date:	03/01/2023

Satisfied - Item:	Form HL101 Statement of Variability
Comments:	This file contains the SOV for the notification letter which will be sent during the second phase in of the approved rate increase.
Attachment(s):	HL101_VA_SOV.pdf
Item Status:	Received & Acknowledged
Status Date:	03/01/2023

Satisfied - Item:	Form HL801-VA Statement of Variability
Comments:	
Attachment(s):	HL801_VA_1122_SOV.pdf
Item Status:	Received & Acknowledged
Status Date:	03/01/2023

Attachment Exhibits I - III.xlsx is not a PDF document and cannot be reproduced here.

Attachment Best Estimate Assumptions.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exh 1b VA - Original Assumptions.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase History by State.xlsx is not a PDF document and cannot be reproduced here.

Attachment Maximum Allowable Increase Projections.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 1a - Original Pricing.xlsx is not a PDF document and cannot be reproduced here.

Attachment Nationwide Maximum Allowable Increase Projections.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibits I - Ia Revised.xlsx is not a PDF document and cannot be reproduced here.

SOUTHERN FARM BUREAU
LIFE INSURANCE COMPANY
P.O. Box 78 • Jackson, MS 39205 • 601-981-7422 • www.sfbli.com

Certification of Compliance

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.

Stan Dickens, FSA, MAAA

Sr. Vice President, Chief Actuary Officer
Title

Southern Farm Bureau Life Ins. Co.

06/03/2019
Date

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14VAC5-100-40	**For Paper Filings:** Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14VAC5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14VAC5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14VAC5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14VAC5-100-40 5	Description of market for which the form is intended.
	14VAC5-100-40 6	**For Paper Filings:** At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Variable Language		All variable information must be bracketed and explained in detail. A Statement of Variability (SOV) should be provided in all cases where variable information is presented. The SOV should be detailed and specific. It should identify each variable field appearing in the forms and describe specifically how that field will vary from the text as presented. For any variable numerical information, please express the minimum and maximum values. Any variable language must be defined sufficiently so that compliance with statutory or regulatory requirements can be determined. The SOV should be provided under Supporting Documentation.
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings.***
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the state tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.
Rate Changes		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).
Forms		
Form Number	14VAC5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14VAC5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final Form	14VAC5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14VAC5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval).
Type Size	14VAC5-100-50 5 14VAC5-110-50 C	Individual Accident and Sickness forms must be printed with type size of at least 10-point type.
Readable Policy Requirements	14VAC5-110-50 A	Readable policy must be a precise and accurate legal contract in form and appearance.
Table of Contents	14VAC5-100-50 B	Required for policy of more than 3 pages.
Flesch Score	14VAC5-100-50 D	Flesch score reading of 40 or more.
Readability Certification	14VAC5-110-60	Readability certification is required. Must disclose the score, number of words, sentences, and syllables for each form.
Renewal Provision	14VAC5-200-70 A 1 & 14VAC5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14VAC5-200-80 C 2	Required language **in bold print**.
Notice to Buyer	14VAC5-200-170 A 3	Required language.
Contents of Policies	§ 38.2-305 A	Each policy/contract shall specify the: (1) The names of parties to the contract, (2) The subject of the insurance, (3) The risk insured against, (4) The time the insurance takes effect, and the period during which the insurance is to continue, (5) A statement of premium, (6) Conditions pertaining to the insurance.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Important Notice	§ 38.2-305 B	Each new or renewal policy/contract/certificate/evidence of coverage shall be accompanied by an important notice as stated in the statute.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Code of Virginia does not define "Insurance Fraud". Any fraud notice that includes the term "insurance fraud" is not in compliance with this section of the Code. In Virginia, a fraud notice relating to life insurance, annuities, accident and sickness, health maintenance organizations, health services plans, credit accident and sickness and credit life insurance should not include references to imprisonment or fines. Variations in a notice warning of consequences of making fraudulent statements will be considered.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) Persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) Chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
30-Day Free Look	§ 38.2-5208	
General Provisions		
Entire Contract	§ 38.2-3503 A 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 A 3	The provision defines the grace period and length of the various acceptable grace periods.
Reinstatement	§ 38.2-3503 A 4 14VAC5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	§ 38.2-3503 A 5	
Claim Forms	§ 38.2-3503 A 6	
Proof of Loss	§ 38.2-3503 A 7	
Time of Payment of Claims	§ 38.2-3503 A 8	The provision specifies **when** benefits will be paid.
Payment of Claims	§ 38.2-3503 A 9	The provision specifies **to whom** benefits will be paid.
Physical Examinations and Autopsy	§ 38.2-3503 A 10	
Legal Actions	§ 38.2-3503 A 11	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Change of Beneficiary	§ 38.2-3503 A 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9).
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Unintentional Lapse	14VAC5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Optional Provisions		
Change of Occupation	§ 38.2-3504 1	
Misstatement of Age	§ 38.2-3504 2	
Other Insurance in this Company	§ 38.2-3504 3	
Insurance with Other Companies	§ 38.2-3504 4	
Insurance with Other Companies	§ 38.2-3504 5	
Unpaid Premium	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use “resides” language.
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	Intoxicants and Narcotics
Prohibited Provisions		
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person’s right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers’ Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers’ compensation.
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
Minimum Standards for Home Health Care	14VAC5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
	14VAC5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
LTC Policy Requirements		
	14VAC5-200-60 B	Limitations and Exclusions
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Policy Definitions	§ 38.2-5200 14VAC5-200-50	Certain terms defined.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the **insured** and for cancellation of the policy by the **insurer**, except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14VAC5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14VAC5-200-187	Permissible benefit triggers and requirements.
	§ 38.2-5207 1; 14VAC5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14VAC5-200-70 H	A tax-qualified plan must be definitively identified as such.
Nonforfeiture Benefit Requirement	§ 38.2-5210 14VAC5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	§ 38.2-5210 14VAC5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Definitions	14VAC5-200-40	
Extension of Benefits	14VAC5-200-60 C	
Signed Acceptance for Riders and Amendments	14VAC5-200-70 B	All riders and/or endorsements that are added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
UCR Defined	14VAC5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Required to Offer Inflation Protection	14VAC5-200-100 A	
LTC Personal Suitability Worksheet	14VAC5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Right to Reduce Coverage and Lower Premiums	14VAC5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Disclosures		
	14VAC5-200-70 I	A non-tax-qualified plan must be identified as such.
Applies to policies where premiums can be revised	14VAC5-200-70 A 2	The policy shall include a clear and prominent statement in bold type and all capital letters that the premium rates may be increased.
	14VAC5-200-70 I	A non-tax-qualified plan must be identified as such.
	14VAC5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 75 days prior to the implementation of premium rate schedule.
Policies that include issue ages of 65 or higher	14VAC5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates		
	§ 38.2-316	Complete one of the following checklists as indicated:
		FOR NEW LONG-TERM CARE INSURANCE (LTCI) RATES
		FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.scc.virginia.gov/boi/laws.aspx

The Forms and Rates Section of the Life and Health Division reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: Philip York

Name (please print): Philip York

Company Name: LTCG

Date: 5/3/19 Phone No: ( ) 952.516.6940 FAX No: ( )_____

E-Mail Address: philip.york@ltcg.com

Actuarial Memorandum

Policy Forms

HL200-VA as HL200

For a complete listing of policy forms, including riders, refer to Attachment B.

Long Term Care Coverage

1. Scope and Purpose

This rate filing is a request for the following premium increases by form and benefit period, effective upon approval by the state, on Southern Farm Bureau Life Insurance Company's Long Term Care Insurance policy forms listed above. These premium rate increases are needed due to claim levels that produce unacceptable lifetime loss ratios above the statutorily required minimum loss ratio. This rate filing is not intended to be used for other purposes. The following rate increases will be phased in over two years.

Form	Benefit Period	Pre/Post Rate Stability	Proposed Rate Increase
HL200	Lifetime	Pre-RS	72%
HL200	Lifetime	Post-RS	50%

2. Description of Benefits *

HL200

This individual tax-qualified long term care insurance policy provides benefits for expenses incurred while confined in a Nursing, Assisted Living or Alzheimer's Facility. Benefits are provided for in-patient hospice care and there is a bed reservation benefit of 30 days per calendar year. The Spouse Waiver of Premium and Paid-Up Benefit waived premiums for both spouses while one is on claim or waives future premiums for the surviving spouse if both were claim free for the first ten policy years of the policy and one spouse has passed away. There is a Caregiver Training Benefit (pays up to five times the maximum daily benefit). Additionally, the policy provides: a) the option of care coordination and guidance in securing appropriate long term care services, b) benefits for Worldwide coverage (allows up to 365 days of benefits outside the country) and c) a Ambulance Service benefit covers two trips per calendar year (up to $50 per trip). There is no requirement of pre-hospitalization to collect benefits under this policy form. Premiums will be waived while benefits are payable.

The Home & Community Care Services Rider provides additional benefits for expenses incurred while receiving home health care, home care, respite care (30 days per calendar year), adult day care and out-patient hospice care. A Family Indemnity benefit (of up to 52 weeks/Lifetime) and substitute services are included.

If none of the following benefit increase option riders are selected, the insured will receive the future purchase increase rider.

- Future Purchase Increase Rider provides an automatic option to increase daily and overall maximum benefits, minus claims paid, by 20% compounded every fourth policy year until one option is not elected, up to age 90. A corresponding premium increase would be based on the attained age and the new benefits purchased.
- Compound Inflation Protection Rider increases the daily and overall maximum benefit amounts, minus claims paid, by 5% of the previous benefit for 20 policy years.
- Compound Inflation Protection Rider increases the daily and overall maximum benefit amounts, minus claims paid, by 5% of the previous benefit for the duration of the policy.
- Simple Inflation Protection Option Rider increases the daily and overall maximum benefit amounts, minus claims paid, by 5% of the initial benefit less claims incurred for the duration of the policy.

* This is not intended to be a comprehensive listing of all benefits available.

Other optional benefits:

- Nonforfeiture Benefit Rider allows a paid up premium option at the time of lapse with a Paid Up Benefit. The Paid Up benefit is equal to 100% of all premiums paid starting after policy year three (minimum of 30 times the NFMDB) less claims paid.
- Restoration of Maximum Benefit Rider restores the maximum benefit amount if the insured is treatment free for 180 days.
- Return of Premium at Death Rider pays the executor(s) or administrators(s) of the insured's estate an amount equal to the total of premiums paid less incurred claims if the policy terminated due to the death of the insured prior to age 70.

There is no Pre-existing Condition Limitation. To be eligible for benefits, the insured must be certified by a Licensed Health Care Practitioner as expected to be unable to perform two or more of six Activities of Daily Living (Bathing, Dressing, Eating, Toileting, Continence, Transferring) without substantial assistance from another person for a period of at least 90 days, or be Severely Cognitively Impaired as described by the policy. Covered services must have been provided.

3. Renewability

These policy forms are guaranteed renewable for life, subject to the company's right to change premium rates.

4. Applicability

This filing applies to inforce insureds only, as these forms are no longer actively being sold. The premium change will be applicable to the base forms and to all riders associated with the base forms.

5. Actuarial Assumptions

Morbidity

HL200

The incidence rate and length of stay for facility, home and community services are based on the following studies:

- SOA 1985 National Nursing Home Survey Utilization Data
- 1982-1894 National Long Term Care Survey
- Intercompany Study 1984-1999
- Internal and Consultant Experience

Adjustments have been made to these sets of data to reflect benefit periods, elimination periods, selection, anti-selection, use of care coordination, and use of Activities of Daily Living as the definition of the insurable event. Further estimates have been made by the actuary to add ancillary benefits.

Current (Applies to all forms):

The morbidity assumption is composed of three main parts which were developed based on company experience in conjunction with industry experience of the 2000-2011 Society of Actuaries Long Term Care Intercompany Study - incidence, utilization and continuance. Claim incidence rates measure the likelihood of claim for an LTC policyholder. Utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met. Continuance refers to the length of time that a policyholder stays on claim once benefit eligibility requirements have been met, and is measured from the loss date of the claim. These assumptions are combined into total claim costs.

Experience studies were conducted to analyze key components of morbidity. Incidence rates are derived and differences were observed when data was segmented by product, issue age, policy duration, and coverage type. The actual incidence was calculated using a calculated illness date.

Key drivers of claim severity which were analyzed to ensure an appropriate fit include disablement age, site of care, policy form, claim duration, etc.

Exhibit IV contains additional detail around the methodology and validation process used for these assumptions.

Mortality

Original

HL200

The mortality table used was the 1983 Group Annuitants Table.

Current (Applies to all forms):

The current best estimate assumption is the 2012 IAM Basic Mortality Table. Attained age factors are applied as shown in the following table:

Attained Age	Female	Male
<=69	90%	100%
70-79	95%	110%
80-89	95%	115%
90-94	105%	115%
95+	115%	115%

Lapse

Original

HL200

Voluntary Lapse Rates				
Policy Year	<65	65-74	75-84	>84
1	11.2%	7.1%	7.5%	7.7%
2	9.2%	5.2%	5.4%	5.6%
3	7.3%	4.0%	4.2%	4.2%
4	6.0%	3.1%	3.2%	3.2%
5	5.3%	2.7%	2.8%	2.8%
6	4.9%	2.4%	2.5%	2.5%
7	3.5%	2.2%	2.3%	2.3%
8	2.8%	2.1%	2.2%	2.2%
9	2.3%	2.0%	2.1%	2.1%
10+	2.0%	2.0%	2.0%	2.0%

Current (Applies to all forms):

The current best estimate lapse assumption by duration by issue age band is shown in the table below:

Voluntary Lapse Rates				
Policy Year	<50	50-59	60-69	>70
1	16.00%	6.50%	4.50%	1.25%
2	11.75%	6.00%	4.00%	1.25%
3	10.00%	5.50%	3.50%	1.25%
4	8.75%	4.25%	3.00%	1.25%
5	5.75%	3.50%	2.25%	1.25%
6	5.25%	3.00%	1.75%	1.25%
7	4.25%	2.50%	1.25%	1.25%
8	4.00%	1.75%	1.00%	1.25%
9	2.25%	1.25%	0.90%	1.25%
10	1.50%	1.00%	0.80%	1.25%
11	1.00%	0.75%	0.70%	1.25%
12	0.75%	0.50%	0.60%	1.25%
13+	0.50%	0.50%	0.50%	1.25%

Exhibit V contains additional detail around the methodology and validation process used to develop the mortality and lapse assumptions.

Expenses

Expenses do not affect the Lifetime Loss Ratio projections shown in this memorandum. Nor have they affected the amount of the requested rate increase. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate and the renewal commission rates will apply to the increased premium.

Interest

Original

Interest Rate						
Duration	1	2	3	4	5	6+
HL200	6.9%	6.9%	6.9%	6.9%	6.9%	6.9%

Current (Applies to all forms):

The current best estimate assumption is 4.0%.

Aggregate reserves held will equal or exceed the minimum requirements of the State of North Carolina.

6. Marketing and Underwriting

This product is no longer marketed. For policies inforce as of 12/31/2018, the latest issue date is 5/25/2006.

HL200

For applicants age 65 and younger the underwriter performed the Phone History Interview at his/her discretion. Depending on the applicant's medical history, an Attending Physician Statement or Face to Face Assessment may have also been required by the underwriter.

Applicants age 66-74 had a Phone History Interview conducted by the Underwriter, assuming the applicant was not an automatic decline from the application. Depending on the applicant's medical history, an Attending Physician Statement or Face to Face Assessment may have also been required by the underwriter at his/her discretion.

Applications age 75 and over, automatically received a Face to Face Assessment and an Attending Physician Statement, if the applicant was not an automatic decline from the application, in most circumstances, we did not conduct a Phone History Interview on these applications.

7. Premiums

Premiums vary based on original issue age, rate class and benefit options selected.

8. Issue Age Range

For policy HL200 applicants 18-85 were eligible for coverage.

9. Area Factors

Area factors are not used for these products.

10. Average Annual Premium

Policy Form	Benefit Period	Virginia	Nationwide
HL200	Lifetime	$2,273	$2,098

11. Premium Modalization Rules

Modal factors which are applied to the annual premium are as follows:

	Annual	Semi-Annually	Quarterly	Monthly
HL200	1.000	0.520	0.270	0.086

Claim Liability and Reserve

The present value of amounts not yet due is calculated for all open claims using termination rates derived from company experience in conjunction with industry experience from the 2000-2011 Society of Actuaries Long Term Care Intercompany Study. The resulting reserve is adjusted by factors based on age at incurral, sex, and benefit period developed from company experience. Exhibit IV contains additional detail around the methodology and validation process used for these assumptions. The interest rate varies by year of incurral. The incurred but not reported and in course of settlement reserves are calculated based on the development of incurred claims by month of incurral, based on internal Company data.

12. Trend Assumptions

We applied an assumption of a 3.0% annual increase across all claim settings in the future projection of morbidity costs. This assumption was developed from the 2017 Genworth Cost of Care Survey. We note that this is only on the claim utilization rates and does not affect incidence or length of stay on claim.

13. Minimum Required Loss Ratio

For individual forms, the Statutorily Required Minimum Loss Ratio and the Pricing Loss Ratio are both 60%.

14. Anticipated Loss Ratio

The anticipated lifetime loss ratio for this book of business is calculated as the present value of incurred claims divided by the present value of earned premiums based on our current best estimate future experience. The anticipated loss ratio is calculated over the period that the premium rates are anticipated to remain adequate, which is until attained age 110 when we expect all policies to have terminated. The incurred claims do not include active life reserves. The anticipated lifetime loss ratios are shown in Exhibit I.

15. History of Previous Rate Revisions

There has been one previous rate increase on the policies included in this filing:

Approval Date	Approved Rate Increase
6/1/2011	35%

16. Development of Requested Rate Increase

In developing the premium rate increase request which varies by Policy Form and Maximum Benefit Period, the following process has been followed:

a) Consideration of policy design, underwriting, and claims adjudication practices

b) Consideration of prior approved rate increases. This round of rate of increases has been prepared in part to achieve national rate equity by form series and benefit period.

c) Update of business mix and assumptions as described in Section 5

d) Calculation of the Lifetime Loss Ratio without the proposed rate increase

e) Calculation of the proposed rate increase that brings these policies closer to the original loss ratio, assuming full approval

f) Compliance with the 58%/85% test defined in the Rate Stability regulation, if applicable.

g) Active life reserves are not included in the justification of this rate increase

Lifetime projections of Earned Premium and Incurred Claims using Virginia specific rate levels and assuming that no future rate increase is implemented is set forth in Exhibit Ia. Lifetime projections of Earned Premium and Incurred Claims assuming Virginia specific rate levels and that the requested rate increase is implemented on October 1, 2019 is set forth in Exhibit Ia. Exhibit II demonstrates compliance with the 58%/85% test defined in the Rate Stability regulation and also the 60%/80% test at Virginia specific rate levels. Southern Farm Bureau has used nationwide data for developing these exhibits to ensure maximum credibility. Corresponding base premium rates and inflation rider premium rates are attached separately. Please note that actual rates implemented may vary slightly from those set forth in the attached due to implementation rounding algorithms. Earned Premiums and Incurred Claims projected through 2073 are developed from an asset share model representing actual contracts in-force as of December 31, 2018. The assumptions described in Section 5 above for morbidity, voluntary lapse and Total Lives mortality are used to project life years, Earned Premiums and Incurred Claims. Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$\mathbf{LR_j} = \frac{\sum_{t=j}^{2018} Pmt_t^j\, v^{t-j} + {}_jCR_{2018}\, v^{2018-j+1/2} + {}_jIBNR_{2018}\, v^{2018-j+1/2}}{\boldsymbol{EP_j}}.$$

$\boldsymbol{LR_j}$ = Loss Ratio for year j

$\boldsymbol{Pmt_t^j}$ = claim payments in year t on claims incurred in year j, assumed to occur mid-year

${}_j\boldsymbol{CR_{2018}}$ = open Claim Reserve held on December 31, 2018 for claims incurred in year j

${}_j\boldsymbol{IBNR_{2018}}$ = Incurred But Not Reported reserve as of December 31, 2018 attributable to claims incurred in year j

$\boldsymbol{EP_j}$ = earned premium in year j, assumed mid-year

$\boldsymbol{j}$ = year of incurral

$\boldsymbol{v}$ = 1/1.035 = 0.96618

Annual Loss Ratios are calculated as anticipated incurred claims divided by earned premiums.

Lifetime Loss Ratios as of December 31, 2018 are calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 4.0%.

17. Distribution of Business

See Attachment A for the distribution of inforce policies by various characteristics.

18. Contingency and Risk Margins

Contingency and risk margins have not been included in the justification for this rate increase.

19. Experience on the Form

See Exhibit I for calendar year historical experience through December 31, 2018, as well as projected experience thereafter both with and without the proposed rate increase. See Exhibit IV for actual-to-expected experience where “actual” experience includes historical experience through December 31, 2018, combined with current-assumption projected experience thereafter and “expected” experience reflects original pricing assumptions.

20. Future Rate Increases

Although we are able to justify a higher rate increase, the company will continue to monitor emerging experience and review whether an additional rate increase is necessary.

21. Number of Insureds

As of December 2018, the number of insureds that will be affected by this increase are:

	Insureds	Annualized Premium
Virginia		
Pre-Rate Stability	27	$62,256
Post-Rate Stability	313	$710,490
Nationwide		
Pre-Rate Stability	2,187	$4,405,469
Post-Rate Stability	2,018	$4,417,088

22. Proposed Effective Date

The proposed rate increase will be implemented following approval and after fulfillment of all statutory and contractual requirements. The rates will be guaranteed for 12 months and preceded by a written 75 day notice.

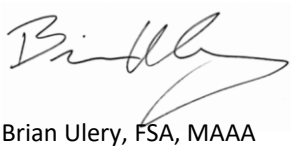
23. Actuarial Certification

I am an Associate 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. 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 your state when the original issued rates were first filed and accepted. In my opinion, the actuarial assumptions are appropriate and the rates are not excessive or unfairly discriminatory.

If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.

Respectfully submitted,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

June 2, 2021

Attachment A
Southern Farm Bureau
Distribution of Business
Contracts of All Benefit Periods Combined

By Issue Age:

Issue Age	Percent Distribution
0-44	8.8%
45-49	5.6%
50-54	16.8%
55-59	22.1%
60-64	25.3%
65-69	13.8%
70+	7.6%

By Elimination Period:

Elimination Period	Percent Distribution
30 day	47.9%
90 day	47.6%
180 day	4.4%

By Maximum Benefit Option:

Benefit Period	Percent Distribution
≤ 2 Yr	0.0%
3 Yr	0.0%
4 Yr	0.0%
5 Yr	0.0%
≥ 6 Yr*	100.0%

* Including Unlimited

By Inflation Protection Option:

Benefit Increase	Percent Distribution
None	78.2%
Compound	21.8%

Attachment B

Southern Farm Bureau
Policy Forms by Product Series

Form #	Description	Product Series
HL200-VA	LTC Policy	
HL501-VA	Inflation Protection Rider	HL200
HL502-VA	Nonforfeiture Protection Rider	HL200
HL503	Return of Premium Rider	HL200
HL504	Future Purchase Option Rider	HL200
HL505-VA	Home Care Rider	HL200
HL506-VA	20 Year Compound Inflation Protection Rider	HL200
HL507-VA	Lifetime Simple Interest Inflation Protection Rider	HL200

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed Rate Increase			4.49%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.686
1997	-	-	0%	-	-	0%	2.571
1998	-	-	0%	-	-	0%	2.461
1999	-	-	0%	-	-	0%	2.355
2000	-	-	0%	-	-	0%	2.254
2001	-	-	0%	-	-	0%	2.157
2002	-	-	0%	-	-	0%	2.064
2003	765,701	1,606	0%	765,701	1,606	0%	1.975
2004	4,152,125	9,339	0%	4,152,125	9,339	0%	1.891
2005	7,614,749	484,550	6%	7,614,749	484,550	6%	1.809
2006	8,775,992	969,094	11%	8,775,992	969,094	11%	1.732
2007	8,318,171	564,125	7%	8,318,171	564,125	7%	1.657
2008	8,176,623	1,043,227	13%	8,176,623	1,043,227	13%	1.586
2009	8,139,070	3,554,662	44%	8,139,070	3,554,662	44%	1.518
2010	7,661,523	2,907,417	38%	7,661,523	2,907,417	38%	1.453
2011	8,033,187	2,464,998	31%	8,033,187	2,464,998	31%	1.390
2012	9,575,116	3,050,274	32%	9,575,116	3,050,274	32%	1.330
2013	9,619,604	6,486,384	67%	9,619,604	6,486,384	67%	1.273
2014	9,283,111	4,320,566	47%	9,283,111	4,320,566	47%	1.219
2015	8,600,154	4,923,916	57%	8,600,154	4,923,916	57%	1.166
2016	8,516,671	7,855,183	92%	8,516,671	7,855,183	92%	1.116
2017	8,433,828	8,025,510	95%	8,433,828	8,025,510	95%	1.068
2018	8,382,149	7,035,920	84%	8,382,149	7,035,920	84%	1.022
2019	8,206,488	8,329,232	101%	8,206,488	8,329,232	101%	0.978
2020	7,928,015	8,940,228	113%	7,928,015	8,940,228	113%	0.936
2021	7,639,152	9,369,678	123%	8,150,142	9,403,118	115%	0.896
2022	7,340,333	9,640,014	131%	10,555,154	9,855,666	93%	0.858
2023	7,032,590	9,820,424	140%	11,310,377	10,112,803	89%	0.821
2024	6,716,858	10,047,187	150%	10,801,580	10,334,102	96%	0.785
2025	6,394,230	10,345,067	162%	10,281,723	10,628,972	103%	0.752
2026	6,066,082	10,624,456	175%	9,753,032	10,905,190	112%	0.719
2027	5,733,604	10,802,382	188%	9,217,428	11,077,487	120%	0.688
2028	5,398,537	10,916,020	202%	8,677,696	11,183,985	129%	0.659
2029	5,062,314	11,089,803	219%	8,136,135	11,352,229	140%	0.631
2030	4,726,750	11,333,019	240%	7,595,682	11,591,675	153%	0.603
2031	4,393,626	11,558,656	263%	7,059,196	11,813,208	167%	0.578
2032	4,064,915	11,686,781	288%	6,529,875	11,935,171	183%	0.553
2033	3,742,780	11,714,970	313%	6,011,186	11,955,257	199%	0.529
2034	3,429,275	11,643,846	340%	5,506,430	11,874,335	216%	0.506
2035	3,126,279	11,475,250	367%	5,018,656	11,694,457	233%	0.484
2036	2,835,475	11,217,139	396%	4,550,579	11,423,886	251%	0.464
2037	2,558,327	10,879,066	425%	4,104,552	11,072,472	270%	0.444
2038	2,296,066	10,474,115	456%	3,682,535	10,653,627	289%	0.425
2039	2,049,953	10,010,336	488%	3,286,589	10,175,677	310%	0.406
2040	1,820,708	9,494,696	521%	2,917,878	9,645,814	331%	0.389
2041	1,608,929	8,936,372	555%	2,577,379	9,073,448	352%	0.372
2042	1,414,505	8,346,523	590%	2,264,886	8,469,877	374%	0.356
2043	1,237,050	7,739,984	626%	1,979,760	7,850,109	397%	0.341
2044	1,076,275	7,128,302	662%	1,721,533	7,225,840	420%	0.326
2045	931,532	6,521,897	700%	1,489,174	6,607,638	444%	0.312
2046	802,203	5,931,064	739%	1,281,685	6,005,915	469%	0.299
2047	687,280	5,363,601	780%	1,097,422	5,428,498	495%	0.286
2048	585,800	4,826,366	824%	934,813	4,882,249	522%	0.274
2049	496,867	4,325,491	871%	792,385	4,373,306	552%	0.262
2050	419,478	3,865,308	921%	668,522	3,905,995	584%	0.251
2051	352,524	3,449,008	978%	561,437	3,483,467	620%	0.240
2052	294,912	3,075,849	1043%	469,361	3,104,910	662%	0.230
2053	245,660	2,734,381	1113%	390,697	2,758,747	706%	0.220
2054	203,857	2,386,813	1171%	323,977	2,406,945	743%	0.210
2055	168,508	2,030,588	1205%	267,607	2,046,886	765%	0.201
2056	138,706	1,700,391	1226%	220,121	1,713,409	778%	0.193
2057	113,695	1,415,715	1245%	180,302	1,426,040	791%	0.184
2058	92,773	1,171,459	1263%	147,023	1,179,586	802%	0.176
2059	75,320	962,746	1278%	119,286	969,093	812%	0.169
2060	60,803	785,087	1291%	96,235	790,000	821%	0.162
2061	48,775	634,884	1302%	77,155	638,654	828%	0.155
2062	38,851	508,780	1310%	61,421	511,644	833%	0.148
2063	30,691	403,594	1315%	48,499	405,749	837%	0.142
2064	24,010	316,423	1318%	37,923	318,025	839%	0.136
2065	18,580	244,982	1319%	29,336	246,157	839%	0.130
2066	14,203	187,081	1317%	22,418	187,932	838%	0.124
2067	10,720	140,865	1314%	16,915	141,473	836%	0.119
2068	7,979	104,499	1310%	12,586	104,927	834%	0.114
2069	5,848	76,305	1305%	9,223	76,602	831%	0.109
2070	4,211	54,762	1300%	6,639	54,964	828%	0.104
2071	2,973	38,578	1298%	4,685	38,714	826%	0.100
2072	2,058	26,680	1297%	3,241	26,769	826%	0.095
2073	1,394	18,104	1298%	2,195	18,162	827%	0.091
AV Past	173,146,542	66,064,749	38%	173,146,542	66,064,749	38%	
PV Future	80,732,766	170,571,613	211%	115,570,060	173,680,356	150%	
Lifetime	253,879,308	236,636,361	93%	288,716,601	239,745,105	83%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Pre Rate Stability)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed Rate Increase			4.49%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.686
1997	-	-	0%	-	-	0%	2.571
1998	-	-	0%	-	-	0%	2.461
1999	-	-	0%	-	-	0%	2.355
2000	-	-	0%	-	-	0%	2.254
2001	-	-	0%	-	-	0%	2.157
2002	-	-	0%	-	-	0%	2.064
2003	476,686	915	0%	476,686	915	0%	1.975
2004	2,270,730	5,067	0%	2,270,730	5,067	0%	1.891
2005	3,859,871	23,792	1%	3,859,871	23,792	1%	1.809
2006	4,273,634	394,524	9%	4,273,634	394,524	9%	1.732
2007	4,060,433	224,232	6%	4,060,433	224,232	6%	1.657
2008	4,000,360	285,951	7%	4,000,360	285,951	7%	1.586
2009	3,981,258	2,377,676	60%	3,981,258	2,377,676	60%	1.518
2010	3,720,293	2,552,466	69%	3,720,293	2,552,466	69%	1.453
2011	3,972,419	1,778,042	45%	3,972,419	1,778,042	45%	1.390
2012	4,888,594	1,577,379	32%	4,888,594	1,577,379	32%	1.330
2013	4,883,581	3,566,284	73%	4,883,581	3,566,284	73%	1.273
2014	4,666,499	2,869,309	61%	4,666,499	2,869,309	61%	1.219
2015	4,227,863	3,344,288	79%	4,227,863	3,344,288	79%	1.166
2016	4,283,104	3,836,427	90%	4,283,104	3,836,427	90%	1.116
2017	4,202,686	5,150,110	123%	4,202,686	5,150,110	123%	1.068
2018	4,159,018	3,522,846	85%	4,159,018	3,522,846	85%	1.022
2019	4,071,729	4,256,289	105%	4,071,729	4,256,289	105%	0.978
2020	3,928,773	4,553,197	116%	3,928,773	4,553,197	116%	0.936
2021	3,780,816	4,760,675	126%	4,074,774	4,780,170	117%	0.896
2022	3,628,174	4,889,470	135%	5,496,177	5,016,129	91%	0.858
2023	3,471,394	4,977,050	143%	5,966,358	5,149,235	86%	0.821
2024	3,310,904	5,099,272	154%	5,690,520	5,268,364	93%	0.785
2025	3,147,155	5,248,597	167%	5,409,082	5,415,817	100%	0.752
2026	2,980,876	5,381,340	181%	5,123,294	5,546,438	108%	0.719
2027	2,812,698	5,463,091	194%	4,834,243	5,624,647	116%	0.688
2028	2,643,401	5,516,048	209%	4,543,269	5,673,292	125%	0.659
2029	2,473,684	5,606,841	227%	4,251,572	5,760,938	136%	0.631
2030	2,304,502	5,725,540	248%	3,960,795	5,877,345	148%	0.603
2031	2,136,719	5,827,884	273%	3,672,424	5,977,032	163%	0.578
2032	1,971,432	5,880,531	298%	3,388,341	6,025,817	178%	0.553
2033	1,809,644	5,881,030	325%	3,110,273	6,021,301	194%	0.529
2034	1,652,366	5,829,984	353%	2,839,955	5,964,252	210%	0.506
2035	1,500,639	5,728,852	382%	2,579,179	5,856,271	227%	0.484
2036	1,355,339	5,580,091	412%	2,329,450	5,699,961	245%	0.464
2037	1,217,182	5,387,520	443%	2,091,996	5,499,294	263%	0.444
2038	1,086,681	5,158,124	475%	1,867,701	5,261,463	282%	0.425
2039	964,613	4,897,207	508%	1,657,901	4,991,948	301%	0.406
2040	851,360	4,609,266	541%	1,463,251	4,695,392	321%	0.389
2041	747,285	4,302,127	576%	1,284,375	4,379,792	341%	0.372
2042	652,210	3,981,551	610%	1,120,966	4,050,991	361%	0.356
2043	565,862	3,654,637	646%	972,558	3,716,188	382%	0.341
2044	488,080	3,328,898	682%	838,873	3,383,005	403%	0.326
2045	418,596	3,010,730	719%	719,450	3,057,929	425%	0.312
2046	357,086	2,705,265	758%	613,731	2,746,150	447%	0.299
2047	302,951	2,416,001	797%	520,688	2,451,171	471%	0.286
2048	255,607	2,144,511	839%	439,317	2,174,541	495%	0.274
2049	214,463	1,892,867	883%	368,602	1,918,321	520%	0.262
2050	179,017	1,663,903	929%	307,680	1,685,348	548%	0.251
2051	148,699	1,459,187	981%	255,572	1,477,164	578%	0.240
2052	122,921	1,277,527	1039%	211,266	1,292,528	612%	0.230
2053	101,117	1,110,972	1099%	173,792	1,123,397	646%	0.220
2054	82,829	945,975	1142%	142,361	956,102	672%	0.210
2055	67,579	787,368	1165%	116,150	795,462	685%	0.201
2056	54,906	648,069	1180%	94,367	654,469	694%	0.193
2057	44,420	530,280	1194%	76,346	535,302	701%	0.184
2058	35,788	431,375	1205%	61,509	435,286	708%	0.176
2059	28,697	348,633	1215%	49,322	351,654	713%	0.169
2060	22,894	279,814	1222%	39,348	282,126	717%	0.162
2061	18,163	222,969	1228%	31,217	224,722	720%	0.155
2062	14,312	176,271	1232%	24,598	177,587	722%	0.148
2063	11,198	138,312	1235%	19,247	139,290	724%	0.142
2064	8,684	107,537	1238%	14,925	108,255	725%	0.136
2065	6,667	82,797	1242%	11,458	83,318	727%	0.130
2066	5,061	63,088	1246%	8,699	63,460	730%	0.124
2067	3,796	47,549	1253%	6,525	47,812	733%	0.119
2068	2,810	35,439	1261%	4,830	35,621	738%	0.114
2069	2,047	26,058	1273%	3,518	26,183	744%	0.109
2070	1,462	18,849	1290%	2,512	18,933	754%	0.104
2071	1,024	13,414	1310%	1,760	13,470	765%	0.100
2072	702	9,379	1335%	1,207	9,415	780%	0.095
2073	471	6,430	1365%	810	6,453	797%	0.091
AV Past	86,519,010	38,770,034	45%	86,519,010	38,770,034	45%	
PV Future	39,464,386	84,650,948	214%	59,516,106	86,459,025	145%	
Lifetime	125,983,396	123,420,983	98%	146,035,116	125,229,060	86%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Post Rate Stability)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed Rate Increase			4.49%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.686
1997	-	-	0%	-	-	0%	2.571
1998	-	-	0%	-	-	0%	2.461
1999	-	-	0%	-	-	0%	2.355
2000	-	-	0%	-	-	0%	2.254
2001	-	-	0%	-	-	0%	2.157
2002	-	-	0%	-	-	0%	2.064
2003	289,016	691	0%	289,016	691	0%	1.975
2004	1,881,394	4,273	0%	1,881,394	4,273	0%	1.891
2005	3,754,878	460,758	12%	3,754,878	460,758	12%	1.809
2006	4,502,359	574,570	13%	4,502,359	574,570	13%	1.732
2007	4,257,738	339,893	8%	4,257,738	339,893	8%	1.657
2008	4,176,263	757,276	18%	4,176,263	757,276	18%	1.586
2009	4,157,811	1,176,986	28%	4,157,811	1,176,986	28%	1.518
2010	3,941,231	354,951	9%	3,941,231	354,951	9%	1.453
2011	4,060,768	686,957	17%	4,060,768	686,957	17%	1.390
2012	4,686,522	1,472,895	31%	4,686,522	1,472,895	31%	1.330
2013	4,736,022	2,920,101	62%	4,736,022	2,920,101	62%	1.273
2014	4,616,612	1,451,257	31%	4,616,612	1,451,257	31%	1.219
2015	4,372,291	1,579,629	36%	4,372,291	1,579,629	36%	1.166
2016	4,233,567	4,018,757	95%	4,233,567	4,018,757	95%	1.116
2017	4,231,142	2,875,400	68%	4,231,142	2,875,400	68%	1.068
2018	4,223,131	3,513,074	83%	4,223,131	3,513,074	83%	1.022
2019	4,134,759	4,072,943	99%	4,134,759	4,072,943	99%	0.978
2020	3,999,242	4,387,031	110%	3,999,242	4,387,031	110%	0.936
2021	3,858,337	4,609,002	119%	4,075,368	4,622,948	113%	0.896
2022	3,712,159	4,750,544	128%	5,058,977	4,839,537	96%	0.858
2023	3,561,196	4,843,374	136%	5,344,019	4,963,568	93%	0.821
2024	3,405,954	4,947,915	145%	5,111,060	5,065,738	99%	0.785
2025	3,247,075	5,096,470	157%	4,872,641	5,213,155	107%	0.752
2026	3,085,207	5,243,115	170%	4,629,738	5,358,752	116%	0.719
2027	2,920,906	5,339,291	183%	4,383,185	5,452,840	124%	0.688
2028	2,755,136	5,399,972	196%	4,134,426	5,510,693	133%	0.659
2029	2,588,630	5,482,963	212%	3,884,563	5,591,291	144%	0.631
2030	2,422,248	5,607,478	231%	3,634,886	5,714,330	157%	0.603
2031	2,256,908	5,730,772	254%	3,386,772	5,836,176	172%	0.578
2032	2,093,483	5,806,250	277%	3,141,533	5,909,353	188%	0.553
2033	1,933,136	5,833,940	302%	2,900,913	5,933,955	205%	0.529
2034	1,776,909	5,813,862	327%	2,666,474	5,910,083	222%	0.506
2035	1,625,641	5,746,399	353%	2,439,477	5,838,185	239%	0.484
2036	1,480,136	5,637,048	381%	2,221,129	5,723,925	258%	0.464
2037	1,341,145	5,491,546	409%	2,012,556	5,573,178	277%	0.444
2038	1,209,385	5,315,991	440%	1,814,834	5,392,164	297%	0.425
2039	1,085,340	5,113,129	471%	1,628,688	5,183,728	318%	0.406
2040	969,347	4,885,430	504%	1,454,627	4,950,422	340%	0.389
2041	861,644	4,634,244	538%	1,293,004	4,693,656	363%	0.372
2042	762,296	4,364,972	573%	1,143,920	4,418,886	386%	0.356
2043	671,188	4,085,348	609%	1,007,202	4,133,921	410%	0.341
2044	588,195	3,799,404	646%	882,660	3,842,835	435%	0.326
2045	512,935	3,511,167	685%	769,724	3,549,709	461%	0.312
2046	445,117	3,225,799	725%	667,954	3,259,765	488%	0.299
2047	384,329	2,947,599	767%	576,733	2,977,327	516%	0.286
2048	330,194	2,681,855	812%	495,497	2,707,709	546%	0.274
2049	282,405	2,432,625	861%	423,783	2,454,985	579%	0.262
2050	240,462	2,201,405	915%	360,843	2,220,648	615%	0.251
2051	203,825	1,989,821	976%	305,865	2,006,303	656%	0.240
2052	171,991	1,798,322	1046%	258,095	1,812,381	702%	0.230
2053	144,543	1,623,408	1123%	216,905	1,635,350	754%	0.220
2054	121,027	1,440,837	1191%	181,616	1,450,844	799%	0.210
2055	100,929	1,243,220	1232%	151,457	1,251,424	826%	0.201
2056	83,801	1,052,323	1256%	125,753	1,058,941	842%	0.193
2057	69,275	885,436	1278%	103,955	890,738	857%	0.184
2058	56,985	740,084	1299%	85,514	744,300	870%	0.176
2059	46,623	614,113	1317%	69,964	617,439	883%	0.169
2060	37,909	505,272	1333%	56,887	507,874	893%	0.162
2061	30,612	411,915	1346%	45,938	413,932	901%	0.155
2062	24,539	332,508	1355%	36,823	334,057	907%	0.148
2063	19,493	265,281	1361%	29,252	266,459	911%	0.142
2064	15,326	208,887	1363%	22,998	209,770	912%	0.136
2065	11,914	162,184	1361%	17,878	162,840	911%	0.130
2066	9,142	123,993	1356%	13,719	124,472	907%	0.124
2067	6,924	93,315	1348%	10,390	93,661	901%	0.119
2068	5,169	69,061	1336%	7,756	69,306	894%	0.114
2069	3,802	50,247	1322%	5,705	50,420	884%	0.109
2070	2,750	35,913	1306%	4,126	36,032	873%	0.104
2071	1,949	25,164	1291%	2,925	25,244	863%	0.100
2072	1,355	17,301	1277%	2,034	17,354	853%	0.095
2073	923	11,674	1265%	1,385	11,709	845%	0.091
AV Past	86,627,532	27,294,714	32%	86,627,532	27,294,714	32%	
PV Future	41,268,380	85,920,664	208%	56,053,954	87,221,331	156%	
Lifetime	127,895,912	113,215,379	89%	142,681,486	114,516,045	80%	

Exhibit IIa
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Pre Rate Stability)
Virginia Rate Level
Data as of December 31, 2018
58/85 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	86,519,010
(2)	Accumulated Past Premiums on Original Rate Basis:	72,868,721
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	13,650,288
(4)	PV Future Total Premiums Including Rate Increases:	59,516,106
(5)	PV Future Premiums on Original Rate Basis:	27,976,724
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	31,539,382
(7)	Accumulated Past Incurred Claims	38,770,034
(8)	PV Future Incurred Claims	86,459,025
(9)	Total Incurred Claims: (7) + (8)	125,229,060
(10)	0.58 x [(2) + (5)] + 0.85 x [(3) + (6)] =	96,901,578
(11)	Test: Is (9) >= (10)?	True

Exhibit IIa
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Post Rate Stability)
Virginia Rate Level
Data as of December 31, 2018
60/80 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	86,627,532
(2)	Accumulated Past Premiums on Original Rate Basis:	73,031,602
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	13,595,930
(4)	PV Future Total Premiums Including Rate Increases:	56,053,954
(5)	PV Future Premiums on Original Rate Basis:	29,255,594
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	26,798,359
(7)	Accumulated Past Incurred Claims	27,294,714
(8)	PV Future Incurred Claims	87,221,331
(9)	Total Incurred Claims: (7) + (8)	114,516,045
(10)	0.60 x [(2) + (5)] + 0.80 x [(3) + (6)] =	93,687,749
(11)	Test: Is (9) >= (10)?	True

PRIVATE AND CONFIDENTIAL

December 21, 2019

To whom it may concern:

LTCG was requested by Southern Farm Bureau ("SFB", "You") to perform an experience analysis on a block of long-term care policies. The following memo describes in detail the process used to develop the total lives morbidity assumptions for the SFB business. Incidence, claim termination, and utilization rates were initially based on the SOA 2000-2011 Long Term Care Intercompany Experience Study ("SOA Study"). Each morbidity component was then tested against historical experience from inception through December 31, 2017 to develop adjustment factors that best reflect SFB data. A description of the methodology and assumptions is outlined in this report.

Background

The SFB policies being studied were issued in calendar years 1996 through 2006, with a total of 25,320 policies issued and 15,077 remaining active as of December 31, 2017. The average policy duration as of 2017 is 15.9, with an average attained age of 72.7.

Total Lives Approach

We developed incidence using exposures of total lives in-force, regardless of claim status. The assumptions described herein would only be appropriate for use in a projection method utilizing a total lives in-force approach in which policies are assumed to be in-force and paying scheduled premiums until policy termination. We note that the usage of this approach to claim cost and policy termination rate assumption development and application in the projection model requires the following:

1. Inclusion of a waiver of premium component of the claim reserve as of the projection date.

2. Inclusion of a waiver of premium component of future claim costs.

3. Inclusion of all policies (active and disabled) in the in-force population until policy termination.

I. Incidence

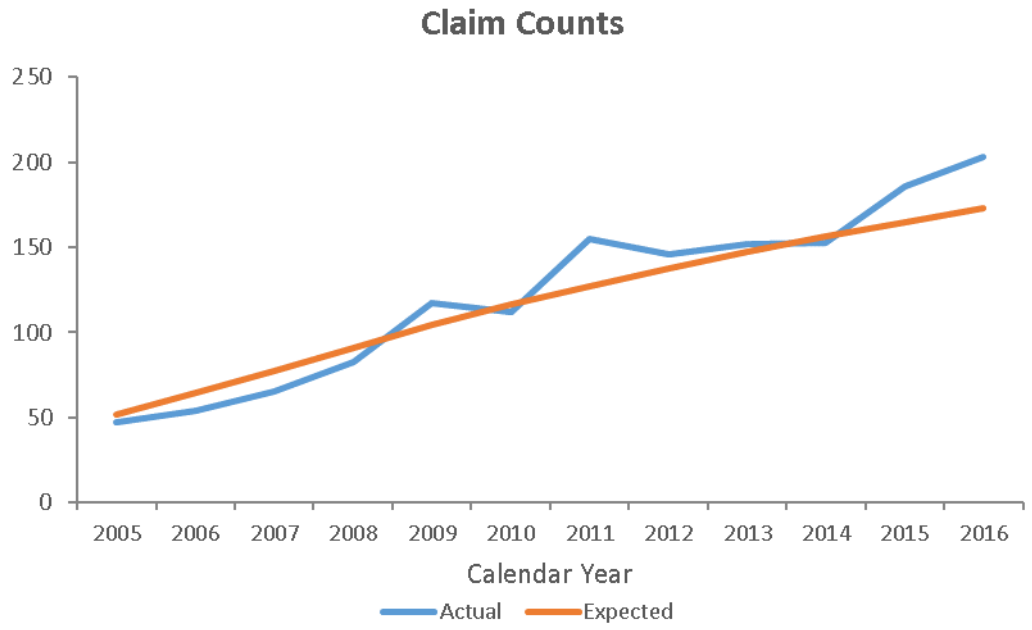
We developed the incidence assumption using the following steps:

1. Apply the SOA Study incidence assumptions to all actual historical exposures to develop expected incidence. The exposure years used totaled more than 200,000.

2. Calculate actual-to-expected incidence ratios by policy duration.

3. Apply final incidence assumptions to policyholder exposure to derive model claim counts to test fit to actual claim experience by calendar year.

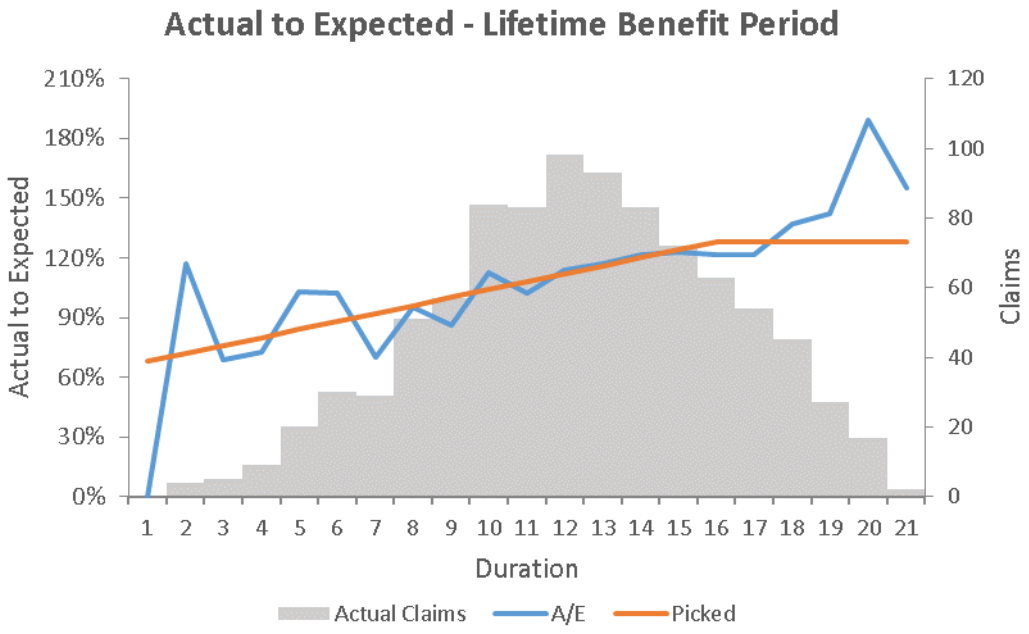
The first step in developing the expected incidence assumption was to apply the claim incidence rate assumptions from the SOA Study to the total lives exposure. The following graphs show, the initial fit of the SOA Study to SFB's actual claim count experience:

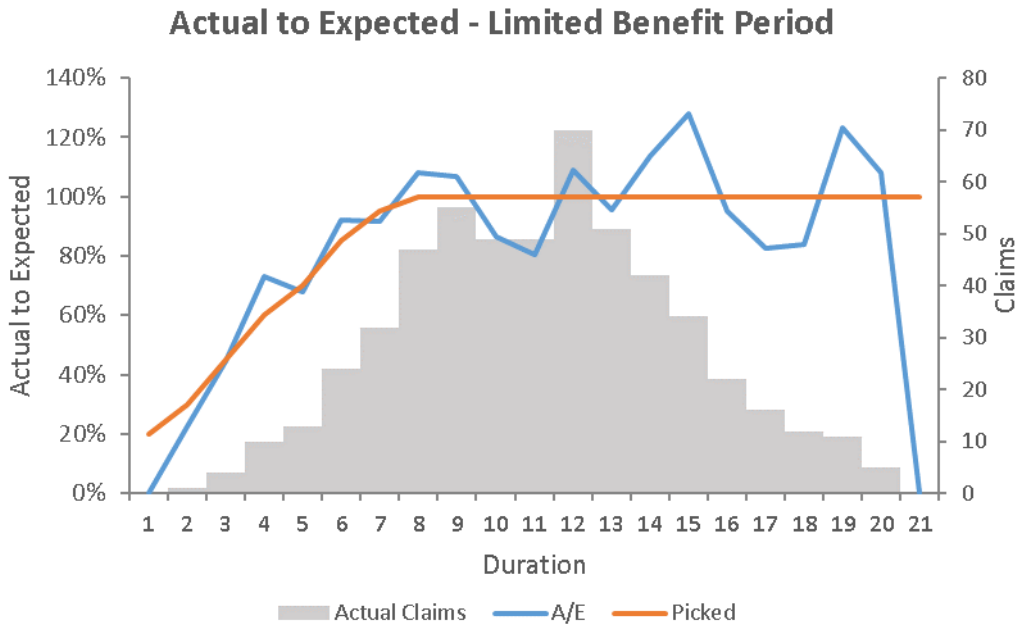


Durational Actual-to-Expected Incidence Ratios

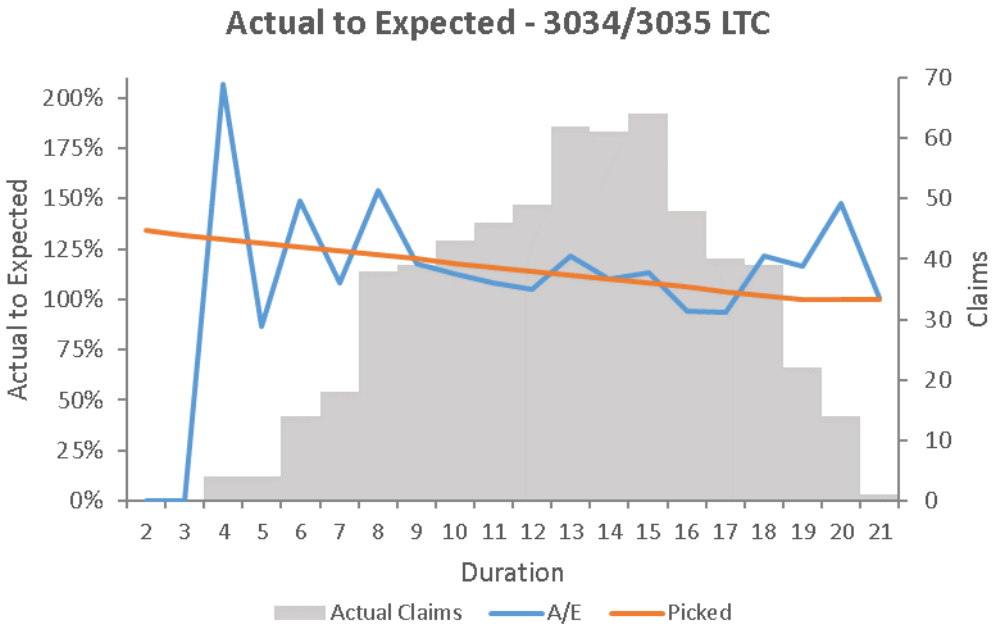
We developed actual-to-expected ("AtoE") ratios by comparing the Company's actual historical claim incidence experience to expected incidence using the adjusted ultimate claim incidence rates as described above. We applied these expected incidence rates to the Company's seriatim exposures from inception. We then developed actual-to-expected ratios by comparing actual historical claim incidence by Coverage Series, Benefit Period and Preferred Discount. We note that we checked the correlations from the following characteristics: Marital status at issue, Gender, Inflation option, Elimination period and Attained age; however, the three characteristics chosen were the only characteristics for which we deemed it appropriate to make an adjustment. Each assumption that is applied is cumulative. We note that the factors applied in the durations for which there is no experience are extrapolated from those durations for which there is experience. The following graphs show the actual and modeled AtoE.

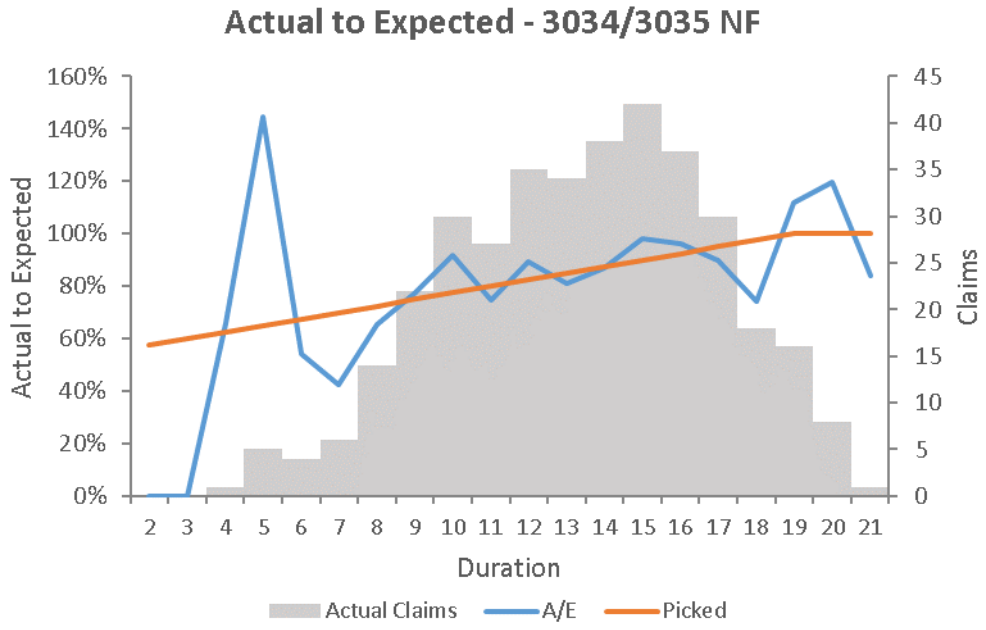
Benefit Period:

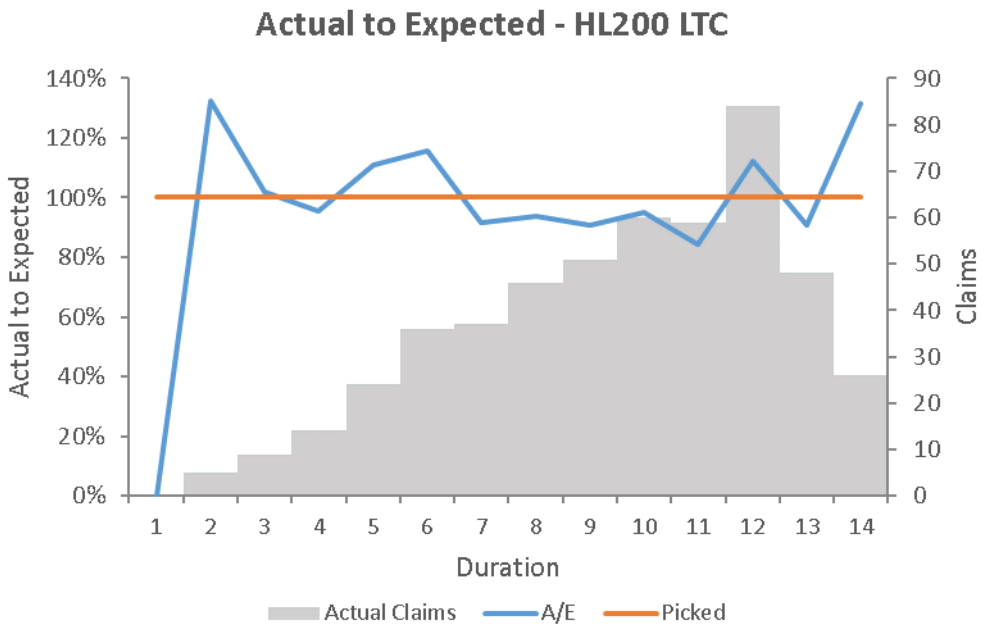




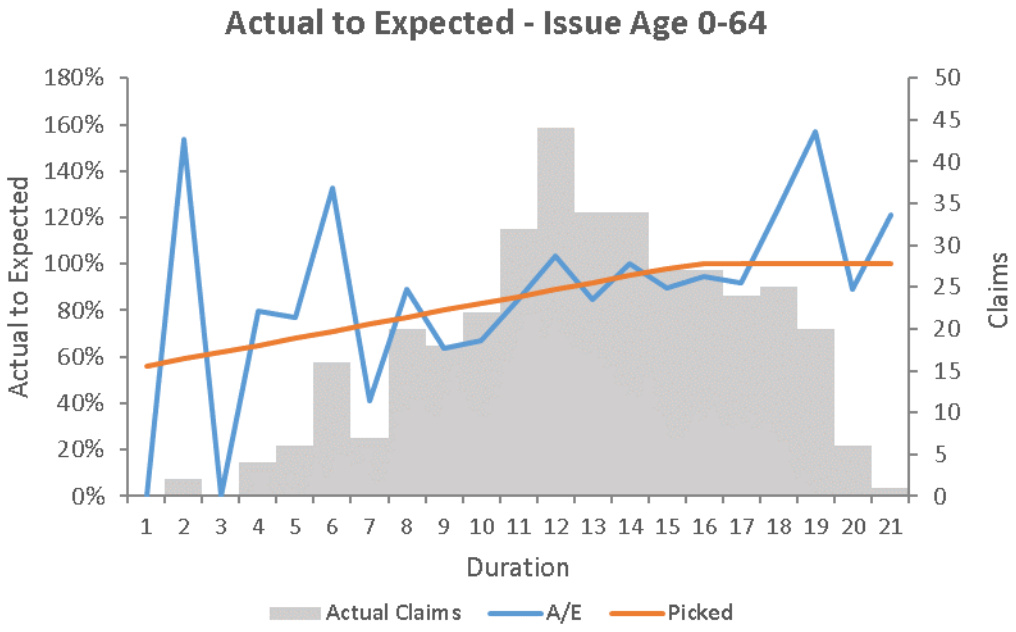
Form Series and Coverage:

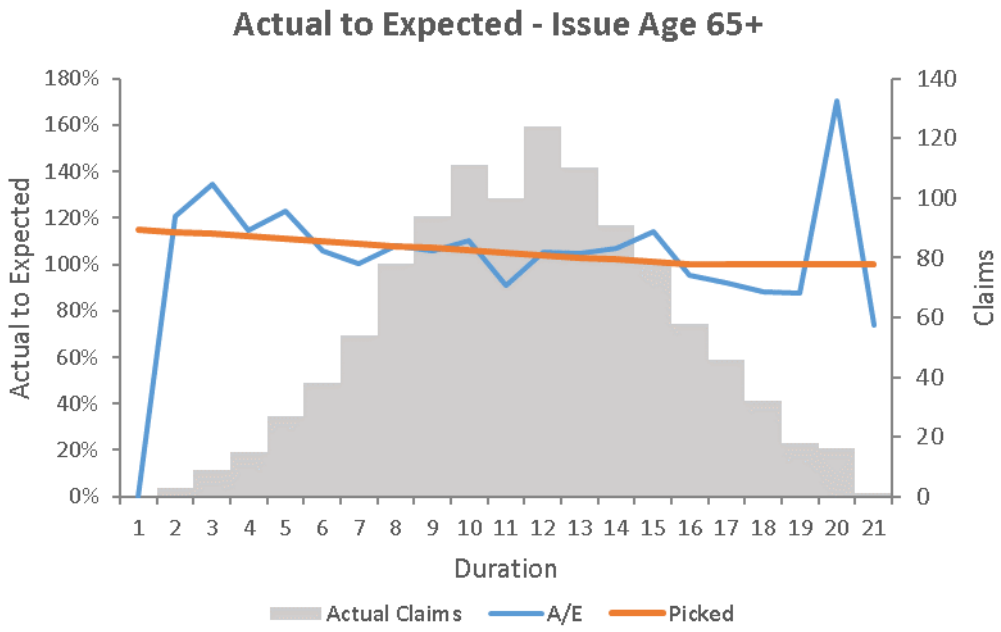





Actual to Expected - HL200 LTC
Actual to Expected
140%
120%
100%
80%
60%
40%
20%
0%
Claims
90
80
70
60
50
40
30
20
10
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14
Duration
Actual Claims
A/E
Picked

Issue Age:

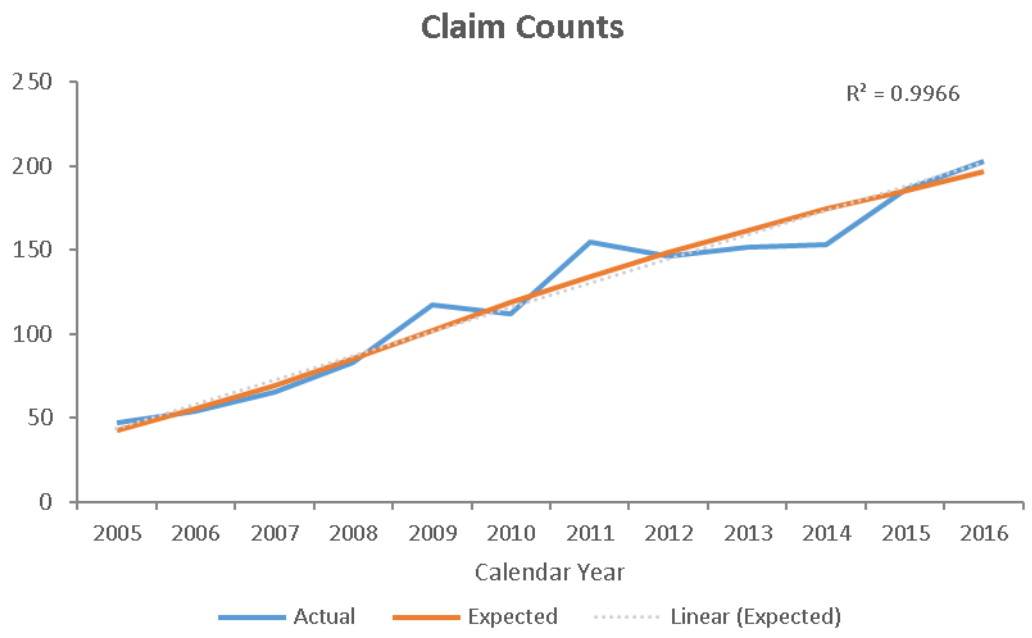

Actual to Expected - Issue Age 0-64
Actual to Expected
180%
160%
140%
120%
100%
80%
60%
40%
20%
0%
Claims
50
45
40
35
30
25
20
15
10
5
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
Duration
Actual Claims
A/E
Picked



In an effort to assure that the order usedin the application of the adjustments noted did not serve to cause any of the prior adjustment to be misaligned, we checked the resulting implied claim counts with the adjustments applied to the actual claim counts. We did not observe any material misalignment.

Incidence Rate Back-testing

The final step in the incidence assumption validation process is to back-test the incidence assumptions, with all durational AtoE's applied, using actual policy exposures, against the actual claims experience by various metrics. The following graph demonstrates that the expected assumptions fit well against the actual claims experience.



We note that using a credibility standard of 1,082 claims and 1,702 claims to date, this block is 100% credible. We also note that we used the SOA analysis as the basis for the underlying assumptions, which we believe to be fully credible.

II. Claim Termination Rates

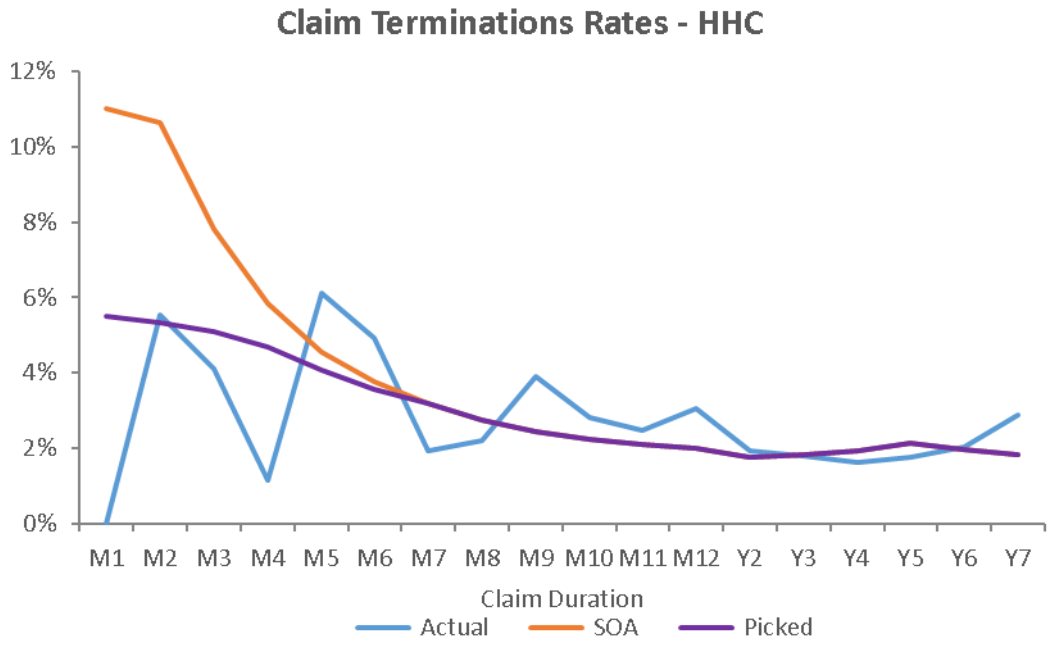
We developed the claim termination assumption using the following steps:

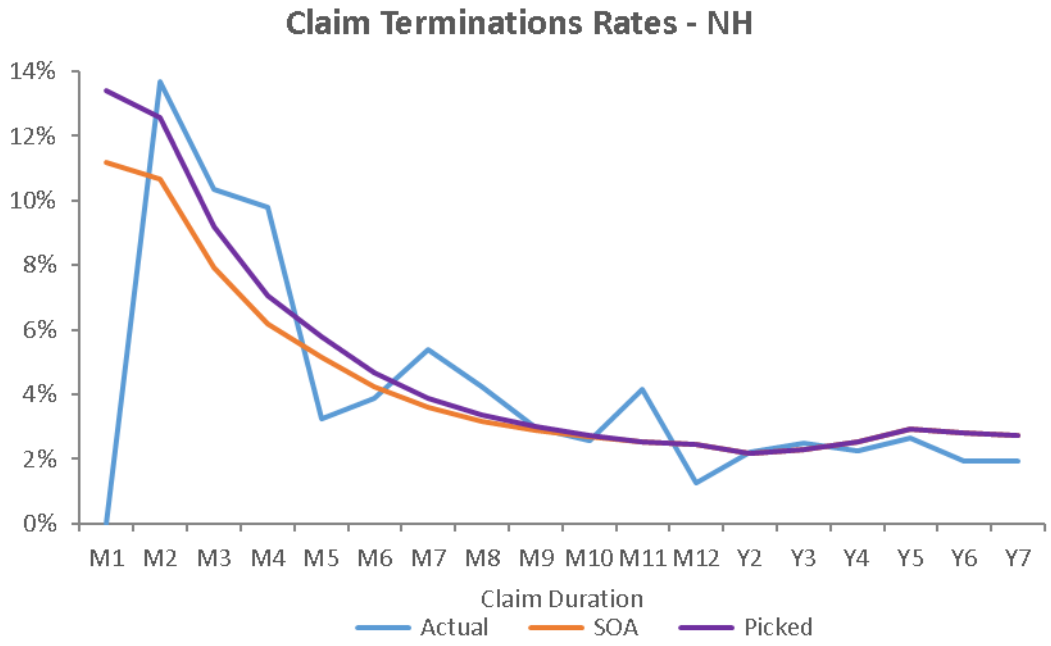
1. Compare actual monthly claim termination rates on all claims incurred since 2005 to those implied by applying the SOA Study claim termination assumptions

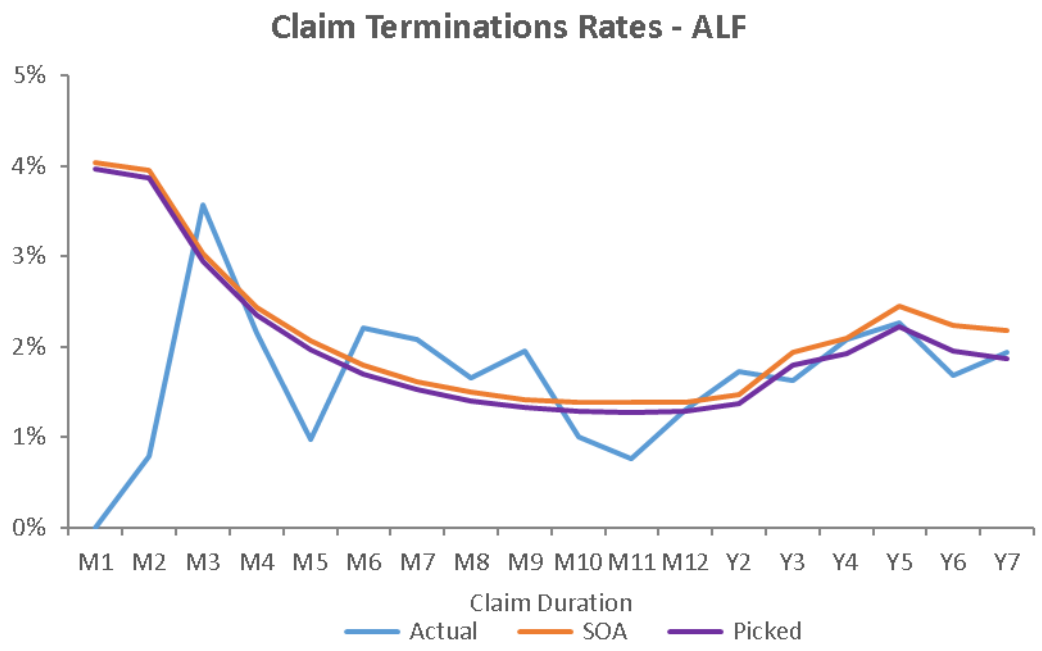
2. Develop claim termination rate adjustment factors by claim duration to better fit actual experience.

3. Test claim termination assumption by back-testing actual incurred claims against expected claim costs (see Claim Cost Back-testing section of this memorandum).

The first step in developing the expected claim termination assumption was to apply the claim termination rate assumptions from the SOA Study to the historical claims noted above. Beginning from the date of claim incurral, we applied the SOA assumptions to calculate an expected termination rate for each claim month. We then compared the resulting expected terminations to actual terminations to develop adjustment factors by claim duration. The graphs below show actual, SOA and picked termination rates where the picked termination rates contain all chosen adjustment factors:


Claim Terminations Rates - HHC
12%
10%
8%
6%
4%
2%
0%
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 Y2 Y3 Y4 Y5 Y6 Y7
Claim Duration
Actual
SOA
Picked


Claim Terminations Rates - NH
14%
12%
10%
8%
6%
4%
2%
0%
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 Y2 Y3 Y4 Y5 Y6 Y7
Claim Duration
Actual
SOA
Picked



We note that we examined the following characteristics to ensure a reasonable fit to actual experience: Benefit Period, Gender, Marital Status, Diagnosis and Initial Site of Care. We deemed the following additional adjustments merited:

ALF Claim Termination Adjustment Factors								
Gender	Female	Female	Female	Female	Male	Male	Male	Male
Benefit Period	Unlimited	Unlimited	Limited	Limited	Unlimited	Unlimited	Limited	Limited
Inflation	Yes	No	Yes	No	Yes	No	Yes	No
Claim Month								
1	1.00	0.95	1.00	1.00	1.00	1.00	1.00	1.00
2	0.98	0.94	1.00	1.00	0.98	1.00	1.00	1.00
3	0.96	0.93	1.00	1.00	0.96	1.00	1.00	1.00
4	0.94	0.92	1.00	1.00	0.94	1.00	1.00	1.00
5	0.92	0.91	1.00	1.00	0.92	1.00	1.00	1.00
6	0.90	0.90	1.00	1.00	0.90	1.00	1.00	1.00
7	0.88	0.89	1.00	1.00	0.88	1.00	1.00	1.00
8	0.86	0.88	1.00	1.00	0.86	1.00	1.00	1.00
9	0.84	0.87	1.00	1.00	0.84	1.00	1.00	1.00
10	0.82	0.86	1.00	1.00	0.82	1.00	1.00	1.00
11+	0.80	0.85	1.00	1.00	0.80	1.00	1.00	1.00

HHC and NH Claim Termination Adjustment Factors

Claim Month	HHC	NH
1	0.50	1.20
2	0.50	1.18
3	0.65	1.16
4	0.80	1.14
5	0.90	1.12
6	0.95	1.10
7	1.00	1.08
8	1.00	1.06
9	1.00	1.04
10	1.00	1.02
11+	1.00	1.00

III. Claim Utilization Rates

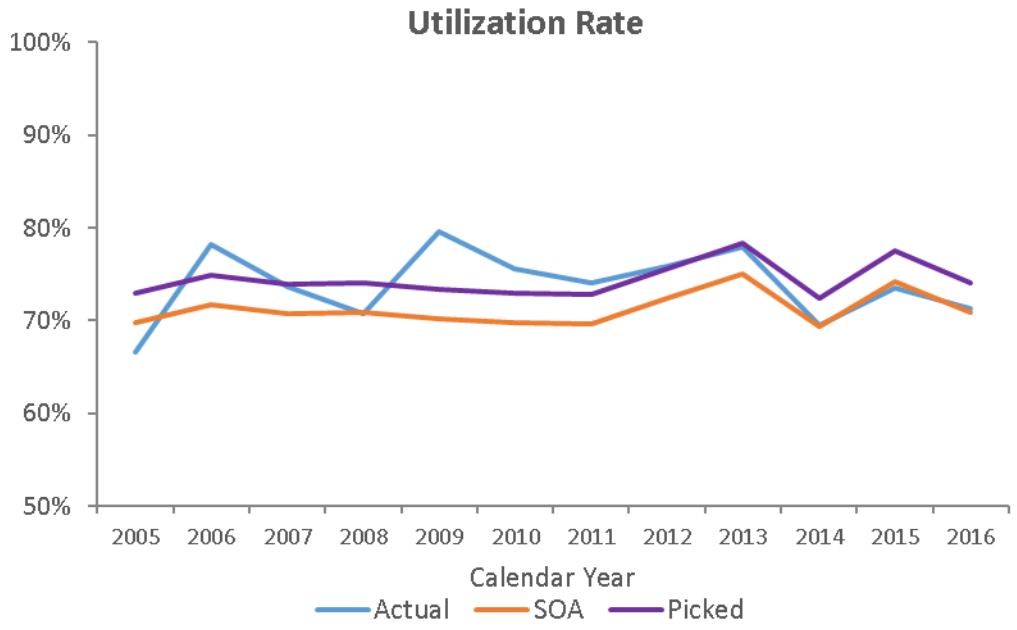
We developed the claim utilization assumption using the following steps:

1. Calculate the maximum benefit amount payable for all historical claims incurred in 2005 and later.

2. Apply SOA Study claim utilization assumptions to the maximum benefit amount payable to derive expected claim utilization.
   Compare the expected payment amount to the actual claim payment amount and derive adjustment factors that best replicate actual experience.
3. Test claim utilization assumption by back-testing actual claim utilization against expected with the adjustment noted above. The results are shown in the graph and subsequent table below.

LTCG

Exhibit IV



Calendar	HHC – Benefits Paid			NH – Benefits Paid			ALF – Benefits Paid		
Year	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
2005	1,357,864	1,932,909	70%	1,151,568	946,253	122%	1,111,677	914,556	122%
2006	1,115,799	1,206,417	92%	2,349,840	1,899,217	124%	2,128,458	2,018,670	105%
2007	2,234,677	2,409,787	93%	2,093,119	1,751,061	120%	2,440,152	2,343,474	104%
2008	2,107,527	2,271,223	93%	1,991,386	2,180,106	91%	2,923,138	2,585,843	113%
2009	2,891,397	2,584,919	112%	2,492,669	2,312,457	108%	3,207,623	2,679,516	120%
2010	2,594,937	2,496,216	104%	2,217,145	2,105,073	105%	3,073,798	2,680,202	115%
2011	2,654,051	2,793,113	95%	1,489,157	1,397,371	107%	3,896,470	3,366,754	116%
2012	1,919,572	2,039,669	94%	2,589,647	2,290,786	113%	2,699,306	2,541,206	106%
2013	818,804	892,094	92%	1,420,967	1,279,759	111%	2,046,086	1,952,889	105%
2014	1,373,771	1,426,119	96%	1,440,327	1,316,106	109%	1,591,349	1,668,655	95%
2015	690,041	833,092	83%	1,211,966	1,183,921	102%	714,315	627,238	114%
2016	176,005	221,427	79%	447,184	430,584	104%	254,461	223,510	114%
Total	19,934,445	21,106,985	94%	20,894,975	19,092,694	109%	26,086,833	23,602,513	111%

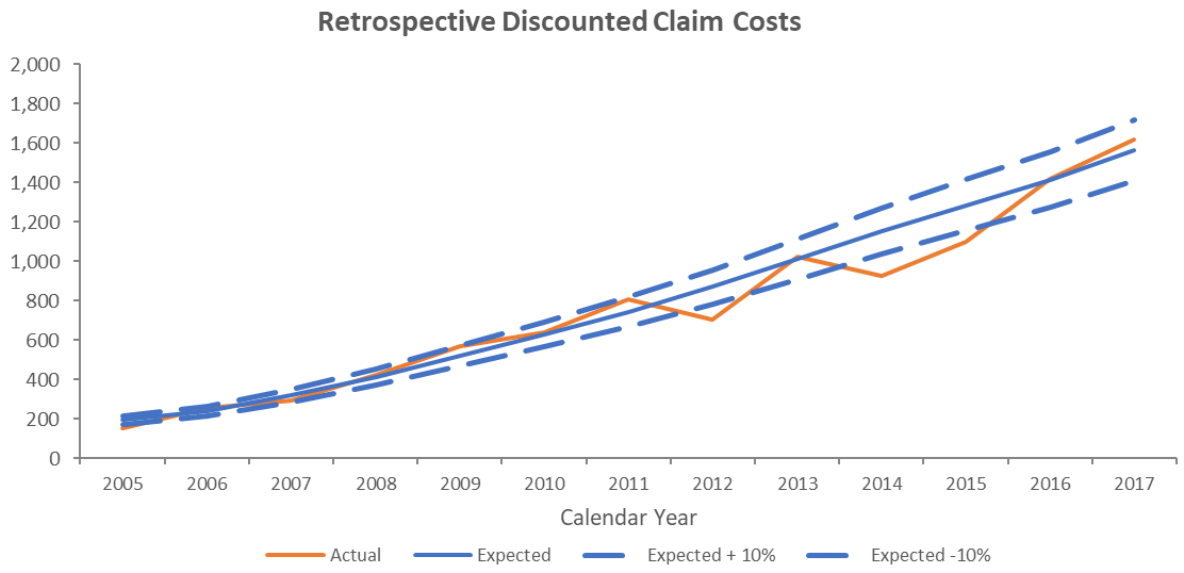
The table below shows the adjustments chosen by initial site of care:

Claim Utilization Adjustment Factor

Claim Type	Factor
HHC	0.94
NH	1.08
ALF	1.11

Claim Cost Back-testing

The final step in the development of the morbidity assumptions was to calculate the claim costs that result from using the assumptions described herein and back-test those claims against the actual incurred claims. The expected claim costs were calculated using a first principles approach of combining incidence, claim length of stay, utilization, inflated daily benefit (where applicable) and discount factors (assuming 3.5% discount rate). The following graph shows a good fit by calendar year with actual incurred claims:



LTCG

Exhibit IV

		Actual		Expected		
Year	Lives Exposed	Discounted Incurred Claims	Discounted Claim Cost	Discounted Incurred Claims	Discounted Claim Cost	Actual/Model Claim Cost
2005	20,052	3,118,731	156	3,889,678	194	80%
2006	21,463	5,513,519	257	5,130,763	239	107%
2007	20,440	6,000,366	294	6,531,458	320	92%
2008	19,752	8,416,758	426	8,164,660	413	103%
2009	19,192	10,963,736	571	9,970,267	519	110%
2010	18,623	11,883,205	638	11,732,496	630	101%
2011	17,862	14,378,825	805	13,313,716	745	108%
2012	17,320	12,216,676	705	15,083,093	871	81%
2013	16,864	17,231,805	1,022	17,044,635	1,011	101%
2014	16,439	15,273,966	929	18,970,715	1,154	81%
2015	16,022	17,585,548	1,098	20,594,137	1,285	85%
2016	15,610	22,126,345	1,417	22,093,846	1,415	100%
2017	14,622	23,661,276	1,618	22,879,897	1,565	103%

Peer Review

The development of the morbidity assumptions were subject to LTCG's peer review process. The scope of the review included but was not limited to:

- Collaborative discussions with SFB to ensure that the data preparation process was consistent with their expectations and understanding of the block.
- Results of the data preparation process were analyzed in detail by different parameters to ensure the data feed into the study was reasonable.
- Detailed technical review of all files related to the assumptions development which included review of: formulas, database queries, VBA macros, etc.
- High level benchmarking of results against experience of similar blocks of business observed in the LTC industry.
- High level analysis for reasonability using in depth knowledge of LTC experience as a guide.

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

Your Friends for Life.

Actuarial Certification

This actuarial certification is intended solely for rate filing purposes in the state of Virginia and may not be suitable for other uses.

I hereby certify, to the best of my knowledge and judgement, that aggregate reserves held will equal or exceed the minimum requirements of the State of Virginia.

Sarah Lee, FSA, MAAA
Director, Corporate Actuarial
Southern Farm Bureau Life Insurance Company

slee@sfbli.com
(601) 981-7422, ext. 1090

May 12, 2022

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

Company Name and NAIC Number: Southern Farm Bureau NAIC #68896

SERFF Tracking Number: SFBL-131934915

Revised Rates

Average Annual Premium Per Member: $1,894

Average Requested Percentage Rate Change Per Member: 73%

Range of Requested Rate Changes: 50-91%

Number of Virginia Policyholders Affected: 1,081

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
3034-VA 3035-VA 3034Q-VA	Long Term Care Policy Nursing Facility Only Policy 3034Q LTC policy	03/1996 - 11/1998 03/1996 - 11/1998 10/2000 - 06/2003	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
3035Q-VA HL200-VA 3038	Nursing Facility Only Policy LTC Policy Inflation Protection Rider - 20 Years	10/2000 - 06/2003 05/2003 - 05/2006 03/1996 - 06/2003	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
3039 3041 3044	Inflation Protection Rider - 20 Years Nonforfeiture Option Rider Nonforfeiture Option Rider	03/1996 - 06/2003 03/1996 - 11/1998 03/1996 - 11/1998	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
3060 3061 3083	Inflation Protection Rider - Unlimited Inflation Protection Rider - Unlimited Increase in Benefit Rider	03/1996 - 06/2003 03/1996 - 06/2003 11/1998 -	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
30341Q 3044Q HL501-VA	Nonforfeiture Protection Rider Nonforfeiture Option Rider Inflation Protection Rider	10/2000 - 06/2003 10/2000 - 06/2003 05/2003 - 05/2006	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
HL502-VA HL503 HL504	Nonforfeiture Protection Rider Return of Premium Rider Future Purchase Option Rider	05/2003 - 05/2006 05/2003 - 05/2006 05/2003 - 05/2006	35% - 01/26/2011 35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.
HL505-VA HL506-VA	Home Care Rider 20 Year Compound Inflation Protection Rider	05/2003 - 05/2006 05/2003 - 05/2006	35% - 01/26/2011 35% - 01/26/2011	If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.

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

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx.

The main driver for the revised rates is higher than expected persistency which is generating additional incurred claims.

SOUTHERN FARM BUREAU
LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

Your Friends for Life.

READABILITY COMPLIANCE CERTIFICATION

Form Number and Title: Form HL403 – Coverage Election Form

I hereby certify that the Flesch reading ease score of the above policy form is 50.1. It contains 60 sentences and 631 words. The type size of the text of the policy forms is 11 point type.

Form Number and Title:	Flesch Score:
Form HL403 – Coverage Election Form	50.1

Excepted Terms:
Name and Address of Company
Captions and Subcaptions
Defined Terms

Stan Dickens, FSA, MAAA
Sr. Vice President, Chief Actuary

June 3, 2019
Date

Statement of Variability for Form HL403 – Coverage Election Form

Variable item	Field Name	Description
Date	[Date]	This field will display the mail date of the letter.
Decision Date/Decision Due Date	[Decision_Date]	This field will display the date the Coverage Election form needs to be returned to elect one of the options by using the form. Other adjustments typically available to policyholders will still be available through our agents or Home Office after this date.
Effective Date	[Effective_Date]	The first policy billing date following the effective date of this increase in your state.
Company Phone Number	n/a	This field will display the Company telephone number. This will only change in event of a change in the telephone number of the company
Office Hours	n/a	This field will display the operating hours of the Company. This will only change in event of a change to current operating hours
Policyholder	[PHName]	Policyholder's Name
Policy Number	[PolicyNumber]	This item will reflect the unique 10 position alpha-numeric policy number
Irrevocable Date	[Irrevocable_Date]	This item will be 75 days after the mail date of the letter.
Policy Mode	[Mode]	This item will reflect the current mode of the policy
Policy Premium	[CurrPrem]	This item will reflect the current modal premium of the policy
New Premium	[NewPrem]	This item will reflect the modal premium of the policy after the rate increase
Option One Premium	[O1Prem]	This item will reflect the modal premium of the policy after the rate increase if the policyholder elects Option One
Option Two Premium	[O2Prem]	This item will reflect the modal premium of the policy after the rate increase if the policyholder elects Option Two. If no inflation rider exists on the policy, this field will read "N/A"
Policy Maximum Daily Benefit	[CurrDBA]	This item will reflect the current Maximum Daily Benefit of the policy
Option One Maximum Daily Benefit	[O1DBA]	This item will reflect what the new Maximum Daily Benefit of the policy would be if the policyholder selects Option One
Option Two Maximum Daily Benefit	[O2DBA]	This item will either reflect the current Maximum Daily Benefit of the policy (CurrDBA) or display "N/A" if the policy does not have an inflation protection rider
Policy Benefit Period	[CurrBP]	This item will reflect the current Benefit Period of the policy (options are 1500 x the Maximum Daily Benefit, 1 year, 3 years, 5 years or Unlimited)

Option One Benefit Period	[O1BP]	This item will reflect the new Benefit Period of the policy if the policyholder elects Option One (options are 1500 x the Maximum Daily Benefit, 1 year, 3 years, 5 years or Unlimited)
Option Two Benefit Period	[O2BP]	This item will either reflect the current Benefit Period of the policy (CurrBP) or display "N/A" if the policy does not have an inflation protection rider
Policy benefits inflate annually?	[Yes/No]	This will read "Yes" if the policy has an Inflation Protection Rider, and "No" if no Inflation Protection Rider is currently attached to the policy
Policy Lifetime Maximum Benefit	[CurrMLB]	This item will reflect the current Maximum Lifetime Benefit of the policy
Option One Lifetime Maximum Benefit	[O1MLB]	This item will reflect the Maximum Lifetime Benefit of the policy if the policyholder selects Option One
Option Two Lifetime Maximum Benefit	[O2MLB]	This item will reflect the Maximum Lifetime Benefit of the policy if the policyholder selects Option Two
Option Three Lifetime Maximum Benefit	[O3MLB]	This item will reflect the Maximum Lifetime Benefit of the policy if the policyholder selects Option Three
Company address	n/a	This item will change only in the event of a relocation of the company headquarters.
Fax Number	n/a	This item will change to display the appropriate fax number this form should be faxed to

Rate Review Requirements Checklist
For all Rate Filings for Forms Issued in the Individual and Small Group Markets, Hospital Confinement Indemnity, Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis, and Medicare Supplement

NOTE: This document is intended to assist carriers in preparing rate filings for individual and selected group accident and sickness insurance coverage for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are approximate. Please review the applicable Administrative Code for the full text of the regulation.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
General Filing Requirements				
Agent Commissions	§ 38.2-316.1	Describe agent commissions including any limitations or exceptions. (ACA Individual and Small Group Markets Only)		
Certification of Compliance	14VAC5-100-40 3	Certificate of Compliance signed by General Counsel or officer of the company, or attorney, or actuary representing company is required. This is not required if this is a rate only filing.		
Information about the filing	14VAC5-100-70	When submitting an Individual Accident and Sickness form, a company must file the applicable rates, rules and classification of risks with the Commission.		
Company Name and NAIC No.	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.		
Additional SERFF Filing Requirements	***14VAC5-100-40 and SERFF Filing Instructions***	***Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings.***		
General Information Filing Description		All submissions must provide a brief summary of the filing, including a statement describing whether the rate or rate manual is new or a revision of an existing rate or rate manual.	Actuarial Memo Section #1	
		Identification of SERFF or state tracking number for the previously approved rate or rate manual.		
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.		
REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE	FILER'S NOTES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
			EXHIBIT NAME OR NUMBER	
Rate Changes		(i) Include a statement regarding an increase, decrease, revision of former rates. (ii) Specify the percentage amount(s) of the change(s). (iii) Specify the number of affected policyholders. (iv) Specify the reason for the proposed change(s).	Actuarial Memo (i) Section #1 (ii) Section #1 (iii) Section #22 (iv) Section #1	
	14VAC5-130-50 B	Include an actuarial memorandum describing the basis on which rates were determined including a description of the calculation of the anticipated loss ratio.	Actuarial Memo Section #17	
Individual and Small Group Markets – Uniform Age Rating Curve	14VAC5-130- 50 E 1 Virginia Rate Template	Premium rates with respect to a particular plan or coverage may only vary by: (a) Whether the plan or coverage covers an individual or family; (b) The rating area; (c) Age, consistent with the Federal Default Standard Age Curve; (d) Tobacco use, except the rate must not vary more than 1.5 to 1. If included in a small group form, employees must be given the option to avoid the tobacco surcharge by participating in certain wellness programs.		
	14VAC5-130-50 E 2	A premium rate must not vary by any other factor not described in 14VAC5-130-50 E 1.		
	14VAC5-130-50 E 3	For family coverage, permitted rating variations must be applied based on the portion of premium attributable to each family member covered under the plan. With respect to family members under age 21, the premiums for no more than the three oldest covered children must be taken into account in determining the total family premium.		
	14VAC5-130-50 E 4	The premium charged must not be adjusted more frequently than annually except that the premium rate may be changed to reflect changes to: (i) Family composition of the member or; (ii) Coverage requested by the member.		
	14VAC5-130-50 E 5	Premium Rates for student health insurance coverage may be based on school-specific community rating and are exempt from subdivision 1 through 4 above.		
Accident and Sickness Insurance Rate Filing Requirements – Filing a	14VAC5-130-60 A	New rate submission must include: (i) Form number of applicable policy or certificate, application, and endorsements; (ii) Rate Sheet(s);		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
Rate for a New Policy Form		(iii) An actuarial memorandum; (iv) All information required in SERFF. Unified Rate Review Template shall also be filed for coverage issued in the individual or small group markets, *except for student health insurance coverage.*		
	14VAC5-130-60 B	**An Actuarial Memorandum that includes:**		
	14VAC5-130-60 B 1	A description of the type of policy or coverage, including benefits, renewability, general marketing method, and issue age limits.		
	14VAC5-130-60 B 2	A description of how rates were determined, including the general description and source of each assumption used.		
	14VAC5-130-60 B 3	The estimated average annual premium per policy and per member.		
	14VAC5-130-60 B 4	The anticipated loss ratio and a description of how it was calculated.		
	14VAC5-130-60 B 5	The minimum anticipated loss ratio presumed reasonable in accordance with 14VAC5-130-65.		
	14VAC5-130-60 B 6	If the anticipated loss ratio is less than the minimum anticipated loss ratio, include supporting documentation for the use of such premiums.		
	14VAC5-130-60 B 7	*For coverage issued in the Individual or Small Group Health Insurance Market:* A certification by a qualified actuary of the actuarial value of each plan of benefits included and the AV calculation summary.		
	14VAC5-130-60 B 8	A certification by a qualified actuary that, to the best of his or her knowledge and judgment, the rate filing is in compliance with the applicable laws and regulations of Virginia and the premiums are reasonable in relation to the benefits provided.		
Reasonableness of benefits in relation to initial premiums	14VAC5-130-65 A	Benefits are deemed reasonable in relation to premiums if the anticipated loss ratio of policy form, including riders and endorsements, is at least as great as specified in the table provided, taking into account the qualifications and adjustments in subdivisions 1 through 9 below. The below anticipated loss ratio standards do not apply to a class of business where such standards are in conflict with specific statutes or regulations.		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14VAC5-130-65 A 1	If the expected average annual premium is at least $200 but less than $1,000.		

Type of Coverage	Renewal Clause						
	OR	CR	GR	NC	Other		
Hospital Indemnity	60%	55%	55%	50%	60%		
Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis	60%	55%	50%	45%	60%		

	14VAC5-130-65 A 2	If the expected average annual premium is $100 or more but less than $200, subtract five percentage points from the numbers in the table.		
	14VAC5-130-65 A 3	If the expected average annual premium is less than $100, subtract 10 percentage points from the numbers in the table.		
	14VAC5-130-65 A 4	If the expected average annual premium is $1,000 or more, add five percentage points to the numbers in the table.		
	14VAC5-130-65 A 5	Group Medicare supplement policies are expected to return to policyholders in the form of aggregate benefits under the policy at least 75% of the aggregate amount of premiums collected.		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14VAC5-130-65 A 6	Medicare supplement policies issued prior to July 30, 1992, as a result of solicitation of individuals through the mail or by mass media advertising, which shall include both print and broadcast advertising, are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		
	14VAC5-130-65 A 7	Medicare supplement policies issued prior to July 30, 1992, sold on an individual rather than a group basis are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		
	14VAC5-130-65 A 8	All health insurance coverage issued in the individual health insurance market shall be originally priced to meet a minimum 75% loss ratio and, except for student health insurance coverage, must be guaranteed renewable or noncancellable.		
	14VAC5-130-65 A 9	All health insurance coverage issued in the small group health insurance market must be originally priced to meet a minimum 75% loss ratio and must be guaranteed renewable or noncancellable.		
	14VAC5-130-65 B	The average annual premium per policy per member shall be computed by the health insurance issuer based on an anticipated distribution of business by all applicable criteria having a price difference, such as age, sex, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies *(i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation).*		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
For Rate Revision, all Accident and Sickness Forms; Subscriber Contracts of Hospital, Medical or Surgical Plans; Dental Plans; Optometric Plans; Health Insurance Coverage in the Individual and Small Group Markets; Group Medicare supplement forms and subscriber contracts of hospital, medical or surgical plans – Filing a Rate Revision	14VAC5-130-70 A	Rate revision submission must include: (i) New Rate Sheet; (ii) An actuarial memorandum; and (iii) All information required in SERFF. Unified Rate Review Template shall be filed for coverage issued in the individual or small group markets, *except for student health insurance coverage.*		
	14VAC5-130-70 B	**Actuarial Memorandum that includes:**		
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.		
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.		
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.		
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.		
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) average overall change, including a detailed explanation of how the change was determined.		
	14VAC5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* Submit Form 130-A showing historical and projected experience, including: (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and (iii) If blended, provide the credibility factor assigned to the national experience.		
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.		
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.		
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.		
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.		
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.		
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.		
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such members in the year immediately prior to the filing of the rate revision.		
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.		

	14VAC5-130-70 B 15	For coverage issued in the individual or small group health insurance markets, a certification by a qualified actuary of the actuarial value of each plan of benefits included and the AV calculation summary.		
Health Insurance Issuer – Filing a Rate Revision	14VAC5-130-75 A	For individual accident and sickness insurance, individual, and group Medicare supplement insurance, and coverage issued in the individual market, with respect to filings of rate revisions for a previously approved form, benefits shall be deemed reasonable in relation to premiums provided the present values of the future and lifetime loss ratios are at least as great as the standards in 14VAC5-130-70 B 11. Interest, at a rate consistent with that assumed in the original effective date of the form to the effective date of the revision and the present value of future premiums.		
Health Insurance Issuer – Filing a Rate Revision	14VAC5-130-75 B	For coverage issued in the small group health insurance market, the anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage must be at least as great as the standards in 14VAC5-130-70 B 11.		
Health Insurance Issuer – Filing a Rate Revision	14VAC5-130-75 C	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14VAC5-130-65, except the average annual premium shall be determined on actual rather than anticipated distribution of business.		
Medicare Supplement Requirements		*Applicable requirements for Medicare Supplement insurance rate filings in addition to the above:*		
Standardized Medicare Supplement Forms	14VAC5-170-120 A 1	A Medicare supplement policy or certificate shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire premium period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy or certificate form: (a) At least 75% of the aggregate amount of premiums earned in the case of group policies; or (b) At least 65% of the aggregate amount of premiums earned in the case of individual policies.		
	14VAC5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.		

Pre-Standardized Medicare Supplement Forms	14VAC5-170-120 A 3	For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet: (a) The originally filed anticipated loss ratio when combined with the actual experience since inception; (b) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and (c) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.		
Annual Rate and Experience Filing	14VAC5-170-120 C	An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.		
Actuarial Certification for Medicare Supplement Rate Revision Filings	14VAC5-170-120 C	For annual rate and experience filings, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at: www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and		

		6. The premiums are reasonable in relation to the benefits provided.		
Actuarial Certification for Medicare Supplement Rate Revision Filings	14VAC5-170-130 B	For proposed rate changes, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuary Standards Board including the data qualify standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.		
Change in the Rating Structure or Methodology of a Medicare Supplement Form	14VAC5-170-130 D 3	A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements: (a) The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. (b) The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.		
For Coverage in the Individual and Small Group Health Insurance Markets Risk Pools and Index Rates	14VAC5-130-81 A & B	The claims experience of all enrollees in all health benefit plans are members of a single risk pool. *(Not applicable to grandfathered coverage).*		
	14VAC5-130-81 C	Each plan year or policy year, as applicable, a health insurance issuer shall: 1. Establish an index rate based on the total combined claim costs for providing essential health benefits within the single risk pool of the individual or small group market;		

		2. The index rate may be adjusted on a market-wide basis based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs in this Commonwealth and the health benefit exchange user fees, and 3. The premium rate for all of the health insurance issuer's plans shall use the applicable index rate, as adjusted in accordance with subsection D of this section.		
	14VAC5-130-81 D	A health insurance issuer may vary premium rates for a particular plan from its index rate for a relevant state market based on the following actuarially justified plan–specified factors: 1. The actuarial value and cost-sharing design on the plan. 2. The plan's provider network, delivery system characteristics, and utilization management practices. 3. The benefits provided under the plan that are in addition to the essential health benefits. These additional benefits shall be pooled with similar benefits within a single risk pool and the claims experience from those benefits shall be utilized to determine rate variations for plans that offer those benefits in addition to essential health benefits. 4. Administrative costs, excluding health benefit exchange user fees. 5. With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.		
Area Rate Factors	§ 38.2-3447 D	Describe and provide detailed actuarial support for any Area Rate Factors. If the proposed area rate factors exceed by more than 15 percent the weighted average of the proposed area rate factors among all rating areas in which the health carrier offers health benefit plans in that market, then: 1. The filing shall include in a publicly available and unredacted form: a. A comparison of the area rate factor for individual and small group health benefit plans that utilize the same provider network and provider reimbursement levels of the health benefit plans that are subject to the filing; b. A detailed disclosure of the area rate factor methodology, which disclosure shall include any third-party resources or representations from a person other than the signing actuary, on which the signing actuary relied, provided that disclosure of third-party resources shall address that the source data only reflects differences in unit cost and provider practice patterns; and		

		c. To the extent that the health carrier is deriving any area rate factor from experience data, by rating area for the experience period used: (1) The (i) total enrollment; (ii) total premiums; (iii) allowed claims; (iv) incurred claims excluding anticipated or, if available, actual risk adjustment payments or receipts; (v) incurred claims including anticipated or, if available, actual risk adjustment payments or receipts; and (vi) loss ratio for each of their rating areas in that market; and (2) Aggregated incurred claims for any health system exceeding 30 percent of total incurred claims for that rating area in that market.		
Unique Plan Design AV Certification	45 CFR 156.135	Health issuers in the individual and/or small group market must describe whether the AV Metal Values included in Worksheet 2 of the URRT were entirely based on the AV Calculator, or whether an acceptable alternative methodology was used to generate the AV Metal Value of one or more plans. If an alternate methodology was employed to develop the AV Metal Value(s), the actuary must provide a copy of the actuarial certification required by 45 CFR 156.135. The certification must be signed by a member of the American Academy of Actuaries and must indicate that the values were developed in accordance with generally accepted actuarial principles and methodologies. The actuary must indicate the reason an alternate methodology was used, explain why the benefits for those plans for which an acceptable alternative methodology was used are not compatible with the AV Calculator, and state the chosen alternate methodology that was used for each applicable plan. The actuary must describe the process that was used to develop the AV Metal Value.		
Exchange Certified Stand-Alone Dental Plans	45 CFR § 156.150(b) § 38.2-326	The level of coverage must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles.		

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:

http://www.scc.virginia.gov/boi/laws.aspx

The Forms and Rates Section of the Life and Health Division rate review requirements. Please contact this section at (804) 371-9532 if you have questions or need additional information about this line of insurance.

I hereby certify that I have reviewed the attached rate review requirement filing and determined that it is in compliance with the rate review requirement checklist.

Signed: _____

Name (please print): Philip York

Company Name: LTCG

Date: 5/3/2019 Phone No: ( ) 952-516-6940 FAX No: ( )_____

E-Mail Address: philip.york@ltcg.com

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

May 3, 2019

Re: Rate Increase Filing
Virginia Bureau of Insurance

On behalf of Southern Farm Bureau Life Insurance Company ("Company"), we at Long Term Care Group ("LTCG") are submitting the enclosed actuarial memorandum for your review and approval. This increase is needed due to claim levels that produce lifetime loss ratios exceeding the statutorily required minimum loss ratio.

This rate filing is a request for the following premium increase by form and benefit period, effective upon approval by the state, on the Company's Long Term Care Insurance policy forms listed below. This rate filing is not intended to be used for other purposes.

Form	Benefit Period	Proposed Rate Increase
3034/3035	Limited	62%
3034/3035	Lifetime	81%
HL200	Limited	50%
HL200	Lifetime	91%

Even though the traditional NAIC method of determining premium rate increases indicates that the Company could request an increase greater than that requested herein, the Company has chosen not to do so at this time. Going forward, the Company will continue to monitor the experience of this block and will take additional rate action as appropriate.

The attached actuarial memorandum includes the experience exhibits demonstrating compliance with the minimum loss ratio of this state and illustrations of how actual lifetime experience compares to expected experience per original pricing assumptions by calendar year. These exhibits show higher than expected persistency generating additional incurred claims.

The Company will provide insureds with various benefit reduction ptions for maintaining existing premium levels, if possible, as the proposed premium rate increase becomes effective. We are also making limited non-forfeiture options available for policyholders in conjunction with this premium rate increase. This first option provides a paid-up policy with benefits equal to the greater of the following:

1) 100% of the total of premium paid, less any claims paid
2) 30 days of benefits at the policyholder's current daily benefit

I look forward to your review of the proposed premium rate increase. Please do not hesitate to contact me with questions or concerns.

Sincerely,

Philip York, ASA, MAAA
Senior Actuarial Analyst
LTCG

Statement of Variability for Form HL100-VA (01/22) – Policyholder Notification Letter

All fields will be populated with policy specific entries.

Variable item	Description
Company Address, Phone Number, and Web Address	This will display the appropriate address, phone number, and web address for the company and will only change if the information changes.
Date	This item will reflect the mailing date of the letter.
PHNAME	This item will reflect the name of the policyholder on the policy.
PHADDRESS1 PHADDRESS2 PHCITY PHSTATE PHZIPCODE	This will reflect the mailing address of the Policyholder
PolicyNumber	This item will reflect the unique 10 position alpha-numeric policy number
Decision_Date	This field will show the date by which the enclosed Coverage Election Form (Form HL403) should be returned.
IncreasePercent	The percent of increase approved and being applied to the policy.
PhasedIncreasePercent	The percent of increase approved that will be applied over the next two years.
Mode	The current premium mode of the policy (Annual, Semiannual, Quarterly, or Monthly)
CurrPrem	The total policy premiums prior to application of an approved rate increase.
NewPrem	The total policy premiums after application of the first phase in of the approved rate increase.
Effective_Date	This field will show the effective date of the increase, which is the first policy billing date following the effective date of this increase in your state.
FinalPrem	The total policy premiums after application of the second phase in of the approved rate increase.
Company Phone Number	This will display the appropriate contact number and will only change if that contact number changes.
Company Office Hours	This will display the operating office hours for our company. This will only change if those operating hours change.
Enclosures	This section will list each individual document included in the packet sent to the policyholder. This currently consists of the items below, but is variable to accommodate a need to provide additional documents: Frequently Asked Questions Description of Options Coverage Election Form Long Term Care Premium Endorsement LTC Insurance Rate Increase Disclosure

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035 & HL200
All Benefit Periods
Lifetime Experience (Nationwide)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	44,630	169	0%	44,630	169	0%	2.417
1997	953,335	3,587	0%	953,335	3,587	0%	2.324
1998	2,730,092	11,592	0%	2,730,092	11,592	0%	2.235
1999	5,010,294	31,684	1%	5,010,294	31,684	1%	2.149
2000	7,501,820	163,824	2%	7,501,820	163,824	2%	2.066
2001	9,349,115	509,679	5%	9,349,115	509,679	5%	1.986
2002	10,963,752	723,484	7%	10,963,752	723,484	7%	1.910
2003	13,730,616	917,260	7%	13,730,616	917,260	7%	1.837
2004	18,780,958	2,625,280	14%	18,780,958	2,625,280	14%	1.766
2005	23,890,653	3,536,271	15%	23,890,653	3,536,271	15%	1.698
2006	25,668,647	6,011,052	23%	25,668,647	6,011,052	23%	1.633
2007	24,572,574	6,575,880	27%	24,572,574	6,575,880	27%	1.570
2008	24,007,326	8,649,327	36%	24,007,326	8,649,327	36%	1.510
2009	23,573,404	11,946,284	51%	23,573,404	11,946,284	51%	1.451
2010	22,186,555	13,042,872	59%	22,186,555	13,042,872	59%	1.396
2011	23,551,584	15,262,301	65%	23,551,584	15,262,301	65%	1.342
2012	27,732,048	13,375,140	48%	27,732,048	13,375,140	48%	1.290
2013	27,381,552	18,270,219	67%	27,381,552	18,270,219	67%	1.241
2014	26,198,017	15,693,293	60%	26,198,017	15,693,293	60%	1.193
2015	24,427,513	21,087,397	86%	24,427,513	21,087,397	86%	1.147
2016	23,716,340	25,571,797	108%	23,716,340	25,571,797	108%	1.103
2017	23,208,212	25,554,939	110%	23,208,212	25,554,939	110%	1.061
2018	22,595,023	26,970,832	119%	22,595,023	26,970,832	119%	1.020
2019	21,917,356	27,733,104	127%	26,109,302	27,999,447	107%	0.981
2020	20,947,648	28,796,373	137%	36,990,974	29,849,986	81%	0.943
2021	19,960,928	29,587,670	148%	35,265,886	30,618,520	87%	0.907
2022	18,961,494	30,158,575	159%	33,517,159	31,159,068	93%	0.872
2023	17,954,244	30,632,366	171%	31,753,218	31,599,565	100%	0.838
2024	16,943,760	31,160,115	184%	29,982,096	32,097,102	107%	0.806
2025	15,934,671	31,792,270	200%	28,211,882	32,704,251	116%	0.775
2026	14,931,324	32,386,571	217%	26,450,253	33,273,968	126%	0.745
2027	13,938,206	32,804,965	235%	24,705,054	33,663,975	136%	0.717
2028	12,960,103	33,097,500	255%	22,984,787	33,926,024	148%	0.689
2029	12,001,283	33,385,143	278%	21,297,054	34,185,074	161%	0.662
2030	11,066,365	33,677,385	304%	19,650,054	34,451,284	175%	0.637
2031	10,159,167	33,854,864	333%	18,050,596	34,601,886	192%	0.612
2032	9,283,857	33,788,932	364%	16,506,071	34,505,131	209%	0.589
2033	8,443,960	33,466,213	396%	15,022,843	34,147,986	227%	0.566
2034	7,642,351	32,891,957	430%	13,606,163	33,536,429	246%	0.544
2035	6,882,444	32,079,753	466%	12,262,109	32,684,624	267%	0.524
2036	6,166,499	31,049,567	504%	10,994,778	31,613,175	288%	0.503
2037	5,496,045	29,827,895	543%	9,806,966	30,349,254	309%	0.484
2038	4,871,998	28,442,341	584%	8,700,405	28,921,154	332%	0.465
2039	4,295,058	26,916,096	627%	7,676,526	27,352,630	356%	0.448
2040	3,765,659	25,275,806	671%	6,736,195	25,670,857	381%	0.430
2041	3,283,419	23,553,588	717%	5,878,866	23,908,444	407%	0.414
2042	2,846,825	21,779,023	765%	5,101,929	22,095,269	433%	0.398
2043	2,453,901	19,988,367	815%	4,401,985	20,267,953	460%	0.383
2044	2,102,933	18,212,804	866%	3,776,140	18,457,989	489%	0.368
2045	1,791,709	16,479,707	920%	3,220,563	16,693,048	518%	0.354
2046	1,517,758	14,810,621	976%	2,731,002	14,994,873	549%	0.340
2047	1,278,108	13,217,357	1034%	2,302,250	13,375,286	581%	0.327
2048	1,069,940	11,707,236	1094%	1,929,377	11,841,540	614%	0.314
2049	890,568	10,297,341	1156%	1,607,701	10,410,703	648%	0.302
2050	737,215	8,992,001	1220%	1,332,343	9,087,017	682%	0.291
2051	606,994	7,801,390	1285%	1,098,230	7,880,522	718%	0.280
2052	497,113	6,721,338	1352%	900,439	6,786,834	754%	0.269
2053	405,062	5,742,126	1418%	734,532	5,795,959	789%	0.258
2054	328,540	4,834,319	1471%	596,441	4,877,999	818%	0.248
2055	265,289	3,993,936	1506%	482,148	4,028,763	836%	0.239
2056	213,252	3,248,837	1523%	387,990	3,276,234	844%	0.230
2057	170,671	2,621,682	1536%	310,843	2,643,069	850%	0.221
2058	135,995	2,098,313	1543%	247,939	2,114,876	853%	0.212
2059	107,877	1,665,730	1544%	196,869	1,678,455	853%	0.204
2060	85,148	1,311,162	1540%	155,544	1,320,854	849%	0.196
2061	66,845	1,023,141	1531%	122,232	1,030,459	843%	0.189
2062	52,159	791,366	1517%	95,478	796,842	835%	0.182
2063	40,423	606,567	1501%	74,074	610,626	824%	0.175
2064	31,069	460,309	1482%	56,996	463,285	813%	0.168
2065	23,658	345,733	1461%	43,451	347,891	801%	0.161
2066	17,821	256,780	1441%	32,771	258,326	788%	0.155
2067	13,272	188,498	1420%	24,437	189,592	776%	0.149
2068	9,759	136,683	1401%	17,992	137,447	764%	0.143
2069	7,072	97,794	1383%	13,057	98,320	753%	0.138
2070	5,040	68,927	1368%	9,318	69,284	744%	0.133
2071	3,524	47,783	1356%	6,525	48,021	736%	0.128
2072	2,417	32,561	1347%	4,482	32,717	730%	0.123
2073	1,625	21,793	1342%	3,016	21,894	726%	0.118
Lifetime	794,639,227	795,495,275	100%	940,685,746	807,617,016	86%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035
Limited Benefit Period
Lifetime Experience (Nationwide)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed 62% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	11,827	13	0%	11,827	13	0%	2.417
1997	266,381	270	0%	266,381	270	0%	2.324
1998	782,891	1,189	0%	782,891	1,189	0%	2.235
1999	1,335,948	3,405	0%	1,335,948	3,405	0%	2.149
2000	1,829,514	7,555	0%	1,829,514	7,555	0%	2.066
2001	2,198,255	30,075	1%	2,198,255	30,075	1%	1.986
2002	2,522,585	32,180	1%	2,522,585	32,180	1%	1.910
2003	2,853,142	340,386	12%	2,853,142	340,386	12%	1.837
2004	2,771,636	367,856	13%	2,771,636	367,856	13%	1.766
2005	2,631,694	929,319	35%	2,631,694	929,319	35%	1.698
2006	2,530,763	1,061,912	42%	2,530,763	1,061,912	42%	1.633
2007	2,423,905	1,908,024	79%	2,423,905	1,908,024	79%	1.570
2008	2,329,810	1,781,111	76%	2,329,810	1,781,111	76%	1.510
2009	2,237,071	1,944,539	87%	2,237,071	1,944,539	87%	1.451
2010	2,094,931	2,422,281	116%	2,094,931	2,422,281	116%	1.396
2011	2,261,282	1,452,438	64%	2,261,282	1,452,438	64%	1.342
2012	2,633,329	1,817,718	69%	2,633,329	1,817,718	69%	1.290
2013	2,536,456	3,102,838	122%	2,536,456	3,102,838	122%	1.241
2014	2,374,706	2,117,028	89%	2,374,706	2,117,028	89%	1.193
2015	2,208,629	2,209,104	100%	2,208,629	2,209,104	100%	1.147
2016	2,063,242	2,108,254	102%	2,063,242	2,108,254	102%	1.103
2017	1,954,326	2,408,877	123%	1,954,326	2,408,877	123%	1.061
2018	1,819,548	3,061,575	168%	1,819,548	3,061,575	168%	1.020
2019	1,740,774	2,484,969	143%	2,010,609	2,500,240	124%	0.981
2020	1,631,646	2,514,667	154%	2,643,321	2,572,173	97%	0.943
2021	1,522,859	2,535,004	166%	2,467,082	2,588,954	105%	0.907
2022	1,415,439	2,554,075	180%	2,293,058	2,604,671	114%	0.872
2023	1,310,174	2,583,215	197%	2,122,526	2,630,862	124%	0.838
2024	1,207,642	2,608,522	216%	1,956,420	2,653,275	136%	0.806
2025	1,108,543	2,630,335	237%	1,795,877	2,672,294	149%	0.775
2026	1,013,330	2,649,092	261%	1,641,629	2,688,400	164%	0.745
2027	922,344	2,664,593	289%	1,494,229	2,701,408	181%	0.717
2028	835,849	2,676,575	320%	1,354,104	2,711,058	200%	0.689
2029	754,209	2,675,113	355%	1,221,844	2,707,257	222%	0.662
2030	677,700	2,659,518	392%	1,097,897	2,689,325	245%	0.637
2031	606,363	2,630,218	434%	982,328	2,657,713	271%	0.612
2032	540,239	2,588,310	479%	875,206	2,613,552	299%	0.589
2033	479,135	2,532,021	528%	776,215	2,555,074	329%	0.566
2034	422,912	2,460,876	582%	685,131	2,481,829	362%	0.544
2035	371,584	2,376,869	640%	601,978	2,395,836	398%	0.524
2036	324,989	2,281,283	702%	526,493	2,298,380	437%	0.503
2037	282,925	2,175,392	769%	458,348	2,190,736	478%	0.484
2038	245,071	2,059,338	840%	397,024	2,073,034	522%	0.465
2039	211,110	1,933,668	916%	342,006	1,945,813	569%	0.448
2040	180,827	1,800,622	996%	292,946	1,811,323	618%	0.430
2041	153,993	1,662,452	1080%	249,474	1,671,822	670%	0.414
2042	130,356	1,520,951	1167%	211,180	1,529,098	724%	0.398
2043	109,616	1,377,308	1256%	177,581	1,384,330	780%	0.383
2044	91,515	1,234,532	1349%	148,258	1,240,527	837%	0.368
2045	75,792	1,094,520	1444%	122,785	1,099,587	896%	0.354
2046	62,232	959,608	1542%	100,818	963,844	956%	0.340
2047	50,626	830,157	1640%	82,016	833,659	1016%	0.327
2048	40,770	707,819	1736%	66,049	710,678	1076%	0.314
2049	32,487	595,561	1833%	52,630	597,868	1136%	0.302
2050	25,601	493,914	1929%	41,475	495,748	1195%	0.291
2051	19,939	403,150	2022%	32,302	404,586	1253%	0.280
2052	15,327	322,885	2107%	24,830	323,992	1305%	0.269
2053	11,622	253,057	2177%	18,828	253,894	1349%	0.258
2054	8,691	195,417	2249%	14,079	196,040	1392%	0.248
2055	6,407	148,730	2321%	10,379	149,188	1437%	0.239
2056	4,650	111,396	2396%	7,533	111,727	1483%	0.230
2057	3,316	81,954	2472%	5,372	82,189	1530%	0.221
2058	2,320	59,150	2549%	3,759	59,314	1578%	0.212
2059	1,592	41,863	2629%	2,580	41,975	1627%	0.204
2060	1,071	29,052	2713%	1,735	29,127	1679%	0.196
2061	705	19,747	2800%	1,142	19,797	1733%	0.189
2062	454	13,121	2892%	735	13,153	1789%	0.182
2063	285	8,502	2988%	461	8,522	1849%	0.175
2064	174	5,368	3088%	282	5,380	1910%	0.168
2065	103	3,302	3192%	168	3,309	1975%	0.161
2066	60	1,980	3299%	97	1,984	2041%	0.155
2067	34	1,156	3407%	55	1,159	2107%	0.149
2068	19	659	3513%	30	660	2173%	0.143
2069	10	369	3617%	17	369	2237%	0.138
2070	5	205	3723%	9	205	2302%	0.133
2071	3	113	3835%	5	113	2372%	0.128
2072	2	63	3953%	3	63	2444%	0.123
2073	1	35	4076%	1	35	2520%	0.118
Lifetime	85,603,038	78,847,729	92%	93,484,443	79,356,637	85%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035
Lifetime Benefit Period
Lifetime Experience (Nationwide)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed 81% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	32,803	156	0%	32,803	156	0%	2.417
1997	686,954	3,316	0%	686,954	3,316	0%	2.324
1998	1,947,201	10,403	1%	1,947,201	10,403	1%	2.235
1999	3,674,346	28,279	1%	3,674,346	28,279	1%	2.149
2000	5,672,306	156,269	3%	5,672,306	156,269	3%	2.066
2001	7,150,860	479,604	7%	7,150,860	479,604	7%	1.986
2002	8,441,167	691,304	8%	8,441,167	691,304	8%	1.910
2003	9,747,328	574,647	6%	9,747,328	574,647	6%	1.837
2004	9,561,512	2,162,324	23%	9,561,512	2,162,324	23%	1.766
2005	9,204,239	1,948,020	21%	9,204,239	1,948,020	21%	1.698
2006	8,946,950	3,635,131	41%	8,946,950	3,635,131	41%	1.633
2007	8,681,777	3,181,700	37%	8,681,777	3,181,700	37%	1.570
2008	8,464,056	4,639,067	55%	8,464,056	4,639,067	55%	1.510
2009	8,213,268	5,682,261	69%	8,213,268	5,682,261	69%	1.451
2010	7,670,879	5,601,895	73%	7,670,879	5,601,895	73%	1.396
2011	8,140,715	8,406,760	103%	8,140,715	8,406,760	103%	1.342
2012	9,535,100	6,348,898	67%	9,535,100	6,348,898	67%	1.290
2013	9,274,558	7,670,450	83%	9,274,558	7,670,450	83%	1.241
2014	8,823,082	7,086,968	80%	8,823,082	7,086,968	80%	1.193
2015	8,126,934	9,594,316	118%	8,126,934	9,594,316	118%	1.147
2016	7,890,420	11,425,182	145%	7,890,420	11,425,182	145%	1.103
2017	7,693,134	10,984,022	143%	7,693,134	10,984,022	143%	1.061
2018	7,346,644	12,166,152	166%	7,346,644	12,166,152	166%	1.020
2019	7,066,312	11,787,559	167%	8,500,509	11,895,794	140%	0.981
2020	6,709,572	12,022,510	179%	12,156,742	12,440,377	102%	0.943
2021	6,349,150	12,221,219	192%	11,503,712	12,623,143	110%	0.907
2022	5,986,769	12,418,292	207%	10,847,131	12,804,680	118%	0.872
2023	5,624,217	12,653,603	225%	10,190,241	13,025,776	128%	0.838
2024	5,263,740	12,882,034	245%	9,537,110	13,239,921	139%	0.806
2025	4,907,297	13,109,456	267%	8,891,289	13,453,268	151%	0.775
2026	4,556,593	13,325,043	292%	8,255,866	13,654,919	165%	0.745
2027	4,213,496	13,528,434	321%	7,634,226	13,844,763	181%	0.717
2028	3,879,836	13,718,724	354%	7,029,684	14,021,977	199%	0.689
2029	3,557,416	13,839,756	389%	6,445,507	14,129,008	219%	0.662
2030	3,247,791	13,881,460	427%	5,884,512	14,155,799	241%	0.637
2031	2,952,060	13,848,418	469%	5,348,693	14,107,226	264%	0.612
2032	2,671,235	13,737,616	514%	4,839,878	13,980,484	289%	0.589
2033	2,405,972	13,539,327	563%	4,359,262	13,765,963	316%	0.566
2034	2,156,611	13,255,808	615%	3,907,458	13,466,193	345%	0.544
2035	1,923,719	12,892,115	670%	3,485,491	13,086,375	375%	0.524
2036	1,707,395	12,452,780	729%	3,093,545	12,631,101	408%	0.503
2037	1,507,379	11,945,117	792%	2,731,147	12,107,784	443%	0.484
2038	1,323,313	11,374,841	860%	2,397,645	11,522,256	481%	0.465
2039	1,154,865	10,750,134	931%	2,092,443	10,882,794	520%	0.448
2040	1,001,859	10,080,774	1006%	1,815,219	10,199,273	562%	0.430
2041	863,664	9,381,811	1086%	1,564,829	9,486,837	606%	0.414
2042	739,439	8,664,499	1172%	1,339,752	8,756,812	654%	0.398
2043	628,418	7,942,525	1264%	1,138,600	8,022,963	705%	0.383
2044	530,045	7,227,235	1364%	960,362	7,296,712	760%	0.368
2045	443,641	6,529,064	1472%	803,812	6,588,546	820%	0.354
2046	368,345	5,854,884	1590%	667,387	5,905,345	885%	0.340
2047	303,194	5,206,469	1717%	549,342	5,248,848	955%	0.327
2048	247,281	4,580,757	1852%	448,035	4,615,934	1030%	0.314
2049	199,773	3,985,621	1995%	361,959	4,014,468	1109%	0.302
2050	159,785	3,420,425	2141%	289,506	3,443,768	1190%	0.291
2051	126,466	2,893,522	2288%	229,137	2,912,159	1271%	0.280
2052	98,982	2,403,264	2428%	179,341	2,417,907	1348%	0.269
2053	76,534	1,955,545	2555%	138,667	1,966,860	1418%	0.258
2054	58,404	1,567,220	2683%	105,819	1,575,838	1489%	0.248
2055	43,933	1,237,497	2817%	79,600	1,243,966	1563%	0.239
2056	32,527	961,283	2955%	58,934	966,061	1639%	0.230
2057	23,669	733,615	3099%	42,885	737,083	1719%	0.221
2058	16,901	548,886	3248%	30,621	551,356	1801%	0.212
2059	11,828	402,201	3400%	21,431	403,924	1885%	0.204
2060	8,104	288,342	3558%	14,682	289,518	1972%	0.196
2061	5,425	201,898	3722%	9,829	202,683	2062%	0.189
2062	3,542	137,851	3892%	6,418	138,362	2156%	0.182
2063	2,252	91,630	4068%	4,081	91,954	2253%	0.175
2064	1,393	59,185	4248%	2,524	59,384	2353%	0.168
2065	838	37,158	4434%	1,518	37,277	2455%	0.161
2066	491	22,698	4624%	889	22,767	2560%	0.155
2067	280	13,509	4816%	508	13,548	2666%	0.149
2068	157	7,859	5008%	284	7,881	2772%	0.143
2069	86	4,490	5200%	156	4,503	2878%	0.138
2070	47	2,537	5397%	85	2,543	2986%	0.133
2071	25	1,426	5609%	46	1,430	3103%	0.128
2072	14	800	5840%	25	802	3231%	0.123
2073	7	449	6090%	13	450	3369%	0.118
Lifetime	311,330,052	343,766,574	110%	357,740,487	348,110,341	97%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Limited Benefit Period
Lifetime Experience (Nationwide Pre Rate Stability)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed 50% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	-	-	0%	-	-	0%	2.235
1999	-	-	0%	-	-	0%	2.149
2000	-	-	0%	-	-	0%	2.066
2001	-	-	0%	-	-	0%	1.986
2002	-	-	0%	-	-	0%	1.910
2003	195,041	417	0%	195,041	417	0%	1.837
2004	958,263	4,312	0%	958,263	4,312	0%	1.766
2005	1,688,547	59,816	4%	1,688,547	59,816	4%	1.698
2006	1,938,539	166,503	9%	1,938,539	166,503	9%	1.633
2007	1,799,914	523,190	29%	1,799,914	523,190	29%	1.570
2008	1,774,159	773,684	44%	1,774,159	773,684	44%	1.510
2009	1,752,715	617,922	35%	1,752,715	617,922	35%	1.451
2010	1,663,763	1,145,309	69%	1,663,763	1,145,309	69%	1.396
2011	1,796,366	834,594	46%	1,796,366	834,594	46%	1.342
2012	2,173,932	804,138	37%	2,173,932	804,138	37%	1.290
2013	2,117,305	546,856	26%	2,117,305	546,856	26%	1.241
2014	2,010,548	859,707	43%	2,010,548	859,707	43%	1.193
2015	1,970,237	1,671,433	85%	1,970,237	1,671,433	85%	1.147
2016	1,918,394	1,313,367	68%	1,918,394	1,313,367	68%	1.103
2017	1,848,329	2,376,271	129%	1,848,329	2,376,271	129%	1.061
2018	1,820,143	1,960,388	108%	1,820,143	1,960,388	108%	1.020
2019	1,771,213	2,047,399	116%	1,992,597	2,060,369	103%	0.981
2020	1,678,646	2,095,456	125%	2,517,903	2,145,255	85%	0.943
2021	1,585,462	2,125,050	134%	2,378,130	2,172,538	91%	0.907
2022	1,492,290	2,131,884	143%	2,238,376	2,176,808	97%	0.872
2023	1,399,802	2,120,091	151%	2,099,648	2,162,284	103%	0.838
2024	1,308,241	2,119,171	162%	1,962,310	2,159,021	110%	0.806
2025	1,218,059	2,131,223	175%	1,827,041	2,169,183	119%	0.775
2026	1,129,475	2,138,557	189%	1,694,168	2,174,732	128%	0.745
2027	1,042,928	2,124,150	204%	1,564,351	2,158,331	138%	0.717
2028	958,765	2,096,333	219%	1,438,109	2,128,459	148%	0.689
2029	877,151	2,078,354	237%	1,315,692	2,108,715	160%	0.662
2030	798,458	2,068,381	259%	1,197,656	2,097,242	175%	0.637
2031	722,904	2,052,051	284%	1,084,327	2,079,459	192%	0.612
2032	650,902	2,016,672	310%	976,327	2,042,485	209%	0.589
2033	582,680	1,963,354	337%	873,997	1,987,454	227%	0.566
2034	518,329	1,893,331	365%	777,473	1,915,623	246%	0.544
2035	458,215	1,809,912	395%	687,305	1,830,359	266%	0.524
2036	402,449	1,714,778	426%	603,657	1,733,370	287%	0.503
2037	351,139	1,610,980	459%	526,695	1,627,747	309%	0.484
2038	304,294	1,500,203	493%	456,430	1,515,198	332%	0.465
2039	261,800	1,384,378	529%	392,690	1,397,666	356%	0.448
2040	223,652	1,266,395	566%	335,469	1,278,068	381%	0.430
2041	189,726	1,148,251	605%	284,582	1,158,415	407%	0.414
2042	159,775	1,031,289	645%	239,656	1,040,052	434%	0.398
2043	133,524	917,305	687%	200,280	924,782	462%	0.383
2044	110,715	807,929	730%	166,068	814,240	490%	0.368
2045	91,083	704,786	774%	136,621	710,056	520%	0.354
2046	74,349	609,358	820%	111,520	613,717	550%	0.340
2047	60,203	522,035	867%	90,302	525,605	582%	0.327
2048	48,378	443,553	917%	72,565	446,452	615%	0.314
2049	38,584	373,713	969%	57,874	376,045	650%	0.302
2050	30,557	312,466	1023%	45,835	314,326	686%	0.291
2051	24,035	259,227	1079%	36,051	260,696	723%	0.280
2052	18,771	213,226	1136%	28,156	214,377	761%	0.269
2053	14,564	173,496	1191%	21,846	174,388	798%	0.258
2054	11,239	138,936	1236%	16,859	139,619	828%	0.248
2055	8,636	109,071	1263%	12,953	109,587	846%	0.239
2056	6,610	84,627	1280%	9,914	85,013	857%	0.230
2057	5,040	65,096	1291%	7,561	65,383	865%	0.221
2058	3,832	49,669	1296%	5,748	49,881	868%	0.212
2059	2,906	37,626	1295%	4,358	37,781	867%	0.204
2060	2,194	28,273	1288%	3,292	28,387	862%	0.196
2061	1,648	21,064	1278%	2,472	21,146	855%	0.189
2062	1,229	15,551	1265%	1,844	15,610	847%	0.182
2063	911	11,385	1250%	1,366	11,427	836%	0.175
2064	669	8,257	1234%	1,003	8,287	826%	0.168
2065	486	5,931	1220%	729	5,952	816%	0.161
2066	349	4,215	1206%	524	4,229	807%	0.155
2067	248	2,957	1191%	372	2,966	797%	0.149
2068	174	2,047	1176%	261	2,053	787%	0.143
2069	120	1,395	1162%	180	1,399	777%	0.138
2070	81	935	1148%	122	938	767%	0.133
2071	54	617	1133%	82	618	757%	0.128
2072	36	400	1115%	54	401	745%	0.123
2073	23	255	1094%	35	256	731%	0.118
Lifetime	52,234,214	48,623,141	93%	59,255,864	49,098,994	83%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Pre Rate Stability)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed 91% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	-	-	0%	-	-	0%	2.235
1999	-	-	0%	-	-	0%	2.149
2000	-	-	0%	-	-	0%	2.066
2001	-	-	0%	-	-	0%	1.986
2002	-	-	0%	-	-	0%	1.910
2003	476,686	915	0%	476,686	915	0%	1.837
2004	2,270,730	5,067	0%	2,270,730	5,067	0%	1.766
2005	3,859,871	23,792	1%	3,859,871	23,792	1%	1.698
2006	4,273,634	394,524	9%	4,273,634	394,524	9%	1.633
2007	4,060,433	224,232	6%	4,060,433	224,232	6%	1.570
2008	4,000,360	285,951	7%	4,000,360	285,951	7%	1.510
2009	3,981,258	2,377,676	60%	3,981,258	2,377,676	60%	1.451
2010	3,720,293	2,552,466	69%	3,720,293	2,552,466	69%	1.396
2011	3,972,419	1,778,042	45%	3,972,419	1,778,042	45%	1.342
2012	4,888,594	1,577,379	32%	4,888,594	1,577,379	32%	1.290
2013	4,883,581	3,566,284	73%	4,883,581	3,566,284	73%	1.241
2014	4,666,499	2,869,309	61%	4,666,499	2,869,309	61%	1.193
2015	4,227,863	3,344,288	79%	4,227,863	3,344,288	79%	1.147
2016	4,283,104	3,836,427	90%	4,283,104	3,836,427	90%	1.103
2017	4,202,686	5,150,110	123%	4,202,686	5,150,110	123%	1.061
2018	4,159,018	3,522,846	85%	4,159,018	3,522,846	85%	1.020
2019	4,071,729	4,256,289	105%	5,002,023	4,312,947	86%	0.981
2020	3,928,773	4,553,197	116%	7,519,301	4,783,295	64%	0.943
2021	3,780,816	4,760,675	126%	7,236,125	4,989,823	69%	0.907
2022	3,628,174	4,889,470	135%	6,943,983	5,114,297	74%	0.872
2023	3,471,394	4,977,050	143%	6,643,921	5,195,996	78%	0.838
2024	3,310,904	5,099,272	154%	6,336,758	5,314,285	84%	0.806
2025	3,147,155	5,248,597	167%	6,023,358	5,461,230	91%	0.775
2026	2,980,876	5,381,340	181%	5,705,115	5,591,274	98%	0.745
2027	2,812,698	5,463,091	194%	5,383,239	5,668,521	105%	0.717
2028	2,643,401	5,516,048	209%	5,059,221	5,715,996	113%	0.689
2029	2,473,684	5,606,841	227%	4,734,397	5,802,787	123%	0.662
2030	2,304,502	5,725,540	248%	4,410,599	5,918,571	134%	0.637
2031	2,136,719	5,827,884	273%	4,089,479	6,017,537	147%	0.612
2032	1,971,432	5,880,531	298%	3,773,135	6,065,273	161%	0.589
2033	1,809,644	5,881,030	325%	3,463,488	6,059,395	175%	0.566
2034	1,652,366	5,829,984	353%	3,162,472	6,000,716	190%	0.544
2035	1,500,639	5,728,852	382%	2,872,081	5,890,875	205%	0.524
2036	1,355,339	5,580,091	412%	2,593,991	5,732,514	221%	0.503
2037	1,217,182	5,387,520	443%	2,329,571	5,529,648	237%	0.484
2038	1,086,681	5,158,124	475%	2,079,805	5,289,527	254%	0.465
2039	964,613	4,897,207	508%	1,846,179	5,017,678	272%	0.448
2040	851,360	4,609,266	541%	1,629,424	4,718,781	290%	0.430
2041	747,285	4,302,127	576%	1,430,233	4,400,884	308%	0.414
2042	652,210	3,981,551	610%	1,248,268	4,069,849	326%	0.398
2043	565,862	3,654,637	646%	1,083,006	3,732,903	345%	0.383
2044	488,080	3,328,898	682%	934,138	3,397,699	364%	0.368
2045	418,596	3,010,730	719%	801,153	3,070,747	383%	0.354
2046	357,086	2,705,265	758%	683,429	2,757,253	403%	0.340
2047	302,951	2,416,001	797%	579,820	2,460,722	424%	0.327
2048	255,607	2,144,511	839%	489,207	2,182,696	446%	0.314
2049	214,463	1,892,867	883%	410,462	1,925,234	469%	0.302
2050	179,017	1,663,903	929%	342,621	1,691,172	494%	0.291
2051	148,699	1,459,187	981%	284,596	1,482,046	521%	0.280
2052	122,921	1,277,527	1039%	235,259	1,296,602	551%	0.269
2053	101,117	1,110,972	1099%	193,529	1,126,771	582%	0.258
2054	82,829	945,975	1142%	158,528	958,852	605%	0.248
2055	67,579	787,368	1165%	129,341	797,660	617%	0.239
2056	54,906	648,069	1180%	105,084	656,207	624%	0.230
2057	44,420	530,280	1194%	85,017	536,666	631%	0.221
2058	35,788	431,375	1205%	68,495	436,349	637%	0.212
2059	28,697	348,633	1215%	54,923	352,474	642%	0.204
2060	22,894	279,814	1222%	43,817	282,754	645%	0.196
2061	18,163	222,969	1228%	34,762	225,198	648%	0.189
2062	14,312	176,271	1232%	27,391	177,945	650%	0.182
2063	11,198	138,312	1235%	21,432	139,556	651%	0.175
2064	8,684	107,537	1238%	16,620	108,449	653%	0.168
2065	6,667	82,797	1242%	12,759	83,459	654%	0.161
2066	5,061	63,088	1246%	9,687	63,562	656%	0.155
2067	3,796	47,549	1253%	7,266	47,883	659%	0.149
2068	2,810	35,439	1261%	5,378	35,671	663%	0.143
2069	2,047	26,058	1273%	3,917	26,217	669%	0.138
2070	1,462	18,849	1290%	2,797	18,955	678%	0.133
2071	1,024	13,414	1310%	1,959	13,485	688%	0.128
2072	702	9,379	1335%	1,344	9,425	701%	0.123
2073	471	6,430	1365%	902	6,459	716%	0.118
Lifetime	124,285,899	127,492,151	103%	158,969,272	130,438,452	82%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Limited Benefit Period
Lifetime Experience (Nationwide Post Rate Stability)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed 50% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	-	-	0%	-	-	0%	2.235
1999	-	-	0%	-	-	0%	2.149
2000	-	-	0%	-	-	0%	2.066
2001	-	-	0%	-	-	0%	1.986
2002	-	-	0%	-	-	0%	1.910
2003	169,404	204	0%	169,404	204	0%	1.837
2004	1,337,421	81,449	6%	1,337,421	81,449	6%	1.766
2005	2,751,425	114,566	4%	2,751,425	114,566	4%	1.698
2006	3,476,403	178,411	5%	3,476,403	178,411	5%	1.633
2007	3,348,808	398,840	12%	3,348,808	398,840	12%	1.570
2008	3,262,677	412,238	13%	3,262,677	412,238	13%	1.510
2009	3,231,281	146,900	5%	3,231,281	146,900	5%	1.451
2010	3,095,458	965,971	31%	3,095,458	965,971	31%	1.396
2011	3,320,035	2,103,511	63%	3,320,035	2,103,511	63%	1.342
2012	3,814,570	1,354,112	35%	3,814,570	1,354,112	35%	1.290
2013	3,833,629	463,691	12%	3,833,629	463,691	12%	1.241
2014	3,706,571	1,309,023	35%	3,706,571	1,309,023	35%	1.193
2015	3,521,559	2,688,627	76%	3,521,559	2,688,627	76%	1.147
2016	3,327,614	2,869,810	86%	3,327,614	2,869,810	86%	1.103
2017	3,278,595	1,760,259	54%	3,278,595	1,760,259	54%	1.061
2018	3,226,539	2,746,796	85%	3,226,539	2,746,796	85%	1.020
2019	3,132,569	3,083,946	98%	3,524,109	3,102,543	88%	0.981
2020	2,999,769	3,223,513	107%	4,499,535	3,296,840	73%	0.943
2021	2,864,305	3,336,720	116%	4,296,345	3,408,482	79%	0.907
2022	2,726,664	3,414,311	125%	4,089,888	3,483,900	85%	0.872
2023	2,587,461	3,455,033	134%	3,881,090	3,521,856	91%	0.838
2024	2,447,280	3,503,201	143%	3,670,823	3,567,595	97%	0.806
2025	2,306,542	3,576,189	155%	3,459,722	3,638,795	105%	0.775
2026	2,165,844	3,649,422	168%	3,248,681	3,710,430	114%	0.745
2027	2,025,833	3,685,406	182%	3,038,670	3,744,375	123%	0.717
2028	1,887,115	3,689,848	196%	2,830,597	3,746,438	132%	0.689
2029	1,750,192	3,702,117	212%	2,625,219	3,756,588	143%	0.662
2030	1,615,666	3,735,008	231%	2,423,436	3,787,807	156%	0.637
2031	1,484,213	3,765,523	254%	2,226,262	3,816,761	171%	0.612
2032	1,356,566	3,759,553	277%	2,034,795	3,808,868	187%	0.589
2033	1,233,393	3,716,540	301%	1,850,041	3,763,579	203%	0.566
2034	1,115,224	3,638,095	326%	1,672,792	3,682,553	220%	0.544
2035	1,002,647	3,525,606	352%	1,503,931	3,567,220	237%	0.524
2036	896,191	3,383,588	378%	1,344,251	3,422,165	255%	0.503
2037	796,274	3,217,340	404%	1,194,379	3,252,771	272%	0.484
2038	703,254	3,033,844	431%	1,054,853	3,066,091	291%	0.465
2039	617,330	2,837,580	460%	925,970	2,866,670	310%	0.448
2040	538,613	2,633,319	489%	807,899	2,659,338	329%	0.430
2041	467,107	2,424,701	519%	700,642	2,447,784	349%	0.414
2042	402,751	2,215,761	550%	604,111	2,236,065	370%	0.398
2043	345,294	2,011,244	582%	517,927	2,028,953	392%	0.383
2044	294,384	1,814,806	616%	441,564	1,830,122	414%	0.368
2045	249,661	1,629,439	653%	374,482	1,642,586	439%	0.354
2046	210,629	1,455,706	691%	315,935	1,466,909	464%	0.340
2047	176,806	1,295,096	732%	265,201	1,304,582	492%	0.327
2048	147,712	1,148,742	778%	221,562	1,156,728	522%	0.314
2049	122,857	1,016,955	828%	184,280	1,023,644	555%	0.302
2050	101,793	899,889	884%	152,685	905,470	593%	0.291
2051	84,031	796,483	948%	126,042	801,125	636%	0.280
2052	69,121	706,114	1022%	103,679	709,967	685%	0.269
2053	56,682	625,648	1104%	85,021	628,838	740%	0.258
2054	46,349	545,933	1178%	69,522	548,546	789%	0.248
2055	37,805	468,049	1238%	56,706	470,166	829%	0.239
2056	30,760	391,139	1272%	46,138	392,821	851%	0.230
2057	24,950	325,301	1304%	37,425	326,632	873%	0.221
2058	20,168	269,148	1335%	30,252	270,196	893%	0.212
2059	16,230	221,295	1363%	24,345	222,116	912%	0.204
2060	12,977	180,408	1390%	19,464	181,046	930%	0.196
2061	10,292	145,548	1414%	15,437	146,038	946%	0.189
2062	8,083	116,063	1436%	12,125	116,437	960%	0.182
2063	6,283	91,456	1456%	9,425	91,738	973%	0.175
2064	4,824	71,076	1474%	7,235	71,285	985%	0.168
2065	3,650	54,360	1489%	5,475	54,513	996%	0.161
2066	2,718	40,806	1502%	4,076	40,916	1004%	0.155
2067	1,989	30,012	1509%	2,984	30,090	1008%	0.149
2068	1,430	21,619	1511%	2,146	21,673	1010%	0.143
2069	1,007	15,234	1513%	1,511	15,271	1011%	0.138
2070	694	10,489	1511%	1,041	10,513	1010%	0.133
2071	468	7,049	1506%	702	7,064	1006%	0.128
2072	308	4,618	1498%	463	4,628	1001%	0.123
2073	199	2,950	1485%	298	2,957	992%	0.118
Lifetime	94,847,344	78,853,947	83%	108,493,880	79,682,314	73%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Post Rate Stability)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed 91% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	-	-	0%	-	-	0%	2.235
1999	-	-	0%	-	-	0%	2.149
2000	-	-	0%	-	-	0%	2.066
2001	-	-	0%	-	-	0%	1.986
2002	-	-	0%	-	-	0%	1.910
2003	289,016	691	0%	289,016	691	0%	1.837
2004	1,881,394	4,273	0%	1,881,394	4,273	0%	1.766
2005	3,754,878	460,758	12%	3,754,878	460,758	12%	1.698
2006	4,502,359	574,570	13%	4,502,359	574,570	13%	1.633
2007	4,257,738	339,893	8%	4,257,738	339,893	8%	1.570
2008	4,176,263	757,276	18%	4,176,263	757,276	18%	1.510
2009	4,157,811	1,176,986	28%	4,157,811	1,176,986	28%	1.451
2010	3,941,231	354,951	9%	3,941,231	354,951	9%	1.396
2011	4,060,768	686,957	17%	4,060,768	686,957	17%	1.342
2012	4,686,522	1,472,895	31%	4,686,522	1,472,895	31%	1.290
2013	4,736,022	2,920,101	62%	4,736,022	2,920,101	62%	1.241
2014	4,616,612	1,451,257	31%	4,616,612	1,451,257	31%	1.193
2015	4,372,291	1,579,629	36%	4,372,291	1,579,629	36%	1.147
2016	4,233,567	4,018,757	95%	4,233,567	4,018,757	95%	1.103
2017	4,231,142	2,875,400	68%	4,231,142	2,875,400	68%	1.061
2018	4,223,131	3,513,074	83%	4,223,131	3,513,074	83%	1.020
2019	4,134,759	4,072,943	99%	5,079,454	4,127,554	81%	0.981
2020	3,999,242	4,387,031	110%	7,654,172	4,612,046	60%	0.943
2021	3,858,337	4,609,002	119%	7,384,493	4,835,579	65%	0.907
2022	3,712,159	4,750,544	128%	7,104,723	4,974,713	70%	0.872
2023	3,561,196	4,843,374	136%	6,815,793	5,062,792	74%	0.838
2024	3,405,954	4,947,915	145%	6,518,675	5,163,004	79%	0.806
2025	3,247,075	5,096,470	157%	6,214,595	5,309,482	85%	0.775
2026	3,085,207	5,243,115	170%	5,904,795	5,454,213	92%	0.745
2027	2,920,906	5,339,291	183%	5,590,339	5,546,577	99%	0.717
2028	2,755,136	5,399,972	196%	5,273,071	5,602,096	106%	0.689
2029	2,588,630	5,482,963	212%	4,954,394	5,680,720	115%	0.662
2030	2,422,248	5,607,478	231%	4,635,955	5,802,540	125%	0.637
2031	2,256,908	5,730,772	254%	4,319,508	5,923,190	137%	0.612
2032	2,093,483	5,806,250	277%	4,006,730	5,994,468	150%	0.589
2033	1,933,136	5,833,940	302%	3,699,841	6,016,521	163%	0.566
2034	1,776,909	5,813,862	327%	3,400,837	5,989,516	176%	0.544
2035	1,625,641	5,746,399	353%	3,111,323	5,913,958	190%	0.524
2036	1,480,136	5,637,048	381%	2,832,841	5,795,645	205%	0.503
2037	1,341,145	5,491,546	409%	2,566,826	5,640,568	220%	0.484
2038	1,209,385	5,315,991	440%	2,314,649	5,455,048	236%	0.465
2039	1,085,340	5,113,129	471%	2,077,238	5,242,010	252%	0.448
2040	969,347	4,885,430	504%	1,855,239	5,004,075	270%	0.430
2041	861,644	4,634,244	538%	1,649,105	4,742,703	288%	0.414
2042	762,296	4,364,972	573%	1,458,962	4,463,393	306%	0.398
2043	671,188	4,085,348	609%	1,284,591	4,174,020	325%	0.383
2044	588,195	3,799,404	646%	1,125,750	3,878,689	345%	0.368
2045	512,935	3,511,167	685%	981,710	3,581,527	365%	0.354
2046	445,117	3,225,799	725%	851,912	3,287,805	386%	0.340
2047	384,329	2,947,599	767%	735,569	3,001,869	408%	0.327
2048	330,194	2,681,855	812%	631,959	2,729,051	432%	0.314
2049	282,405	2,432,625	861%	540,496	2,473,445	458%	0.302
2050	240,462	2,201,405	915%	460,221	2,236,533	486%	0.291
2051	203,825	1,989,821	976%	390,102	2,019,910	518%	0.280
2052	171,991	1,798,322	1046%	329,175	1,823,988	554%	0.269
2053	144,543	1,623,408	1123%	276,641	1,645,209	595%	0.258
2054	121,027	1,440,837	1191%	231,635	1,459,104	630%	0.248
2055	100,929	1,243,220	1232%	193,169	1,258,196	651%	0.239
2056	83,801	1,052,323	1256%	160,386	1,064,404	664%	0.230
2057	69,275	885,436	1278%	132,585	895,115	675%	0.221
2058	56,985	740,084	1299%	109,065	747,780	686%	0.212
2059	46,623	614,113	1317%	89,232	620,185	695%	0.204
2060	37,909	505,272	1333%	72,554	510,022	703%	0.196
2061	30,612	411,915	1346%	58,589	415,597	709%	0.189
2062	24,539	332,508	1355%	46,965	335,336	714%	0.182
2063	19,493	265,281	1361%	37,308	267,430	717%	0.175
2064	15,326	208,887	1363%	29,332	210,500	718%	0.168
2065	11,914	162,184	1361%	22,801	163,381	717%	0.161
2066	9,142	123,993	1356%	17,497	124,868	714%	0.155
2067	6,924	93,315	1348%	13,252	93,946	709%	0.149
2068	5,169	69,061	1336%	9,892	69,509	703%	0.143
2069	3,802	50,247	1322%	7,276	50,562	695%	0.138
2070	2,750	35,913	1306%	5,263	36,130	687%	0.133
2071	1,949	25,164	1291%	3,731	25,311	678%	0.128
2072	1,355	17,301	1277%	2,594	17,398	671%	0.123
2073	923	11,674	1265%	1,767	11,738	664%	0.118
Lifetime	126,338,680	117,911,733	93%	162,741,801	120,930,278	74%	

Exhibit Ib
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035 & HL200
All Benefit Periods
Lifetime Experience (Virginia)

	Without Proposed Rate Increase			With Proposed Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	3,661	1	0%	3,661	1	0%	2.235
1999	4,428	2	0%	4,428	2	0%	2.149
2000	999	1	0%	999	1	0%	2.066
2001	153,152	232	0%	153,152	232	0%	1.986
2002	370,025	834	0%	370,025	834	0%	1.910
2003	731,427	2,256	0%	731,427	2,256	0%	1.837
2004	1,284,491	11,668	1%	1,284,491	11,668	1%	1.766
2005	1,861,421	8,692	0%	1,861,421	8,692	0%	1.698
2006	2,105,742	14,121	1%	2,105,742	14,121	1%	1.633
2007	2,025,949	93,572	5%	2,025,949	93,572	5%	1.570
2008	2,015,213	81,702	4%	2,015,213	81,702	4%	1.510
2009	1,998,731	554,068	28%	1,998,731	554,068	28%	1.451
2010	1,912,105	651,969	34%	1,912,105	651,969	34%	1.396
2011	2,159,643	266,779	12%	2,159,643	266,779	12%	1.342
2012	2,333,916	1,095,666	47%	2,333,916	1,095,666	47%	1.290
2013	2,365,571	409,039	17%	2,365,571	409,039	17%	1.241
2014	2,326,569	984,280	42%	2,326,569	984,280	42%	1.193
2015	2,241,683	1,857,412	83%	2,241,683	1,857,412	83%	1.147
2016	2,149,180	1,083,012	50%	2,149,180	1,083,012	50%	1.103
2017	2,091,083	1,735,773	83%	2,091,083	1,735,773	83%	1.061
2018	2,066,631	2,415,466	117%	2,066,631	2,415,466	117%	1.020
2019	2,009,872	2,391,084	119%	2,375,536	2,414,188	102%	0.981
2020	1,927,428	2,491,188	129%	3,331,861	2,583,830	78%	0.943
2021	1,842,632	2,562,572	139%	3,187,018	2,654,213	83%	0.907
2022	1,755,862	2,608,352	149%	3,038,634	2,697,982	89%	0.872
2023	1,667,474	2,645,583	159%	2,887,307	2,732,765	95%	0.838
2024	1,577,816	2,683,625	170%	2,733,630	2,768,350	101%	0.806
2025	1,487,382	2,726,005	183%	2,578,445	2,808,500	109%	0.775
2026	1,396,649	2,769,628	198%	2,422,569	2,849,949	118%	0.745
2027	1,306,114	2,799,598	214%	2,266,859	2,877,406	127%	0.717
2028	1,216,161	2,823,571	232%	2,112,006	2,898,773	137%	0.689
2029	1,127,396	2,852,145	253%	1,959,038	2,924,986	149%	0.662
2030	1,040,237	2,882,981	277%	1,808,661	2,953,647	163%	0.637
2031	955,181	2,907,563	304%	1,661,764	2,976,039	179%	0.612
2032	872,790	2,906,792	333%	1,519,337	2,972,657	196%	0.589
2033	793,440	2,878,674	363%	1,382,056	2,941,528	213%	0.566
2034	717,665	2,825,097	394%	1,250,851	2,884,621	231%	0.544
2035	645,663	2,747,261	425%	1,126,068	2,803,158	249%	0.524
2036	577,680	2,649,555	459%	1,008,149	2,701,628	268%	0.503
2037	514,080	2,534,896	493%	897,744	2,583,042	288%	0.484
2038	454,932	2,406,909	529%	794,996	2,451,094	308%	0.465
2039	400,357	2,268,180	567%	700,120	2,308,439	330%	0.448
2040	350,320	2,121,125	605%	613,074	2,157,531	352%	0.430
2041	304,749	1,968,754	646%	533,725	2,001,408	375%	0.414
2042	263,553	1,814,979	689%	461,923	1,844,042	399%	0.398
2043	226,552	1,662,388	734%	397,372	1,688,047	425%	0.383
2044	193,595	1,513,675	782%	339,818	1,536,151	452%	0.368
2045	164,460	1,370,203	833%	288,887	1,389,749	481%	0.354
2046	138,860	1,233,255	888%	244,100	1,250,132	512%	0.340
2047	116,483	1,103,797	948%	204,914	1,118,264	546%	0.327
2048	97,082	982,759	1012%	170,917	995,081	582%	0.314
2049	80,412	871,337	1084%	141,691	881,780	622%	0.302
2050	66,209	769,013	1161%	116,775	777,816	666%	0.291
2051	54,187	674,344	1244%	95,666	681,720	713%	0.280
2052	44,073	586,682	1331%	77,891	592,819	761%	0.269
2053	35,622	503,705	1414%	63,023	508,766	807%	0.258
2054	28,602	425,414	1487%	50,662	429,528	848%	0.248
2055	22,803	352,386	1545%	40,435	355,674	880%	0.239
2056	18,042	286,841	1590%	32,026	289,433	904%	0.230
2057	14,155	231,070	1632%	25,146	233,091	927%	0.221
2058	10,999	183,828	1671%	19,548	185,384	948%	0.212
2059	8,456	144,268	1706%	15,026	145,449	968%	0.204
2060	6,421	111,465	1736%	11,402	112,345	985%	0.196
2061	4,823	84,874	1760%	8,549	85,519	1000%	0.189
2062	3,579	63,636	1778%	6,328	64,100	1013%	0.182
2063	2,626	46,982	1789%	4,624	47,310	1023%	0.175
2064	1,900	34,063	1793%	3,329	34,288	1030%	0.168
2065	1,356	24,230	1786%	2,361	24,383	1033%	0.161
2066	957	16,918	1768%	1,653	17,018	1030%	0.155
2067	669	11,618	1737%	1,144	11,682	1021%	0.149
2068	463	7,846	1695%	783	7,886	1007%	0.143
2069	316	5,208	1648%	529	5,233	990%	0.138
2070	213	3,394	1593%	352	3,409	968%	0.133
2071	142	2,172	1531%	232	2,181	940%	0.128
2072	93	1,369	1466%	151	1,374	910%	0.123
2073	61	850	1400%	97	853	877%	0.118
Lifetime	62,986,296	58,081,156	92%	75,920,066	59,179,213	78%	

Exhibit Ib
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035
Limited Benefit Period
Lifetime Experience (Virginia)

	Without Proposed Rate Increase			With Proposed 62% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	2,641	0	0%	2,641	0	0%	2.235
1999	3,160	0	0%	3,160	0	0%	2.149
2000	458	0	0%	458	0	0%	2.066
2001	44,856	37	0%	44,856	37	0%	1.986
2002	105,475	134	0%	105,475	134	0%	1.910
2003	148,338	345	0%	148,338	345	0%	1.837
2004	142,728	700	0%	142,728	700	0%	1.766
2005	129,942	903	1%	129,942	903	1%	1.698
2006	128,633	1,420	1%	128,633	1,420	1%	1.633
2007	126,748	2,144	2%	126,748	2,144	2%	1.570
2008	124,185	2,906	2%	124,185	2,906	2%	1.510
2009	119,252	3,314	3%	119,252	3,314	3%	1.451
2010	113,794	303,798	267%	113,794	303,798	267%	1.396
2011	145,954	12,463	9%	145,954	12,463	9%	1.342
2012	158,654	6,136	4%	158,654	6,136	4%	1.290
2013	158,653	226,342	143%	158,653	226,342	143%	1.241
2014	154,556	210,712	136%	154,556	210,712	136%	1.193
2015	153,191	7,293	5%	153,191	7,293	5%	1.147
2016	149,047	550,554	369%	149,047	550,554	369%	1.103
2017	144,161	7,943	6%	144,161	7,943	6%	1.061
2018	136,648	133,740	98%	136,648	133,740	98%	1.020
2019	132,923	166,671	125%	153,527	167,849	109%	0.981
2020	125,486	167,150	133%	203,292	171,655	84%	0.943
2021	117,906	166,542	141%	191,012	170,821	89%	0.907
2022	110,246	167,684	152%	178,602	171,789	96%	0.872
2023	102,554	169,788	166%	166,141	173,726	105%	0.838
2024	94,865	170,451	180%	153,685	174,185	113%	0.806
2025	87,244	169,286	194%	141,338	172,780	122%	0.775
2026	79,771	167,878	210%	129,233	171,130	132%	0.745
2027	72,513	167,597	231%	117,474	170,645	145%	0.717
2028	65,496	167,462	256%	106,106	170,320	161%	0.689
2029	58,774	166,152	283%	95,216	168,813	177%	0.662
2030	52,402	163,194	311%	84,893	165,645	195%	0.637
2031	46,424	158,825	342%	75,209	161,059	214%	0.612
2032	40,879	153,079	374%	66,226	155,098	234%	0.589
2033	35,763	145,986	408%	57,938	147,793	255%	0.566
2034	31,099	137,832	443%	50,382	139,438	277%	0.544
2035	26,894	129,021	480%	43,569	130,440	299%	0.524
2036	23,135	119,932	518%	37,479	121,182	323%	0.503
2037	19,817	110,775	559%	32,104	111,871	348%	0.484
2038	16,905	101,501	600%	27,387	102,457	374%	0.465
2039	14,372	92,260	642%	23,283	93,089	400%	0.448
2040	12,171	83,155	683%	19,717	83,869	425%	0.430
2041	10,254	74,284	724%	16,612	74,896	451%	0.414
2042	8,604	65,979	767%	13,940	66,500	477%	0.398
2043	7,190	58,147	809%	11,647	58,587	503%	0.383
2044	5,982	51,024	853%	9,691	51,394	530%	0.368
2045	4,953	44,576	900%	8,024	44,885	559%	0.354
2046	4,067	38,805	954%	6,589	39,060	593%	0.340
2047	3,315	33,827	1020%	5,371	34,036	634%	0.327
2048	2,683	29,623	1104%	4,347	29,794	685%	0.314
2049	2,156	26,131	1212%	3,493	26,271	752%	0.302
2050	1,721	23,261	1351%	2,789	23,374	838%	0.291
2051	1,364	20,202	1481%	2,209	20,292	918%	0.280
2052	1,071	17,151	1601%	1,736	17,222	992%	0.269
2053	837	14,237	1701%	1,356	14,292	1054%	0.258
2054	651	11,790	1812%	1,054	11,832	1122%	0.248
2055	503	9,724	1933%	815	9,756	1197%	0.239
2056	383	7,911	2065%	621	7,936	1279%	0.230
2057	286	6,314	2208%	463	6,332	1367%	0.221
2058	210	4,946	2356%	340	4,959	1458%	0.212
2059	151	3,799	2511%	245	3,809	1554%	0.204
2060	107	2,854	2675%	173	2,861	1655%	0.196
2061	73	2,090	2846%	119	2,095	1760%	0.189
2062	49	1,482	3025%	79	1,485	1871%	0.182
2063	32	1,014	3214%	51	1,016	1988%	0.175
2064	20	669	3406%	32	671	2106%	0.168
2065	12	426	3601%	19	427	2226%	0.161
2066	7	262	3800%	11	262	2350%	0.155
2067	4	155	4005%	6	155	2476%	0.149
2068	2	88	4211%	3	89	2604%	0.143
2069	1	50	4409%	2	50	2726%	0.138
2070	1	28	4600%	1	28	2843%	0.133
2071	0	16	4797%	1	16	2965%	0.128
2072	0	9	5003%	0	9	3092%	0.123
2073	0	5	5220%	0	5	3226%	0.118
Lifetime	4,467,299	4,202,474	94%	5,073,441	4,242,985	84%	

Exhibit Ib
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035
Lifetime Benefit Period
Lifetime Experience (Virginia)

	Without Proposed Rate Increase			With Proposed 81% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	1,020	1	0%	1,020	1	0%	2.235
1999	1,269	1	0%	1,269	1	0%	2.149
2000	541	1	0%	541	1	0%	2.066
2001	108,296	195	0%	108,296	195	0%	1.986
2002	264,550	701	0%	264,550	701	0%	1.910
2003	497,243	1,781	0%	497,243	1,781	0%	1.837
2004	502,479	9,729	2%	502,479	9,729	2%	1.766
2005	480,882	4,273	1%	480,882	4,273	1%	1.698
2006	471,438	6,009	1%	471,438	6,009	1%	1.633
2007	464,112	8,009	2%	464,112	8,009	2%	1.570
2008	458,150	60,026	13%	458,150	60,026	13%	1.510
2009	444,839	440,494	99%	444,839	440,494	99%	1.451
2010	419,482	15,077	4%	419,482	15,077	4%	1.396
2011	453,855	19,100	4%	453,855	19,100	4%	1.342
2012	485,395	193,313	40%	485,395	193,313	40%	1.290
2013	482,465	24,162	5%	482,465	24,162	5%	1.241
2014	470,206	136,954	29%	470,206	136,954	29%	1.193
2015	449,518	991,202	221%	449,518	991,202	221%	1.147
2016	442,356	51,935	12%	442,356	51,935	12%	1.103
2017	429,454	363,049	85%	429,454	363,049	85%	1.061
2018	417,576	923,665	221%	417,576	923,665	221%	1.020
2019	406,223	637,233	157%	488,671	643,668	132%	0.981
2020	388,534	647,297	167%	703,965	672,421	96%	0.943
2021	370,296	656,008	177%	670,921	680,440	101%	0.907
2022	351,705	664,219	189%	637,236	687,916	108%	0.872
2023	332,852	682,799	205%	603,078	706,016	117%	0.838
2024	313,863	697,536	222%	568,672	720,097	127%	0.806
2025	294,826	706,347	240%	534,180	728,032	136%	0.775
2026	275,753	715,416	259%	499,623	736,211	147%	0.745
2027	256,770	727,279	283%	465,229	747,286	161%	0.717
2028	237,947	747,343	314%	431,125	766,803	178%	0.689
2029	219,495	763,831	348%	397,692	782,641	197%	0.662
2030	201,526	774,850	384%	365,136	792,876	217%	0.637
2031	184,085	780,246	424%	333,534	797,371	239%	0.612
2032	167,236	779,511	466%	303,007	795,656	263%	0.589
2033	151,039	771,711	511%	273,661	786,805	288%	0.566
2034	135,643	757,767	559%	245,765	771,790	314%	0.544
2035	121,144	738,699	610%	219,495	751,653	342%	0.524
2036	107,598	715,316	665%	194,951	727,221	373%	0.503
2037	95,050	687,334	723%	172,216	698,203	405%	0.484
2038	83,452	654,644	784%	151,202	664,488	439%	0.465
2039	72,775	617,474	848%	131,858	626,307	475%	0.448
2040	63,049	577,159	915%	114,235	585,015	512%	0.430
2041	54,273	535,425	987%	98,335	542,351	552%	0.414
2042	46,408	493,497	1063%	84,085	499,555	594%	0.398
2043	39,390	451,951	1147%	71,368	457,202	641%	0.383
2044	33,162	411,518	1241%	60,085	416,025	692%	0.368
2045	27,694	372,858	1346%	50,178	376,694	751%	0.354
2046	22,946	336,648	1467%	41,575	339,892	818%	0.340
2047	18,857	303,001	1607%	34,166	305,731	895%	0.327
2048	15,377	271,314	1764%	27,860	273,598	982%	0.314
2049	12,447	241,440	1940%	22,552	243,339	1079%	0.302
2050	9,999	213,301	2133%	18,117	214,867	1186%	0.291
2051	7,974	186,403	2338%	14,448	187,683	1299%	0.280
2052	6,308	160,320	2541%	11,429	161,353	1412%	0.269
2053	4,941	133,599	2704%	8,952	134,417	1501%	0.258
2054	3,830	109,425	2857%	6,939	110,065	1586%	0.248
2055	2,932	88,427	3016%	5,313	88,920	1674%	0.239
2056	2,213	70,387	3181%	4,009	70,762	1765%	0.230
2057	1,644	55,089	3352%	2,978	55,370	1859%	0.221
2058	1,196	42,146	3524%	2,167	42,352	1955%	0.212
2059	852	31,542	3702%	1,544	31,690	2053%	0.204
2060	594	23,077	3888%	1,075	23,181	2156%	0.196
2061	403	16,469	4085%	730	16,540	2264%	0.189
2062	266	11,447	4297%	483	11,494	2381%	0.182
2063	171	7,733	4522%	310	7,763	2506%	0.175
2064	106	5,053	4757%	192	5,072	2635%	0.168
2065	64	3,203	5004%	116	3,215	2772%	0.161
2066	37	1,970	5263%	68	1,977	2915%	0.155
2067	21	1,176	5526%	39	1,180	3060%	0.149
2068	12	683	5784%	21	685	3202%	0.143
2069	6	387	6024%	12	388	3335%	0.138
2070	3	216	6255%	6	217	3462%	0.133
2071	2	121	6495%	3	121	3595%	0.128
2072	1	67	6747%	2	67	3734%	0.123
2073	1	38	7011%	1	38	3880%	0.118
Lifetime	14,783,987	15,690,327	106%	17,577,154	15,966,338	91%	

Exhibit Ib
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Limited Benefit Period
Lifetime Experience (Virginia Pre Rate Stability)

	Without Proposed Rate Increase			With Proposed 50% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	-	-	0%	-	-	0%	2.235
1999	-	-	0%	-	-	0%	2.149
2000	-	-	0%	-	-	0%	2.066
2001	-	-	0%	-	-	0%	1.986
2002	-	-	0%	-	-	0%	1.910
2003	27,887	42	0%	27,887	42	0%	1.837
2004	61,597	148	0%	61,597	148	0%	1.766
2005	64,142	346	1%	64,142	346	1%	1.698
2006	61,557	639	1%	61,557	639	1%	1.633
2007	60,050	914	2%	60,050	914	2%	1.570
2008	60,821	1,394	2%	60,821	1,394	2%	1.510
2009	58,747	50,753	86%	58,747	50,753	86%	1.451
2010	54,370	2,335	4%	54,370	2,335	4%	1.396
2011	75,125	2,572	3%	75,125	2,572	3%	1.342
2012	80,705	2,981	4%	80,705	2,981	4%	1.290
2013	77,569	2,621	3%	77,569	2,621	3%	1.241
2014	76,753	2,807	4%	76,753	2,807	4%	1.193
2015	75,123	3,106	4%	75,123	3,106	4%	1.147
2016	71,117	357,891	503%	71,117	357,891	503%	1.103
2017	69,329	176,151	254%	69,329	176,151	254%	1.061
2018	71,023	155,187	219%	71,023	155,187	219%	1.020
2019	69,704	77,719	111%	78,416	78,230	100%	0.981
2020	66,405	81,157	122%	99,604	83,204	84%	0.943
2021	62,960	83,294	132%	94,438	85,307	90%	0.907
2022	59,409	83,889	141%	89,112	85,831	96%	0.872
2023	55,776	84,694	152%	83,662	86,567	103%	0.838
2024	52,060	86,193	166%	78,088	88,016	113%	0.806
2025	48,301	86,313	179%	72,450	88,060	122%	0.775
2026	44,540	85,102	191%	66,808	86,749	130%	0.745
2027	40,837	82,876	203%	61,255	84,407	138%	0.717
2028	37,199	81,179	218%	55,796	82,607	148%	0.689
2029	33,663	80,177	238%	50,493	81,522	161%	0.662
2030	30,281	78,363	259%	45,420	79,619	175%	0.637
2031	27,071	75,832	280%	40,605	76,996	190%	0.612
2032	24,052	72,565	302%	36,076	73,636	204%	0.589
2033	21,205	68,560	323%	31,807	69,534	219%	0.566
2034	18,570	64,124	345%	27,854	65,003	233%	0.544
2035	16,151	59,408	368%	24,226	60,194	248%	0.524
2036	13,947	54,607	392%	20,920	55,305	264%	0.503
2037	11,963	49,926	417%	17,945	50,542	282%	0.484
2038	10,184	45,378	446%	15,275	45,918	301%	0.465
2039	8,597	40,908	476%	12,895	41,379	321%	0.448
2040	7,197	36,600	509%	10,796	37,007	343%	0.430
2041	5,982	32,506	543%	8,972	32,853	366%	0.414
2042	4,930	28,584	580%	7,394	28,877	391%	0.398
2043	4,016	24,794	617%	6,024	25,037	416%	0.383
2044	3,230	21,209	657%	4,846	21,407	442%	0.368
2045	2,566	17,903	698%	3,849	18,062	469%	0.354
2046	2,015	14,951	742%	3,022	15,077	499%	0.340
2047	1,560	12,307	789%	2,340	12,406	530%	0.327
2048	1,188	9,944	837%	1,782	10,020	562%	0.314
2049	891	7,882	885%	1,336	7,939	594%	0.302
2050	658	6,110	928%	987	6,153	623%	0.291
2051	479	4,633	967%	719	4,664	649%	0.280
2052	342	3,416	998%	513	3,438	670%	0.269
2053	240	2,445	1020%	359	2,460	684%	0.258
2054	165	1,713	1041%	247	1,724	698%	0.248
2055	111	1,176	1059%	167	1,183	710%	0.239
2056	74	791	1074%	111	796	720%	0.230
2057	48	522	1087%	72	525	729%	0.221
2058	30	335	1099%	46	337	737%	0.212
2059	19	209	1110%	28	210	744%	0.204
2060	11	127	1119%	17	128	751%	0.196
2061	7	75	1127%	10	75	756%	0.189
2062	4	43	1133%	6	43	760%	0.182
2063	2	24	1139%	3	24	764%	0.175
2064	1	13	1144%	2	13	767%	0.168
2065	1	7	1150%	1	7	771%	0.161
2066	0	4	1156%	0	4	775%	0.155
2067	0	2	1162%	0	2	779%	0.149
2068	0	1	1168%	0	1	783%	0.143
2069	0	1	1175%	0	1	788%	0.138
2070	0	0	1182%	0	0	793%	0.133
2071	0	0	1190%	0	0	798%	0.128
2072	0	0	1198%	0	0	803%	0.123
2073	0	0	1206%	0	0	808%	0.118
Lifetime	2,011,957	1,999,922	99%	2,282,277	2,019,971	89%	

Exhibit Ib
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Virginia Pre Rate Stability)

	Without Proposed Rate Increase			With Proposed 91% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	-	-	0%	-	-	0%	2.235
1999	-	-	0%	-	-	0%	2.149
2000	-	-	0%	-	-	0%	2.066
2001	-	-	0%	-	-	0%	1.986
2002	-	-	0%	-	-	0%	1.910
2003	37,026	58	0%	37,026	58	0%	1.837
2004	81,230	162	0%	81,230	162	0%	1.766
2005	73,512	238	0%	73,512	238	0%	1.698
2006	62,810	329	1%	62,810	329	1%	1.633
2007	64,790	524	1%	64,790	524	1%	1.570
2008	64,376	698	1%	64,376	698	1%	1.510
2009	64,376	931	1%	64,376	931	1%	1.451
2010	61,732	211,446	343%	61,732	211,446	343%	1.396
2011	70,663	1,855	3%	70,663	1,855	3%	1.342
2012	74,216	6,030	8%	74,216	6,030	8%	1.290
2013	71,177	16,739	24%	71,177	16,739	24%	1.241
2014	69,862	65,899	94%	69,862	65,899	94%	1.193
2015	63,784	2,940	5%	63,784	2,940	5%	1.147
2016	62,261	3,368	5%	62,261	3,368	5%	1.103
2017	61,541	709,661	1153%	61,541	709,661	1153%	1.061
2018	61,751	40,978	66%	61,751	40,978	66%	1.020
2019	61,132	93,789	153%	75,099	94,853	126%	0.981
2020	58,581	96,881	165%	112,119	101,194	90%	0.943
2021	55,926	97,978	175%	107,038	102,267	96%	0.907
2022	53,161	96,545	182%	101,745	100,710	99%	0.872
2023	50,302	94,977	189%	96,274	99,019	103%	0.838
2024	47,374	94,087	199%	90,669	98,035	108%	0.806
2025	44,405	91,847	207%	84,987	95,638	113%	0.775
2026	41,427	88,403	213%	79,287	91,984	116%	0.745
2027	38,455	83,954	218%	73,599	87,283	119%	0.717
2028	35,503	80,436	227%	67,950	83,546	123%	0.689
2029	32,622	78,312	240%	62,436	81,263	130%	0.662
2030	29,858	75,974	254%	57,145	78,758	138%	0.637
2031	27,243	73,558	270%	52,140	76,177	146%	0.612
2032	24,790	71,222	287%	47,446	73,680	155%	0.589
2033	22,485	69,045	307%	43,034	71,350	166%	0.566
2034	20,332	67,266	331%	38,913	69,434	178%	0.544
2035	18,341	66,070	360%	35,102	68,124	194%	0.524
2036	16,512	65,345	396%	31,602	67,300	213%	0.503
2037	14,838	64,883	437%	28,398	66,747	235%	0.484
2038	13,305	64,426	484%	25,464	66,198	260%	0.465
2039	11,891	63,697	536%	22,758	65,372	287%	0.448
2040	10,588	62,577	591%	20,264	64,150	317%	0.430
2041	9,391	60,952	649%	17,974	62,418	347%	0.414
2042	8,281	58,534	707%	15,849	59,882	378%	0.398
2043	7,256	55,316	762%	13,888	56,535	407%	0.383
2044	6,321	51,388	813%	12,098	52,469	434%	0.368
2045	5,469	46,812	856%	10,468	47,752	456%	0.354
2046	4,695	41,806	890%	8,985	42,604	474%	0.340
2047	3,981	36,610	920%	7,619	37,273	489%	0.327
2048	3,336	31,683	950%	6,385	32,223	505%	0.314
2049	2,771	27,343	987%	5,304	27,779	524%	0.302
2050	2,283	23,641	1036%	4,370	23,992	549%	0.291
2051	1,870	20,596	1102%	3,578	20,879	583%	0.280
2052	1,526	18,062	1184%	2,921	18,292	626%	0.269
2053	1,243	15,307	1231%	2,380	15,491	651%	0.258
2054	1,014	12,419	1225%	1,940	12,562	647%	0.248
2055	829	10,072	1215%	1,586	10,183	642%	0.239
2056	680	8,173	1202%	1,301	8,260	635%	0.230
2057	557	6,619	1188%	1,066	6,688	627%	0.221
2058	456	5,363	1175%	873	5,418	620%	0.212
2059	373	4,347	1165%	714	4,391	615%	0.204
2060	304	3,516	1158%	581	3,551	611%	0.196
2061	244	2,819	1155%	467	2,847	609%	0.189
2062	191	2,208	1153%	366	2,230	608%	0.182
2063	147	1,694	1153%	281	1,711	608%	0.175
2064	110	1,272	1155%	211	1,284	609%	0.168
2065	80	931	1158%	154	940	611%	0.161
2066	57	664	1162%	109	670	613%	0.155
2067	39	459	1166%	75	463	615%	0.149
2068	26	304	1171%	50	307	618%	0.143
2069	17	195	1176%	32	196	621%	0.138
2070	10	120	1182%	19	121	624%	0.133
2071	6	71	1187%	11	72	626%	0.128
2072	3	41	1192%	7	41	629%	0.123
2073	2	22	1194%	4	23	630%	0.118
Lifetime	2,018,454	2,606,937	129%	2,497,184	2,654,311	106%	

Exhibit Ib
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Limited Benefit Period
Lifetime Experience (Virginia Post Rate Stability)

	Without Proposed Rate Increase			With Proposed 50% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	-	-	0%	-	-	0%	2.235
1999	-	-	0%	-	-	0%	2.149
2000	-	-	0%	-	-	0%	2.066
2001	-	-	0%	-	-	0%	1.986
2002	-	-	0%	-	-	0%	1.910
2003	11,419	18	0%	11,419	18	0%	1.837
2004	217,547	300	0%	217,547	300	0%	1.766
2005	530,351	1,002	0%	530,351	1,002	0%	1.698
2006	686,783	2,411	0%	686,783	2,411	0%	1.633
2007	660,437	4,891	1%	660,437	4,891	1%	1.570
2008	654,859	9,779	1%	654,859	9,779	1%	1.510
2009	650,655	49,084	8%	650,655	49,084	8%	1.451
2010	624,082	99,243	16%	624,082	99,243	16%	1.396
2011	738,163	215,443	29%	738,163	215,443	29%	1.342
2012	788,490	710,153	90%	788,490	710,153	90%	1.290
2013	805,636	116,859	15%	805,636	116,859	15%	1.241
2014	792,279	411,069	52%	792,279	411,069	52%	1.193
2015	757,021	763,141	101%	757,021	763,141	101%	1.147
2016	694,399	86,550	12%	694,399	86,550	12%	1.103
2017	668,678	316,534	47%	668,678	316,534	47%	1.061
2018	658,261	664,465	101%	658,261	664,465	101%	1.020
2019	639,703	663,992	104%	719,659	668,218	93%	0.981
2020	611,284	688,376	113%	916,902	704,922	77%	0.943
2021	582,454	706,886	121%	873,658	722,965	83%	0.907
2022	553,302	718,203	130%	829,932	733,692	88%	0.872
2023	523,945	720,882	138%	785,898	735,637	94%	0.838
2024	494,513	724,543	147%	741,750	738,623	100%	0.806
2025	465,139	734,679	158%	697,690	748,251	107%	0.775
2026	435,962	747,599	171%	653,925	760,759	116%	0.745
2027	407,060	753,766	185%	610,574	766,432	126%	0.717
2028	378,507	752,961	199%	567,745	765,056	135%	0.689
2029	350,494	753,475	215%	525,727	765,058	146%	0.662
2030	323,121	758,679	235%	484,668	769,857	159%	0.637
2031	296,480	764,714	258%	444,708	775,542	174%	0.612
2032	270,722	763,325	282%	406,073	773,735	191%	0.589
2033	245,952	753,567	306%	368,918	763,480	207%	0.566
2034	222,308	736,292	331%	333,454	745,649	224%	0.544
2035	199,830	711,329	356%	299,737	720,071	240%	0.524
2036	178,584	680,047	381%	267,869	688,129	257%	0.503
2037	158,671	643,715	406%	238,000	651,114	274%	0.484
2038	140,119	604,197	431%	210,173	610,911	291%	0.465
2039	123,000	562,943	458%	184,495	568,989	308%	0.448
2040	107,300	520,864	485%	160,945	526,271	327%	0.430
2041	93,024	478,735	515%	139,532	483,540	347%	0.414
2042	80,172	437,483	546%	120,254	441,727	367%	0.398
2043	68,685	397,544	579%	103,024	401,267	389%	0.383
2044	58,525	359,510	614%	87,785	362,754	413%	0.368
2045	49,597	323,214	652%	74,394	326,019	438%	0.354
2046	41,780	288,393	690%	62,668	290,797	464%	0.340
2047	34,978	255,504	730%	52,465	257,548	491%	0.327
2048	29,084	224,606	772%	43,625	226,328	519%	0.314
2049	24,007	195,834	816%	36,009	197,271	548%	0.302
2050	19,677	169,400	861%	29,515	170,588	578%	0.291
2051	16,015	145,284	907%	24,022	146,256	609%	0.280
2052	12,948	123,587	954%	19,421	124,374	640%	0.269
2053	10,397	104,297	1003%	15,595	104,928	673%	0.258
2054	8,285	86,938	1049%	12,426	87,436	704%	0.248
2055	6,556	71,103	1085%	9,834	71,492	727%	0.239
2056	5,160	56,563	1096%	7,739	56,859	735%	0.230
2057	4,042	44,652	1105%	6,063	44,876	740%	0.221
2058	3,157	35,019	1109%	4,735	35,187	743%	0.212
2059	2,459	27,292	1110%	3,688	27,416	743%	0.204
2060	1,911	21,170	1108%	2,867	21,261	742%	0.196
2061	1,487	16,402	1103%	2,230	16,468	738%	0.189
2062	1,158	12,713	1097%	1,738	12,762	734%	0.182
2063	903	9,864	1092%	1,355	9,899	730%	0.175
2064	701	7,612	1085%	1,052	7,637	726%	0.168
2065	542	5,834	1076%	813	5,852	720%	0.161
2066	418	4,446	1064%	627	4,459	711%	0.155
2067	321	3,362	1049%	481	3,372	701%	0.149
2068	244	2,512	1030%	366	2,519	689%	0.143
2069	182	1,840	1012%	273	1,845	677%	0.138
2070	133	1,314	991%	199	1,317	662%	0.133
2071	95	915	963%	142	917	644%	0.128
2072	67	620	933%	100	622	624%	0.123
2073	46	409	899%	68	411	601%	0.118
Lifetime	19,204,652	15,838,019	82%	21,953,738	16,017,133	73%	

Exhibit Ib
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Virginia Post Rate Stability)

	Without Proposed Rate Increase			With Proposed 91% Rate Increase			4.0%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.417
1997	-	-	0%	-	-	0%	2.324
1998	-	-	0%	-	-	0%	2.235
1999	-	-	0%	-	-	0%	2.149
2000	-	-	0%	-	-	0%	2.066
2001	-	-	0%	-	-	0%	1.986
2002	-	-	0%	-	-	0%	1.910
2003	9,515	12	0%	9,515	12	0%	1.837
2004	278,911	628	0%	278,911	628	0%	1.766
2005	582,593	1,930	0%	582,593	1,930	0%	1.698
2006	694,520	3,312	0%	694,520	3,312	0%	1.633
2007	649,813	77,090	12%	649,813	77,090	12%	1.570
2008	652,823	6,900	1%	652,823	6,900	1%	1.510
2009	660,862	9,491	1%	660,862	9,491	1%	1.451
2010	638,646	20,069	3%	638,646	20,069	3%	1.396
2011	675,883	15,346	2%	675,883	15,346	2%	1.342
2012	746,456	177,052	24%	746,456	177,052	24%	1.290
2013	770,070	22,316	3%	770,070	22,316	3%	1.241
2014	762,913	156,838	21%	762,913	156,838	21%	1.193
2015	743,047	89,730	12%	743,047	89,730	12%	1.147
2016	730,001	32,714	4%	730,001	32,714	4%	1.103
2017	717,921	162,435	23%	717,921	162,435	23%	1.061
2018	721,372	497,431	69%	721,372	497,431	69%	1.020
2019	700,188	751,679	107%	860,164	761,371	89%	0.981
2020	677,138	810,327	120%	1,295,979	850,434	66%	0.943
2021	653,089	851,864	130%	1,249,951	892,414	71%	0.907
2022	628,039	877,814	140%	1,202,008	918,045	76%	0.872
2023	602,044	892,442	148%	1,152,255	931,800	81%	0.838
2024	575,141	910,816	158%	1,100,766	949,394	86%	0.806
2025	547,467	937,533	171%	1,047,801	975,738	93%	0.775
2026	519,196	965,230	186%	993,693	1,003,116	101%	0.745
2027	490,477	984,125	201%	938,728	1,021,353	109%	0.717
2028	461,508	994,190	215%	883,283	1,030,440	117%	0.689
2029	432,349	1,010,198	234%	827,475	1,045,689	126%	0.662
2030	403,050	1,031,921	256%	771,400	1,066,893	138%	0.637
2031	373,879	1,054,389	282%	715,569	1,088,894	152%	0.612
2032	345,111	1,067,089	309%	660,509	1,100,853	167%	0.589
2033	316,995	1,069,807	337%	606,698	1,102,565	182%	0.566
2034	289,713	1,061,817	367%	554,483	1,093,306	197%	0.544
2035	263,304	1,042,735	396%	503,939	1,072,675	213%	0.524
2036	237,905	1,014,308	426%	455,328	1,042,491	229%	0.503
2037	213,742	978,262	458%	409,082	1,004,564	246%	0.484
2038	190,969	936,763	491%	365,496	961,122	263%	0.465
2039	169,722	890,898	525%	324,832	913,303	281%	0.448
2040	150,016	840,770	560%	287,116	861,218	300%	0.430
2041	131,824	786,851	597%	252,299	805,349	319%	0.414
2042	115,158	730,901	635%	220,401	747,500	339%	0.398
2043	100,016	674,636	675%	191,421	689,419	360%	0.383
2044	86,375	619,026	717%	165,314	632,102	382%	0.368
2045	74,181	564,839	761%	141,975	576,337	406%	0.354
2046	63,358	512,653	809%	121,260	522,702	431%	0.340
2047	53,792	462,548	860%	102,953	471,270	458%	0.327
2048	45,414	415,589	915%	86,918	423,118	487%	0.314
2049	38,140	372,706	977%	72,997	379,182	519%	0.302
2050	31,871	333,300	1046%	60,998	338,843	556%	0.291
2051	26,485	297,226	1122%	50,689	301,945	596%	0.280
2052	21,877	264,147	1207%	41,870	268,140	640%	0.269
2053	17,963	233,819	1302%	34,380	237,177	690%	0.258
2054	14,659	203,128	1386%	28,055	205,909	734%	0.248
2055	11,872	171,884	1448%	22,721	174,140	766%	0.239
2056	9,533	143,017	1500%	18,245	144,820	794%	0.230
2057	7,578	117,874	1555%	14,504	119,301	823%	0.221
2058	5,949	96,019	1614%	11,387	97,132	853%	0.212
2059	4,602	77,078	1675%	8,807	77,933	885%	0.204
2060	3,495	60,721	1737%	6,689	61,365	917%	0.196
2061	2,608	47,018	1803%	4,992	47,493	951%	0.189
2062	1,910	35,743	1871%	3,656	36,087	987%	0.182
2063	1,371	26,654	1944%	2,624	26,898	1025%	0.175
2064	962	19,444	2022%	1,840	19,612	1066%	0.168
2065	657	13,828	2104%	1,258	13,941	1108%	0.161
2066	437	9,573	2189%	837	9,646	1152%	0.155
2067	284	6,464	2280%	543	6,511	1200%	0.149
2068	179	4,257	2378%	343	4,285	1251%	0.143
2069	110	2,736	2483%	211	2,753	1305%	0.138
2070	66	1,715	2593%	127	1,725	1363%	0.133
2071	39	1,050	2709%	74	1,055	1423%	0.128
2072	22	632	2833%	43	635	1488%	0.123
2073	13	375	2970%	24	377	1559%	0.118
Lifetime	20,499,948	17,743,477	87%	26,536,271	18,278,475	69%	

Exhibit IIa
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035 & HL200
Lifetime Experience (Nationwide)
Virginia Rate Level
Data as of December 31, 2018
58/85 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	589,520,134
(2)	Accumulated Past Premiums on Original Rate Basis:	511,751,596
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	77,768,538
(4)	PV Future Total Premiums Including Rate Increases:	351,165,612
(5)	PV Future Premiums on Original Rate Basis:	146,096,220
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	205,069,392
(7)	Accumulated Past Incurred Claims	270,036,548
(8)	PV Future Incurred Claims	537,580,468
(9)	Total Incurred Claims: (7) + (8)	807,617,016
(10)	0.58 x [(2) + (5)] + 0.85 x [(3) + (6)] =	621,963,974
(11)	Test: Is (9) >= (10)?	True

Exhibit IIa
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035
Lifetime Experience (Nationwide)
Virginia Rate Level
Data as of December 31, 2018
58/85 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	320,578,569
(2)	Accumulated Past Premiums on Original Rate Basis:	284,778,171
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	35,800,397
(4)	PV Future Total Premiums Including Rate Increases:	130,646,362
(5)	PV Future Premiums on Original Rate Basis:	54,383,562
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	76,262,799
(7)	Accumulated Past Incurred Claims	167,808,952
(8)	PV Future Incurred Claims	259,658,026
(9)	Total Incurred Claims: (7) + (8)	427,466,979
(10)	0.58 x [(2) + (5)] + 0.85 x [(3) + (6)] =	291,967,523
(11)	Test: Is (9) >= (10)?	True

Exhibit IIa
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Experience (Nationwide Pre Rate Stability)
Virginia Rate Level
Data as of December 31, 2018
58/85 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	120,227,887
(2)	Accumulated Past Premiums on Original Rate Basis:	101,474,455
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	18,753,432
(4)	PV Future Total Premiums Including Rate Increases:	97,997,249
(5)	PV Future Premiums on Original Rate Basis:	40,094,178
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	57,903,070
(7)	Accumulated Past Incurred Claims	54,498,684
(8)	PV Future Incurred Claims	125,038,761
(9)	Total Incurred Claims: (7) + (8)	179,537,445
(10)	0.58 x [(2) + (5)] + 0.85 x [(3) + (6)] =	147,267,834
(11)	Test: Is (9) >= (10)?	True

Exhibit IIa
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Experience (Nationwide Post Rate Stability)
Virginia Rate Level
Data as of December 31, 2018
58/85 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	148,713,678
(2)	Accumulated Past Premiums on Original Rate Basis:	125,498,969
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	23,214,709
(4)	PV Future Total Premiums Including Rate Increases:	122,522,002
(5)	PV Future Premiums on Original Rate Basis:	51,618,480
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	70,903,522
(7)	Accumulated Past Incurred Claims	47,728,912
(8)	PV Future Incurred Claims	152,883,680
(9)	Total Incurred Claims: (7) + (8)	200,612,592
(10)	0.58 x [(2) + (5)] + 0.85 x [(3) + (6)] =	182,728,617
(11)	Test: Is (9) >= (10)?	True

Exhibit IIb
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035 & HL200
Lifetime Experience (Nationwide)
Virginia Rate Level
Data as of December 31, 2018
60/80 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	589,520,134
(2)	Accumulated Past Premiums on Original Rate Basis:	511,751,596
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	77,768,538
(4)	PV Future Total Premiums Including Rate Increases:	351,165,612
(5)	PV Future Premiums on Original Rate Basis:	146,096,220
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	205,069,392
(7)	Accumulated Past Incurred Claims	270,036,548
(8)	PV Future Incurred Claims	537,580,468
(9)	Total Incurred Claims: (7) + (8)	807,617,016
(10)	0.60 x [(2) + (5)] + 0.80 x [(3) + (6)] =	620,979,034
(11)	Test: Is (9) >= (10)?	True

Exhibit IIb
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035
Lifetime Experience (Nationwide)
Virginia Rate Level
Data as of December 31, 2018
60/80 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	320,578,569
(2)	Accumulated Past Premiums on Original Rate Basis:	284,778,171
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	35,800,397
(4)	PV Future Total Premiums Including Rate Increases:	130,646,362
(5)	PV Future Premiums on Original Rate Basis:	54,383,562
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	76,262,799
(7)	Accumulated Past Incurred Claims	167,808,952
(8)	PV Future Incurred Claims	259,658,026
(9)	Total Incurred Claims: (7) + (8)	427,466,979
(10)	0.60 x [(2) + (5)] + 0.80 x [(3) + (6)] =	293,147,598
(11)	Test: Is (9) >= (10)?	True

Exhibit IIb
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Experience (Nationwide Pre Rate Stability)
Virginia Rate Level
Data as of December 31, 2018
60/80 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	120,227,887
(2)	Accumulated Past Premiums on Original Rate Basis:	101,474,455
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	18,753,432
(4)	PV Future Total Premiums Including Rate Increases:	97,997,249
(5)	PV Future Premiums on Original Rate Basis:	40,094,178
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	57,903,070
(7)	Accumulated Past Incurred Claims	54,498,684
(8)	PV Future Incurred Claims	125,038,761
(9)	Total Incurred Claims: (7) + (8)	179,537,445
(10)	0.60 x [(2) + (5)] + 0.80 x [(3) + (6)] =	146,266,382
(11)	Test: Is (9) >= (10)?	True

Exhibit IIb
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Experience (Nationwide Post Rate Stability)
Virginia Rate Level
Data as of December 31, 2018
60/80 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	148,713,678
(2)	Accumulated Past Premiums on Original Rate Basis:	125,498,969
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	23,214,709
(4)	PV Future Total Premiums Including Rate Increases:	122,522,002
(5)	PV Future Premiums on Original Rate Basis:	51,618,480
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	70,903,522
(7)	Accumulated Past Incurred Claims	47,728,912
(8)	PV Future Incurred Claims	152,883,680
(9)	Total Incurred Claims: (7) + (8)	200,612,592
(10)	0.60 x [(2) + (5)] + 0.80 x [(3) + (6)] =	181,565,054
(11)	Test: Is (9) >= (10)?	True

Exhibit III
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035 & HL200
Lifetime Experience (Nationwide)

	Actual Past Best Estimate Future			Expected Loss Ratio				4.00% Best Estimate	6.56% Original Pricing
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A/E	Discount	Discount
1996	44,630	169	0%	44,139	5,299	12%	0.03	2.417	4.177
1997	953,335	3,587	0%	950,824	114,346	12%	0.03	2.324	3.920
1998	2,730,092	11,592	0%	2,675,281	347,788	13%	0.03	2.235	3.679
1999	5,010,294	31,684	1%	4,729,614	680,034	14%	0.04	2.149	3.452
2000	7,501,820	163,824	2%	6,894,350	1,076,648	16%	0.14	2.066	3.240
2001	9,349,115	509,679	5%	8,318,750	1,441,202	17%	0.31	1.986	3.040
2002	10,963,752	723,484	7%	9,311,072	1,795,778	19%	0.34	1.910	2.853
2003	13,730,616	917,260	7%	11,394,233	2,198,648	19%	0.35	1.837	2.677
2004	18,780,958	2,625,280	14%	15,999,421	2,619,678	16%	0.85	1.766	2.513
2005	23,890,653	3,536,271	15%	20,279,868	3,100,885	15%	0.97	1.698	2.358
2006	25,668,647	6,011,052	23%	21,403,477	3,609,891	17%	1.39	1.633	2.213
2007	24,572,574	6,575,880	27%	19,858,922	4,185,196	21%	1.27	1.570	2.077
2008	24,007,326	8,649,327	36%	18,686,349	4,829,463	26%	1.39	1.510	1.949
2009	23,573,404	11,946,284	51%	17,659,872	5,490,016	31%	1.63	1.451	1.829
2010	22,186,555	13,042,872	59%	16,531,752	6,111,398	37%	1.59	1.396	1.716
2011	23,551,584	15,262,301	65%	15,382,699	6,742,723	44%	1.48	1.342	1.610
2012	27,732,048	13,375,140	48%	14,530,422	7,451,074	51%	0.94	1.290	1.511
2013	27,381,552	18,270,219	67%	13,781,227	8,144,223	59%	1.13	1.241	1.418
2014	26,198,017	15,693,293	60%	12,975,465	8,828,868	68%	0.88	1.193	1.331
2015	24,427,513	21,087,397	86%	12,142,325	9,465,456	78%	1.11	1.147	1.249
2016	23,716,340	25,571,797	108%	11,339,862	10,099,742	89%	1.21	1.103	1.172
2017	23,208,212	25,554,939	110%	10,656,932	10,794,004	101%	1.09	1.061	1.100
2018	22,595,023	26,970,832	119%	9,961,108	11,448,629	115%	1.04	1.020	1.032
2019	21,917,356	27,733,104	127%	9,295,466	12,092,400	130%	0.97	0.981	0.969
2020	20,947,648	28,796,373	137%	8,654,771	12,688,215	147%	0.94	0.943	0.909
2021	19,960,928	29,587,670	148%	8,038,248	13,269,399	165%	0.90	0.907	0.853
2022	18,961,494	30,158,575	159%	7,446,267	13,845,877	186%	0.86	0.872	0.801
2023	17,954,244	30,632,366	171%	6,879,217	14,335,826	208%	0.82	0.838	0.751
2024	16,943,760	31,160,115	184%	6,337,474	14,789,601	233%	0.79	0.806	0.705
2025	15,934,671	31,792,270	200%	5,821,377	15,186,217	261%	0.76	0.775	0.662
2026	14,931,324	32,386,571	217%	5,331,201	15,551,383	292%	0.74	0.745	0.621
2027	13,938,206	32,804,965	235%	4,867,143	15,897,361	327%	0.72	0.717	0.583
2028	12,960,103	33,097,500	255%	4,429,306	16,135,654	364%	0.70	0.689	0.547
2029	12,001,283	33,385,143	278%	4,017,669	16,308,669	406%	0.69	0.662	0.513
2030	11,066,365	33,677,385	304%	3,632,095	16,380,996	451%	0.67	0.637	0.482
2031	10,159,167	33,854,864	333%	3,272,321	16,391,600	501%	0.67	0.612	0.452
2032	9,283,857	33,788,932	364%	2,937,964	16,341,346	556%	0.65	0.589	0.424
2033	8,443,960	33,466,213	396%	2,628,520	16,168,376	615%	0.64	0.566	0.398
2034	7,642,351	32,891,957	430%	2,343,353	15,936,201	680%	0.63	0.544	0.373
2035	6,882,444	32,079,753	466%	2,081,701	15,634,068	751%	0.62	0.524	0.351
2036	6,166,499	31,049,567	504%	1,842,697	15,276,776	829%	0.61	0.503	0.329
2037	5,496,045	29,827,895	543%	1,625,369	14,882,691	916%	0.59	0.484	0.309
2038	4,871,998	28,442,341	584%	1,428,651	14,395,544	1008%	0.58	0.465	0.290
2039	4,295,058	26,916,096	627%	1,251,395	13,853,161	1107%	0.57	0.448	0.272
2040	3,765,659	25,275,806	671%	1,092,394	13,261,911	1214%	0.55	0.430	0.255
2041	3,283,419	23,553,588	717%	950,406	12,638,962	1330%	0.54	0.414	0.239
2042	2,846,825	21,779,023	765%	824,166	12,008,922	1457%	0.53	0.398	0.225
2043	2,453,901	19,988,367	815%	712,404	11,341,075	1592%	0.51	0.383	0.211
2044	2,102,933	18,212,804	866%	613,867	10,659,966	1737%	0.50	0.368	0.198
2045	1,791,709	16,479,707	920%	527,341	9,974,788	1892%	0.49	0.354	0.186
2046	1,517,758	14,810,621	976%	451,658	9,290,197	2057%	0.47	0.340	0.174
2047	1,278,108	13,217,357	1034%	385,710	8,617,592	2234%	0.46	0.327	0.164
2048	1,069,940	11,707,236	1094%	328,456	7,946,777	2419%	0.45	0.314	0.153
2049	890,568	10,297,341	1156%	278,922	7,303,934	2619%	0.44	0.302	0.144
2050	737,215	8,992,001	1220%	236,211	6,701,412	2837%	0.43	0.291	0.135
2051	606,994	7,801,390	1285%	199,503	6,142,966	3079%	0.42	0.280	0.127
2052	497,113	6,721,338	1352%	168,048	5,626,324	3348%	0.40	0.269	0.119
2053	405,062	5,742,126	1418%	141,170	5,148,770	3647%	0.39	0.258	0.112
2054	328,540	4,834,319	1471%	118,263	4,708,829	3982%	0.37	0.248	0.105
2055	265,289	3,993,936	1506%	98,787	4,305,101	4358%	0.35	0.239	0.098
2056	213,252	3,248,837	1523%	82,264	3,935,721	4784%	0.32	0.230	0.092
2057	170,671	2,621,682	1536%	68,274	3,597,163	5269%	0.29	0.221	0.087
2058	135,995	2,098,313	1543%	56,451	3,286,806	5822%	0.26	0.212	0.081
2059	107,877	1,665,730	1544%	46,476	2,998,672	6452%	0.24	0.204	0.076
2060	85,148	1,311,162	1540%	38,078	2,724,539	7155%	0.22	0.196	0.072
2061	66,845	1,023,141	1531%	31,023	2,458,843	7926%	0.19	0.189	0.067
2062	52,159	791,366	1517%	25,113	2,199,091	8757%	0.17	0.182	0.063
2063	40,423	606,567	1501%	20,180	1,946,107	9644%	0.16	0.175	0.059
2064	31,069	460,309	1482%	16,081	1,700,465	10575%	0.14	0.168	0.056
2065	23,658	345,733	1461%	12,693	1,465,903	11549%	0.13	0.161	0.052
2066	17,821	256,780	1441%	9,912	1,243,752	12547%	0.11	0.155	0.049
2067	13,272	188,498	1420%	7,648	1,037,977	13571%	0.10	0.149	0.046
2068	9,759	136,683	1401%	5,823	850,760	14611%	0.10	0.143	0.043
2069	7,072	97,794	1383%	4,367	684,823	15681%	0.09	0.138	0.040
2070	5,040	68,927	1368%	3,222	540,294	16770%	0.08	0.133	0.038
2071	3,524	47,783	1356%	2,334	416,871	17863%	0.08	0.128	0.036
2072	2,417	32,561	1347%	1,657	313,364	18917%	0.07	0.123	0.033
2073	1,625	21,793	1342%	1,150	229,581	19968%	0.07	0.118	0.031
Lifetime	794,639,227	795,495,275	100%	606,722,518	373,711,320	62%	1.63		

Exhibit III
Southern Farm Bureau Life Insurance Company
Form Number(s): 3034/3035
Lifetime Experience (Nationwide)

	Actual Past Best Estimate Future			Expected Loss Ratio				4.00%	6.10%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A/E	Best Estimate Discount	Original Pricing Discount
1996	44,630	169	0%	44,139	5,299	12%	0.01	2.417	3.798
1997	953,335	3,587	0%	950,824	114,346	12%	0.01	2.324	3.579
1998	2,730,092	11,592	0%	2,675,281	347,788	13%	0.01	2.235	3.374
1999	5,010,294	31,684	0%	4,729,614	680,034	14%	0.02	2.149	3.180
2000	7,501,820	163,824	0%	6,894,350	1,076,648	16%	0.03	2.066	2.997
2001	9,349,115	509,679	1%	8,318,750	1,441,202	17%	0.08	1.986	2.825
2002	10,963,752	723,484	1%	9,311,072	1,795,778	19%	0.07	1.910	2.662
2003	12,600,470	915,033	12%	10,184,514	2,157,183	21%	0.56	1.837	2.509
2004	12,333,149	2,530,179	13%	9,485,079	2,375,131	25%	0.53	1.766	2.365
2005	11,835,932	2,877,339	35%	8,640,387	2,561,408	30%	1.19	1.698	2.229
2006	11,477,712	4,697,043	42%	7,918,590	2,742,258	35%	1.21	1.633	2.101
2007	11,105,681	5,089,724	79%	7,274,752	2,950,628	41%	1.94	1.570	1.980
2008	10,793,866	6,420,178	76%	6,699,126	3,158,808	47%	1.62	1.510	1.866
2009	10,450,338	7,626,799	87%	6,170,731	3,362,493	54%	1.60	1.451	1.759
2010	9,765,810	8,024,175	116%	5,677,038	3,553,080	63%	1.85	1.396	1.658
2011	10,401,997	9,859,198	64%	5,180,623	3,758,832	73%	0.89	1.342	1.562
2012	12,168,429	8,166,616	69%	4,740,471	3,998,778	84%	0.82	1.290	1.473
2013	11,811,014	10,773,288	122%	4,337,000	4,222,813	97%	1.26	1.241	1.388
2014	11,197,788	9,203,997	89%	3,958,001	4,448,610	112%	0.79	1.193	1.308
2015	10,335,563	11,803,421	100%	3,588,874	4,653,400	130%	0.77	1.147	1.233
2016	9,953,662	13,533,436	102%	3,240,736	4,880,397	151%	0.68	1.103	1.162
2017	9,647,459	13,392,899	123%	2,931,010	5,134,269	175%	0.70	1.061	1.095
2018	9,166,192	15,227,727	168%	2,646,241	5,341,885	202%	0.83	1.020	1.032
2019	8,807,086	14,272,528	143%	2,385,470	5,527,900	232%	0.62	0.981	0.971
2020	8,341,218	14,537,176	154%	2,144,357	5,659,196	264%	0.58	0.943	0.915
2021	7,872,009	14,756,222	166%	1,921,721	5,772,832	300%	0.55	0.907	0.862
2022	7,402,208	14,972,367	180%	1,716,749	5,883,761	343%	0.53	0.872	0.813
2023	6,934,391	15,236,818	197%	1,528,624	5,914,069	387%	0.51	0.838	0.766
2024	6,471,382	15,490,556	216%	1,356,523	5,918,046	436%	0.50	0.806	0.722
2025	6,015,840	15,739,791	237%	1,199,621	5,880,012	490%	0.48	0.775	0.681
2026	5,569,923	15,974,135	261%	1,057,084	5,831,972	552%	0.47	0.745	0.641
2027	5,135,841	16,193,028	289%	928,075	5,793,719	624%	0.46	0.717	0.605
2028	4,715,686	16,395,299	320%	811,755	5,688,353	701%	0.46	0.689	0.570
2029	4,311,625	16,514,869	355%	707,284	5,570,927	788%	0.45	0.662	0.537
2030	3,925,491	16,540,978	392%	613,830	5,416,798	882%	0.44	0.637	0.506
2031	3,558,423	16,478,635	434%	530,572	5,270,142	993%	0.44	0.612	0.477
2032	3,211,474	16,325,926	479%	456,707	5,132,370	1124%	0.43	0.589	0.450
2033	2,885,107	16,071,349	528%	391,450	4,936,028	1261%	0.42	0.566	0.424
2034	2,579,523	15,716,685	582%	334,050	4,738,718	1419%	0.41	0.544	0.399
2035	2,295,303	15,268,984	640%	283,783	4,524,474	1594%	0.40	0.524	0.376
2036	2,032,384	14,734,062	702%	239,962	4,304,469	1794%	0.39	0.503	0.355
2037	1,790,304	14,120,509	769%	201,938	4,098,446	2030%	0.38	0.484	0.334
2038	1,568,384	13,434,179	840%	169,100	3,851,171	2277%	0.37	0.465	0.315
2039	1,365,976	12,683,802	916%	140,880	3,598,355	2554%	0.36	0.448	0.297
2040	1,182,686	11,881,396	996%	116,750	3,340,755	2861%	0.35	0.430	0.280
2041	1,017,657	11,044,263	1080%	96,225	3,085,356	3206%	0.34	0.414	0.264
2042	869,794	10,185,451	1167%	78,858	2,849,877	3614%	0.32	0.398	0.249
2043	738,034	9,319,834	1256%	64,247	2,597,350	4043%	0.31	0.383	0.234
2044	621,560	8,461,766	1349%	52,023	2,350,918	4519%	0.30	0.368	0.221
2045	519,433	7,623,584	1444%	41,857	2,114,695	5052%	0.29	0.354	0.208
2046	430,578	6,814,492	1542%	33,455	1,891,007	5652%	0.27	0.340	0.196
2047	353,820	6,036,625	1640%	26,554	1,681,835	6334%	0.26	0.327	0.185
2048	288,050	5,288,575	1736%	20,925	1,468,605	7018%	0.25	0.314	0.174
2049	232,260	4,581,182	1833%	16,363	1,267,949	7749%	0.24	0.302	0.164
2050	185,386	3,914,339	1929%	12,694	1,083,648	8537%	0.23	0.291	0.155
2051	146,405	3,296,672	2022%	9,764	916,477	9386%	0.22	0.280	0.146
2052	114,309	2,726,149	2107%	7,443	765,551	10285%	0.20	0.269	0.138
2053	88,155	2,208,602	2177%	5,621	631,609	11237%	0.19	0.258	0.130
2054	67,095	1,762,637	2249%	4,202	514,414	12242%	0.18	0.248	0.122
2055	50,340	1,386,227	2321%	3,108	413,293	13296%	0.17	0.239	0.115
2056	37,177	1,072,680	2396%	2,274	327,421	14400%	0.17	0.230	0.109
2057	26,985	815,570	2472%	1,644	255,598	15551%	0.16	0.221	0.102
2058	19,221	608,036	2549%	1,173	196,465	16747%	0.15	0.212	0.096
2059	13,420	444,064	2629%	826	148,588	17986%	0.15	0.204	0.091
2060	9,175	317,393	2713%	573	110,457	19263%	0.14	0.196	0.086
2061	6,130	221,646	2800%	392	80,596	20573%	0.14	0.189	0.081
2062	3,996	150,972	2892%	263	57,614	21903%	0.13	0.182	0.076
2063	2,537	100,132	2988%	173	40,242	23231%	0.13	0.175	0.072
2064	1,567	64,553	3088%	112	27,392	24543%	0.13	0.168	0.068
2065	942	40,460	3192%	70	18,097	25804%	0.12	0.161	0.064
2066	551	24,677	3299%	43	11,570	27014%	0.12	0.155	0.060
2067	314	14,665	3407%	25	7,116	28118%	0.12	0.149	0.057
2068	176	8,518	3513%	14	4,192	29120%	0.12	0.143	0.053
2069	97	4,859	3617%	8	2,351	30001%	0.12	0.138	0.050
2070	52	2,741	3723%	4	1,256	30971%	0.12	0.133	0.047
2071	28	1,539	3835%	2	642	32438%	0.12	0.128	0.045
2072	15	863	3953%	1	311	34308%	0.12	0.123	0.042
2073	8	483	4076%	0	141	36614%	0.11	0.118	0.040
Lifetime	396,933,090	422,614,303	92%	281,977,782	178,786,162	63%	1.45		

Exhibit III
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Experience (Nationwide Pre Rate Stability)

	Actual Past Best Estimate Future			Expected Loss Ratio				4.00% Best Estimate	6.90% Original Pricing
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A/E	Discount	Discount
1996	-	-	0%	-	-	0%	-	2.417	4.487
1997	-	-	0%	-	-	0%	-	2.324	4.198
1998	-	-	0%	-	-	0%	-	2.235	3.927
1999	-	-	0%	-	-	0%	-	2.149	3.673
2000	-	-	0%	-	-	0%	-	2.066	3.436
2001	-	-	0%	-	-	0%	-	1.986	3.214
2002	-	-	0%	-	-	0%	-	1.910	3.007
2003	671,726	1,332	0%	716,287	25,354	4%	0.06	1.837	2.813
2004	3,228,993	9,379	0%	3,268,578	126,969	4%	0.07	1.766	2.631
2005	5,548,418	83,608	2%	5,360,504	268,591	5%	0.30	1.698	2.461
2006	6,212,172	561,027	9%	5,920,749	418,840	7%	1.28	1.633	2.303
2007	5,860,347	747,422	13%	5,557,545	590,468	11%	1.20	1.570	2.154
2008	5,774,519	1,059,635	18%	5,318,953	792,275	15%	1.23	1.510	2.015
2009	5,733,974	2,995,598	52%	5,099,044	999,431	20%	2.67	1.451	1.885
2010	5,384,056	3,697,775	69%	4,828,206	1,195,149	25%	2.77	1.396	1.763
2011	5,768,784	2,612,636	45%	4,578,472	1,394,735	30%	1.49	1.342	1.649
2012	7,062,526	2,381,517	34%	4,410,563	1,608,502	36%	0.92	1.290	1.543
2013	7,000,886	4,113,139	59%	4,254,401	1,819,098	43%	1.37	1.241	1.443
2014	6,677,046	3,729,016	56%	4,061,188	2,024,876	50%	1.12	1.193	1.350
2015	6,198,099	5,015,721	81%	3,837,394	2,210,611	58%	1.40	1.147	1.263
2016	6,201,498	5,149,794	83%	3,624,475	2,387,782	66%	1.26	1.103	1.182
2017	6,051,015	7,526,381	124%	3,452,281	2,580,362	75%	1.66	1.061	1.105
2018	5,979,161	5,483,234	92%	3,264,179	2,773,563	85%	1.08	1.020	1.034
2019	5,842,942	6,303,688	108%	3,079,476	2,969,674	96%	1.12	0.981	0.967
2020	5,607,419	6,648,653	119%	2,897,328	3,166,542	109%	1.08	0.943	0.905
2021	5,366,277	6,885,725	128%	2,717,970	3,363,820	124%	1.04	0.907	0.846
2022	5,120,464	7,021,354	137%	2,541,945	3,561,137	140%	0.98	0.872	0.792
2023	4,871,196	7,097,141	146%	2,369,811	3,756,816	159%	0.92	0.838	0.741
2024	4,619,145	7,218,443	156%	2,202,118	3,948,491	179%	0.87	0.806	0.693
2025	4,365,214	7,379,819	169%	2,039,389	4,130,690	203%	0.83	0.775	0.648
2026	4,110,350	7,519,898	183%	1,882,119	4,298,099	228%	0.80	0.745	0.606
2027	3,855,626	7,587,241	197%	1,730,765	4,445,218	257%	0.77	0.717	0.567
2028	3,602,166	7,612,381	211%	1,585,743	4,566,390	288%	0.73	0.689	0.531
2029	3,350,835	7,685,195	229%	1,447,414	4,657,843	322%	0.71	0.662	0.496
2030	3,102,960	7,793,921	251%	1,316,081	4,718,445	359%	0.70	0.637	0.464
2031	2,859,623	7,879,935	276%	1,191,988	4,748,859	398%	0.69	0.612	0.434
2032	2,622,334	7,897,203	301%	1,075,321	4,750,272	442%	0.68	0.589	0.406
2033	2,392,324	7,844,384	328%	966,198	4,725,337	489%	0.67	0.566	0.380
2034	2,170,694	7,723,315	356%	864,658	4,676,394	541%	0.66	0.544	0.356
2035	1,958,854	7,538,764	385%	770,672	4,604,663	597%	0.64	0.524	0.333
2036	1,757,788	7,294,869	415%	684,144	4,511,497	659%	0.63	0.503	0.311
2037	1,568,321	6,998,500	446%	604,914	4,397,152	727%	0.61	0.484	0.291
2038	1,390,975	6,658,327	479%	532,754	4,262,627	800%	0.60	0.465	0.272
2039	1,226,413	6,281,585	512%	467,377	4,108,591	879%	0.58	0.448	0.255
2040	1,075,012	5,875,661	547%	408,453	3,937,703	964%	0.57	0.430	0.238
2041	937,011	5,450,379	582%	355,619	3,754,255	1056%	0.55	0.414	0.223
2042	811,985	5,012,840	617%	308,480	3,560,956	1154%	0.53	0.398	0.208
2043	699,385	4,571,941	654%	266,627	3,360,386	1260%	0.52	0.383	0.195
2044	598,794	4,136,827	691%	229,640	3,154,748	1374%	0.50	0.368	0.182
2045	509,679	3,715,516	729%	197,105	2,946,657	1495%	0.49	0.354	0.171
2046	431,435	3,314,623	768%	168,616	2,738,608	1624%	0.47	0.340	0.160
2047	363,154	2,938,036	809%	143,779	2,533,295	1762%	0.46	0.327	0.149
2048	303,984	2,588,064	851%	122,217	2,334,601	1910%	0.45	0.314	0.140
2049	253,047	2,266,579	896%	103,574	2,145,457	2071%	0.43	0.302	0.131
2050	209,574	1,976,369	943%	87,519	1,968,411	2249%	0.42	0.291	0.122
2051	172,733	1,718,414	995%	73,744	1,803,679	2446%	0.41	0.280	0.114
2052	141,692	1,490,753	1052%	61,967	1,651,167	2665%	0.39	0.269	0.107
2053	115,682	1,284,468	1110%	51,931	1,509,434	2907%	0.38	0.258	0.100
2054	94,069	1,084,911	1153%	43,403	1,378,450	3176%	0.36	0.248	0.094
2055	76,215	896,439	1176%	36,174	1,258,979	3480%	0.34	0.239	0.088
2056	61,515	732,696	1191%	30,062	1,151,852	3832%	0.31	0.230	0.082
2057	49,461	595,375	1204%	24,903	1,056,551	4243%	0.28	0.221	0.077
2058	39,620	481,044	1214%	20,556	971,918	4728%	0.26	0.212	0.072
2059	31,603	386,259	1222%	16,899	894,382	5292%	0.23	0.204	0.067
2060	25,088	308,088	1228%	13,829	820,167	5931%	0.21	0.196	0.063
2061	19,811	244,033	1232%	11,255	745,999	6628%	0.19	0.189	0.059
2062	15,541	191,823	1234%	9,103	670,771	7369%	0.17	0.182	0.055
2063	12,109	149,698	1236%	7,309	594,987	8140%	0.15	0.175	0.051
2064	9,353	115,794	1238%	5,820	520,177	8937%	0.14	0.168	0.048
2065	7,153	88,728	1240%	4,591	448,067	9760%	0.13	0.161	0.045
2066	5,411	67,304	1244%	3,582	379,742	10602%	0.12	0.155	0.042
2067	4,044	50,506	1249%	2,760	316,130	11452%	0.11	0.149	0.039
2068	2,984	37,485	1256%	2,098	257,955	12297%	0.10	0.143	0.037
2069	2,167	27,453	1267%	1,569	205,929	13121%	0.10	0.138	0.034
2070	1,543	19,784	1282%	1,154	160,348	13897%	0.09	0.133	0.032
2071	1,078	14,031	1301%	832	121,641	14622%	0.09	0.128	0.030
2072	738	9,779	1325%	587	89,638	15274%	0.09	0.123	0.028
2073	494	6,685	1352%	404	63,955	15827%	0.09	0.118	0.026
Lifetime	176,520,114	176,115,292	100%	142,400,400	83,144,396	58%	1.71		

Exhibit III
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Experience (Nationwide Post Rate Stability)

	Actual Past Best Estimate Future			Expected Loss Ratio				4.00%	6.90%
								Best Estimate	Original Pricing
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A/E	Discount	Discount
1996	-	-	0%	-	-	0%	-	2.417	4.487
1997	-	-	0%	-	-	0%	-	2.324	4.198
1998	-	-	0%	-	-	0%	-	2.235	3.927
1999	-	-	0%	-	-	0%	-	2.149	3.673
2000	-	-	0%	-	-	0%	-	2.066	3.436
2001	-	-	0%	-	-	0%	-	1.986	3.214
2002	-	-	0%	-	-	0%	-	1.910	3.007
2003	458,420	895	0%	493,432	16,111	3%	0.06	1.837	2.813
2004	3,218,816	85,722	3%	3,245,763	117,578	4%	0.74	1.766	2.631
2005	6,506,303	575,324	9%	6,278,977	270,885	4%	2.05	1.698	2.461
2006	7,978,762	752,982	9%	7,564,139	448,793	6%	1.59	1.633	2.303
2007	7,606,546	738,733	10%	7,026,624	644,100	9%	1.06	1.570	2.154
2008	7,438,940	1,169,513	16%	6,668,269	878,380	13%	1.19	1.510	2.015
2009	7,389,092	1,323,886	18%	6,390,096	1,128,092	18%	1.01	1.451	1.885
2010	7,036,689	1,320,922	19%	6,026,508	1,363,170	23%	0.83	1.396	1.763
2011	7,380,802	2,790,467	38%	5,623,604	1,589,157	28%	1.34	1.342	1.649
2012	8,501,092	2,827,007	33%	5,379,387	1,843,794	34%	0.97	1.290	1.543
2013	8,569,652	3,383,792	39%	5,189,826	2,102,312	41%	0.97	1.241	1.443
2014	8,323,183	2,760,280	33%	4,956,276	2,355,382	48%	0.70	1.193	1.350
2015	7,893,850	4,268,255	54%	4,716,057	2,601,445	55%	0.98	1.147	1.263
2016	7,561,180	6,888,566	91%	4,474,651	2,831,563	63%	1.44	1.103	1.182
2017	7,509,738	4,635,659	62%	4,273,641	3,079,374	72%	0.86	1.061	1.105
2018	7,449,670	6,259,870	84%	4,050,688	3,333,182	82%	1.02	1.020	1.034
2019	7,267,328	7,156,888	98%	3,830,520	3,594,826	94%	1.05	0.981	0.967
2020	6,999,011	7,610,543	109%	3,613,085	3,862,477	107%	1.02	0.943	0.905
2021	6,722,642	7,945,722	118%	3,398,558	4,132,748	122%	0.97	0.907	0.846
2022	6,438,823	8,164,855	127%	3,187,573	4,400,980	138%	0.92	0.872	0.792
2023	6,148,657	8,298,407	135%	2,980,782	4,664,941	157%	0.86	0.838	0.741
2024	5,853,234	8,451,116	144%	2,778,833	4,923,063	177%	0.81	0.806	0.693
2025	5,553,617	8,672,660	156%	2,582,366	5,175,516	200%	0.78	0.775	0.648
2026	5,251,051	8,892,538	169%	2,391,998	5,421,312	227%	0.75	0.745	0.606
2027	4,946,739	9,024,697	182%	2,208,303	5,658,425	256%	0.71	0.717	0.567
2028	4,642,251	9,089,820	196%	2,031,808	5,880,911	289%	0.68	0.689	0.531
2029	4,338,822	9,185,079	212%	1,862,972	6,079,900	326%	0.65	0.662	0.496
2030	4,037,914	9,342,486	231%	1,702,185	6,245,754	367%	0.63	0.637	0.464
2031	3,741,121	9,496,294	254%	1,549,761	6,372,599	411%	0.62	0.612	0.434
2032	3,450,049	9,565,802	277%	1,405,936	6,458,705	459%	0.60	0.589	0.406
2033	3,166,529	9,550,480	302%	1,270,872	6,507,011	512%	0.59	0.566	0.380
2034	2,892,133	9,451,957	327%	1,144,645	6,521,088	570%	0.57	0.544	0.356
2035	2,628,288	9,272,005	353%	1,027,247	6,504,931	633%	0.56	0.524	0.333
2036	2,376,327	9,020,636	380%	918,592	6,460,809	703%	0.54	0.503	0.311
2037	2,137,419	8,708,886	407%	818,518	6,387,093	780%	0.52	0.484	0.291
2038	1,912,639	8,349,835	437%	726,797	6,281,746	864%	0.51	0.465	0.272
2039	1,702,669	7,950,709	467%	643,138	6,146,215	956%	0.49	0.448	0.255
2040	1,507,960	7,518,749	499%	567,190	5,983,453	1055%	0.47	0.430	0.238
2041	1,328,751	7,058,946	531%	498,562	5,799,351	1163%	0.46	0.414	0.223
2042	1,165,047	6,580,733	565%	436,827	5,598,089	1282%	0.44	0.398	0.208
2043	1,016,482	6,096,592	600%	381,530	5,383,339	1411%	0.43	0.383	0.195
2044	882,579	5,614,210	636%	332,205	5,154,300	1552%	0.41	0.368	0.182
2045	762,596	5,140,607	674%	288,378	4,913,436	1704%	0.40	0.354	0.171
2046	655,746	4,681,505	714%	249,586	4,660,582	1867%	0.38	0.340	0.160
2047	561,134	4,242,696	756%	215,377	4,402,462	2044%	0.37	0.327	0.149
2048	477,905	3,830,597	802%	185,314	4,143,572	2236%	0.36	0.314	0.140
2049	405,261	3,449,579	851%	158,984	3,890,529	2447%	0.35	0.302	0.131
2050	342,255	3,101,294	906%	135,998	3,649,353	2683%	0.34	0.291	0.122
2051	287,856	2,786,304	968%	115,995	3,422,810	2951%	0.33	0.280	0.114
2052	241,112	2,504,436	1039%	98,638	3,209,606	3254%	0.32	0.269	0.107
2053	201,225	2,249,056	1118%	83,618	3,007,727	3597%	0.31	0.258	0.100
2054	167,376	1,986,770	1187%	70,658	2,815,965	3985%	0.30	0.248	0.094
2055	138,734	1,711,270	1233%	59,504	2,632,829	4425%	0.28	0.239	0.088
2056	114,560	1,443,461	1260%	49,929	2,456,449	4920%	0.26	0.230	0.082
2057	94,225	1,210,737	1285%	41,728	2,285,014	5476%	0.23	0.221	0.077
2058	77,154	1,009,232	1308%	34,722	2,118,423	6101%	0.21	0.212	0.072
2059	62,854	835,408	1329%	28,751	1,955,703	6802%	0.20	0.204	0.067
2060	50,886	685,681	1347%	23,676	1,793,916	7577%	0.18	0.196	0.063
2061	40,904	557,463	1363%	19,377	1,632,249	8424%	0.16	0.189	0.059
2062	32,622	448,571	1375%	15,747	1,470,706	9339%	0.15	0.182	0.055
2063	25,777	356,738	1384%	12,697	1,310,878	10324%	0.13	0.175	0.051
2064	20,149	279,963	1389%	10,148	1,152,896	11360%	0.12	0.168	0.048
2065	15,564	216,544	1391%	8,032	999,739	12447%	0.11	0.161	0.045
2066	11,859	164,799	1390%	6,288	852,440	13557%	0.10	0.155	0.042
2067	8,913	123,327	1384%	4,863	714,730	14698%	0.09	0.149	0.039
2068	6,599	90,680	1374%	3,711	588,613	15863%	0.09	0.143	0.037
2069	4,809	65,482	1362%	2,790	476,542	17081%	0.08	0.138	0.034
2070	3,444	46,402	1347%	2,064	378,689	18348%	0.07	0.133	0.032
2071	2,417	32,213	1333%	1,500	294,588	19641%	0.07	0.128	0.030
2072	1,664	21,918	1318%	1,069	223,416	20904%	0.06	0.123	0.028
2073	1,122	14,625	1304%	745	165,485	22204%	0.06	0.118	0.026
Lifetime	221,186,024	196,765,680	89%	173,713,444	106,527,597	61%	1.45		

Actual to Expected Results

Southern Farm Bureau Life Insurance Company
Lapse Study Results By Duration (Data through 12/31/2018)

a.

Original Pricing

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	360	344	254	191	134	164	149	144	58	39	59	33	5
Expected	753	572	427	339	291	260	193	161	137	123	120	117	179
A/E	48%	60%	59%	56%	46%	63%	77%	89%	42%	31%	49%	28%	3%

b.

Prior Rate Increase

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	360	344	254	191	134	164	149	144	58	39	59	33	5
Expected	218	137	114	93	75	58	42	40	39	38	37	36	47
A/E	165%	251%	223%	205%	179%	283%	356%	356%	149%	101%	158%	90%	10%

c.

Best Estimate

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	360	344	254	191	134	164	149	144	58	39	59	33	5
Expected	395	329	267	215	162	126	103	84	67	56	45	36	40
A/E	91%	105%	95%	89%	83%	131%	144%	170%	87%	69%	130%	91%	11%

Actual to Expected Results

Southern Farm Bureau Life Insurance Company
Mortality Study Results By Duration (Data through 12/31/2018)

d.

Original Pricing

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	39	41	43	46	49	53	56	59	63	67	72	76	115
Expected	22	31	43	53	63	72	81	91	100	108	116	122	178
A/E	177%	130%	102%	88%	78%	73%	69%	65%	63%	62%	62%	62%	65%

e.

Prior Rate Increase

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	39	41	43	46	49	53	56	59	63	67	72	76	115
Expected	29	37	46	53	61	70	79	88	98	105	112	118	175
A/E	134%	110%	94%	86%	81%	75%	71%	67%	64%	64%	64%	65%	66%

f.

Best Estimate

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	39	41	43	46	49	53	56	59	63	67	72	76	115
Expected	38	40	42	45	49	52	56	60	63	68	73	78	118
A/E	103%	102%	102%	101%	101%	101%	100%	100%	99%	99%	99%	98%	98%

Actual to Expected Results

Southern Farm Bureau Life Insurance Company
Total Termination Results By Duration (Data through 12/31/2018)

a. + d.

Original Pricing

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	399	385	297	237	183	217	205	203	121	106	131	109	120
Expected	775	603	470	391	354	332	275	251	237	232	236	239	357
A/E	51%	64%	63%	61%	52%	65%	75%	81%	51%	46%	55%	46%	34%

b. + e.

Prior Rate Increase

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	399	385	297	237	183	217	205	203	121	106	131	109	120
Expected	247	174	160	147	136	128	121	129	137	143	149	154	222
A/E	162%	221%	186%	162%	135%	170%	170%	158%	88%	74%	88%	71%	54%

c. + f.

Best Estimate

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13
Actual	399	385	297	237	183	217	205	203	121	106	131	109	120
Expected	433	369	309	260	210	178	159	144	130	124	118	113	158
A/E	92%	104%	96%	91%	87%	122%	129%	141%	93%	86%	111%	96%	76%

Actual to Expected Results

Southern Farm Bureau Life Insurance Company

Morbidity Study Results By Duration (Data through 12/31/2018)

g.

Original Pricing

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Actual	93,537	463,335	1,806,430	701,397	1,164,457	2,364,829	1,886,646	2,607,190	3,531,384	3,567,943	4,600,655	4,338,940	3,755,436	1,292,106	5,455
Expected	187,815	286,916	431,396	588,161	814,061	1,013,940	1,186,630	1,370,684	1,582,007	1,812,539	2,050,118	2,145,726	1,452,034	496,237	67,434
A/E	50%	161%	419%	119%	143%	233%	159%	190%	223%	197%	224%	202%	259%	260%	8%

i.

Best Estimate

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Actual	93,537	463,335	1,806,430	701,397	1,164,457	2,364,829	1,886,646	2,607,190	3,531,384	3,567,943	4,600,778	5,790,039	6,776,894	5,764,081	2,728,435	524,271	13,316
Expected	189,345	358,672	644,287	1,068,939	1,589,793	2,256,727	2,884,211	3,497,348	4,071,627	4,705,317	5,311,388	5,865,383	6,501,562	5,861,488	3,446,467	1,017,659	104,015
A/E	49%	129%	280%	66%	73%	105%	65%	75%	87%	76%	87%	99%	104%	98%	79%	52%	13%

LTCG
20975 Swenson Drive
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Waukesha, WI 53186
(877) 431-5824

July 28, 2020

Bobby Toone
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: **Southern Farm Bureau Life Insurance Company**
2019 LTC Rate Increase
SERFF Tracking Number: SFBL-131934915
STATE Tracking Number: SFBL-131934915

Dear Bobby Toone,

This letter is in response to your letter to Sarah Lee dated July 14, 2020. The letter indicated that further information is needed regarding the above-captioned filing. Specifically, you noted the following:

L&H Actuarial Memorandum (Supporting Document)

1. *Please provide the active lives reserve balance as of the projection date for each of the subsets presented in tab "Exh la VA".*

Please see the table below for the requested information.

Product	Active Life Reserve as of 12/31/2019
3034/3035 Limited	$2,679,675
3034/3035 Lifetime	$8,820,007
HL200 Limited Pre Rate Stability	$956,138
HL200 Lifetime Pre Rate Stability	$793,269
HL200 Limited Post Rate Stability	$7,120,624
HL200 Lifetime Post Rate Stability	$7,174,754

2. *Please provide in Excel format a set of projections for each of the subsets presented in tab "Exh la VA" but using original assumptions from inception with the actual policies issued.*

   Please see the attached 'Exh 1b VA – Original Assumptions.xlsx' for the requested information.

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

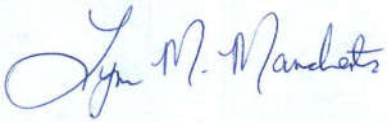
   Please see the attached 'Rate Increase History by State.xlsx' for the requested information.

4. *Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach (see attached description).*

   Please see the attached 'Maximum Allowable Increase Projections.xlsx' for the requested information.

Thank you for your assistance in reviewing this filing.

Sincerely,



Lynn Manchester, FSA, MAAA
Principal Consulting Actuary

LTCG
20975 Swenson Drive
Suite 420
Waukesha, WI 53186
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August 27, 2020

Bobby Toone
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: **Southern Farm Bureau Life Insurance Company**
2019 LTC Rate Increase
SERFF Tracking Number: SFBL-131934915
STATE Tracking Number: SFBL-131934915

Dear Bobby Toone,

This letter is in response to your letter to Sarah Lee dated August 17, 2020. The letter indicated that further information is needed regarding the above-captioned filing. Specifically, you noted the following:

L&H Actuarial Memorandum (Supporting Document)

1. *Please provide the active lives reserve balance on a nationwide basis as of the projection date for each of the subsets presented in tab "Exh 1 Nationwide".*

Product	Active Life Reserve as of 12/31/2018
3034/3035 Limited	$39,010,322
3034/3035 Lifetime	$174,197,667
HL200 Limited Pre Rate Stability	$18,176,233
HL200 Lifetime Pre Rate Stability	$40,183,058
HL200 Limited Post Rate Stability	$36,624,699
HL200 Lifetime Post Rate Stability	$43,432,952

2. *Please provide in Excel format a set of projections on a nationwide basis for each of the subsets presented in tab "Exh 1 Nationwide" but using original assumptions from inception with the actual policies issued.*

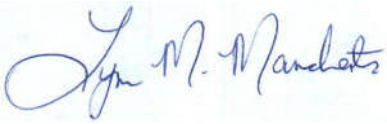
Please see the attached 'Exhibit 1a – Original Pricing.xls' for the requested information.

3. *Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach on a nationwide basis.*

   Please see the attached 'Nationwide Maximum Allowable Increase Projections.xls' for the requested information.

Thank you for your assistance in reviewing this filing.

Sincerely,



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January 5, 2021

Bobby Toone
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: **Southern Farm Bureau Life Insurance Company**
2019 LTC Rate Increase
SERFF Tracking Number: SFBL-131934915
STATE Tracking Number: SFBL-131934915

Dear Bobby Toone,

This letter is in response to your letter to Sarah Lee dated December 23, 2020. The letter indicated that further information is needed regarding the above-captioned filing. Specifically, you noted the following:

1. *Please revise Exhibits 1 and 1a to show the Historical and Future loss ratios, as well as Lifetime.*

   Please see the attached "Exhibit I – Ia Revised" Excel file for the requested information.

2. *Based on Section 21 of the Actuarial Memorandum, the company states they could justify a higher rate increase. Please state what increase would be needed to bring these rates to sufficiency, and why you didn't ask for that increase when the filing was submitted.*

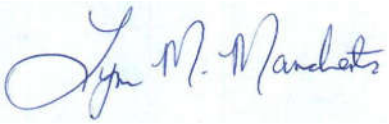
   Please see the table below for the rate increases needed to bring these rates to sufficiency. The company would like to minimize the impact to policyholders, while also recognizing the need for the rate increase, therefore the maximum justified rate increase was not requested.

Form	Benefit Period	Justified Rate Increase*
3034/3035	Limited	477%
3034/3035	Lifetime	642%
HL200	Limited	198%
HL200	Lifetime	265%

*Rates are calculated using the maximum interest rate for contract reserves.

Thank you for your assistance in reviewing this filing.

Sincerely,



Lynn Manchester, FSA, MAAA
Principal Consulting Actuary

Issue Age	Increase	Two Phase-In Increases of
<=53	75%	32.30%
54	70%	30.40%
55	65%	28.50%
56	60%	26.50%
57	55%	24.50%
58	50%	22.50%
59	45%	20.40%
60+	40%	18.30%

		Inforce Premium			
Issue Age	Count	Currrent	Proposed Year 1	Proposed Year 2	RINC %
LT40	4	2,431	3,216	4,255	75%
40-44	24	29,998	39,687	52,506	75%
45-49	17	29,453	38,966	51,552	75%
50-54	52	86,589	114,297	150,873	74%
55-59	72	147,916	184,155	229,273	55%
60-64	83	210,061	248,502	293,978	40%
65-69	39	115,354	136,464	161,437	40%
70+	22	88,689	104,919	124,119	40%
Total	313	710,491	870,208	1,067,994	50%

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June 2, 2021

Bobby Toone
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
P.O. Box 1157
Richmond, VA 23218

Re: **Southern Farm Bureau Life Insurance Company**
2019 LTC Rate Increase
SERFF Tracking Number: *SFBL-131934915*
STATE Tracking Number: *SFBL-131934915*

Dear Bobby Toone,

This letter is in response to your Note to Filer dated May 27, 2021. Specifically, you noted the following:

Comments:

1) *I spoke with our management team about your proposal. They feel that the maximum increase for the post-stability block should be 50% for any policyholder. In this light, the post-submission update should show a maximum increase of 72% for the pre-stability block and a minimum increase of 0% for the forms that will not be receiving an increase.*

The company will agree to the 50% increase for all policyholders in the post-stability block. Please see the revised post-submission update reflecting this increase.

Thank you for your assistance in reviewing this filing.

Sincerely,

Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

Actuarial Memorandum

Policy Forms

HL200-VA as HL200

For a complete listing of policy forms, including riders, refer to Attachment B.

Long Term Care Coverage

1. Scope and Purpose

This rate filing is a request for the following premium increases by form and benefit period, effective upon approval by the state, on Southern Farm Bureau Life Insurance Company's Long Term Care Insurance policy forms listed above. These premium rate increases are needed due to claim levels that produce unacceptable lifetime loss ratios above the statutorily required minimum loss ratio. This rate filing is not intended to be used for other purposes. The following rate increases will be phased in over two years.

Form	Benefit Period	Pre/Post Rate Stability	Proposed Rate Increase
HL200	Lifetime	Pre-RS	72%
HL200	Lifetime	Post-RS	50%

2. Description of Benefits *

HL200

This individual tax-qualified long term care insurance policy provides benefits for expenses incurred while confined in a Nursing, Assisted Living or Alzheimer's Facility. Benefits are provided for in-patient hospice care and there is a bed reservation benefit of 30 days per calendar year. The Spouse Waiver of Premium and Paid-Up Benefit waived premiums for both spouses while one is on claim or waives future premiums for the surviving spouse if both were claim free for the first ten policy years of the policy and one spouse has passed away. There is a Caregiver Training Benefit (pays up to five times the maximum daily benefit). Additionally, the policy provides: a) the option of care coordination and guidance in securing appropriate long term care services, b) benefits for Worldwide coverage (allows up to 365 days of benefits outside the country) and c) a Ambulance Service benefit covers two trips per calendar year (up to $50 per trip). There is no requirement of pre-hospitalization to collect benefits under this policy form. Premiums will be waived while benefits are payable.

The Home & Community Care Services Rider provides additional benefits for expenses incurred while receiving home health care, home care, respite care (30 days per calendar year), adult day care and out-patient hospice care. A Family Indemnity benefit (of up to 52 weeks/Lifetime) and substitute services are included.

If none of the following benefit increase option riders are selected, the insured will receive the future purchase increase rider.

- Future Purchase Increase Rider provides an automatic option to increase daily and overall maximum benefits, minus claims paid, by 20% compounded every fourth policy year until one option is not elected, up to age 90. A corresponding premium increase would be based on the attained age and the new benefits purchased.
- Compound Inflation Protection Rider increases the daily and overall maximum benefit amounts, minus claims paid, by 5% of the previous benefit for 20 policy years.
- Compound Inflation Protection Rider increases the daily and overall maximum benefit amounts, minus claims paid, by 5% of the previous benefit for the duration of the policy.
- Simple Inflation Protection Option Rider increases the daily and overall maximum benefit amounts, minus claims paid, by 5% of the initial benefit less claims incurred for the duration of the policy.

* This is not intended to be a comprehensive listing of all benefits available.

Other optional benefits:

- Nonforfeiture Benefit Rider allows a paid up premium option at the time of lapse with a Paid Up Benefit. The Paid Up benefit is equal to 100% of all premiums paid starting after policy year three (minimum of 30 times the NFMDB) less claims paid.
- Restoration of Maximum Benefit Rider restores the maximum benefit amount if the insured is treatment free for 180 days.
- Return of Premium at Death Rider pays the executor(s) or administrators(s) of the insured's estate an amount equal to the total of premiums paid less incurred claims if the policy terminated due to the death of the insured prior to age 70.

There is no Pre-existing Condition Limitation. To be eligible for benefits, the insured must be certified by a Licensed Health Care Practitioner as expected to be unable to perform two or more of six Activities of Daily Living (Bathing, Dressing, Eating, Toileting, Continence, Transferring) without substantial assistance from another person for a period of at least 90 days, or be Severely Cognitively Impaired as described by the policy. Covered services must have been provided.

3. Renewability

These policy forms are guaranteed renewable for life, subject to the company's right to change premium rates.

4. Applicability

This filing applies to inforce insureds only, as these forms are no longer actively being sold. The premium change will be applicable to the base forms and to all riders associated with the base forms.

5. Actuarial Assumptions

Morbidity

HL200

The incidence rate and length of stay for facility, home and community services are based on the following studies:

- SOA 1985 National Nursing Home Survey Utilization Data
- 1982-1894 National Long Term Care Survey
- Intercompany Study 1984-1999
- Internal and Consultant Experience

Adjustments have been made to these sets of data to reflect benefit periods, elimination periods, selection, anti-selection, use of care coordination, and use of Activities of Daily Living as the definition of the insurable event. Further estimates have been made by the actuary to add ancillary benefits.

Current (Applies to all forms):

The morbidity assumption is composed of three main parts which were developed based on company experience in conjunction with industry experience of the 2000-2011 Society of Actuaries Long Term Care Intercompany Study - incidence, utilization and continuance. Claim incidence rates measure the likelihood of claim for an LTC policyholder. Utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met. Continuance refers to the length of time that a policyholder stays on claim once benefit eligibility requirements have been met, and is measured from the loss date of the claim. These assumptions are combined into total claim costs.

Experience studies were conducted to analyze key components of morbidity. Incidence rates are derived and differences were observed when data was segmented by product, issue age, policy duration, and coverage type. The actual incidence was calculated using a calculated illness date.

Key drivers of claim severity which were analyzed to ensure an appropriate fit include disablement age, site of care, policy form, claim duration, etc.

Exhibit IV contains additional detail around the methodology and validation process used for these assumptions.

Mortality

Original

HL200

The mortality table used was the 1983 Group Annuitants Table.

Current (Applies to all forms):

The current best estimate assumption is the 2012 IAM Basic Mortality Table. Attained age factors are applied as shown in the following table:

Attained Age	Female	Male
<=69	90%	100%
70-79	95%	110%
80-89	95%	115%
90-94	105%	115%
95+	115%	115%

Lapse

Original

HL200

Voluntary Lapse Rates				
Policy Year	<65	65-74	75-84	>84
1	11.2%	7.1%	7.5%	7.7%
2	9.2%	5.2%	5.4%	5.6%
3	7.3%	4.0%	4.2%	4.2%
4	6.0%	3.1%	3.2%	3.2%
5	5.3%	2.7%	2.8%	2.8%
6	4.9%	2.4%	2.5%	2.5%
7	3.5%	2.2%	2.3%	2.3%
8	2.8%	2.1%	2.2%	2.2%
9	2.3%	2.0%	2.1%	2.1%
10+	2.0%	2.0%	2.0%	2.0%

Current (Applies to all forms):

The current best estimate lapse assumption by duration by issue age band is shown in the table below:

Voluntary Lapse Rates				
Policy Year	<50	50-59	60-69	>70
1	16.00%	6.50%	4.50%	1.25%
2	11.75%	6.00%	4.00%	1.25%
3	10.00%	5.50%	3.50%	1.25%
4	8.75%	4.25%	3.00%	1.25%
5	5.75%	3.50%	2.25%	1.25%
6	5.25%	3.00%	1.75%	1.25%
7	4.25%	2.50%	1.25%	1.25%
8	4.00%	1.75%	1.00%	1.25%
9	2.25%	1.25%	0.90%	1.25%
10	1.50%	1.00%	0.80%	1.25%
11	1.00%	0.75%	0.70%	1.25%
12	0.75%	0.50%	0.60%	1.25%
13+	0.50%	0.50%	0.50%	1.25%

Exhibit V contains additional detail around the methodology and validation process used to develop the mortality and lapse assumptions.

Expenses

Expenses do not affect the Lifetime Loss Ratio projections shown in this memorandum. Nor have they affected the amount of the requested rate increase. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate and the renewal commission rates will apply to the increased premium.

Interest

Original

Interest Rate						
Duration	1	2	3	4	5	6+
HL200	6.9%	6.9%	6.9%	6.9%	6.9%	6.9%

Current (Applies to all forms):

The current best estimate assumption is 4.0%.

Aggregate reserves held will equal or exceed the minimum requirements of the State of North Carolina.

6. Marketing and Underwriting

This product is no longer marketed. For policies inforce as of 12/31/2018, the latest issue date is 5/25/2006.

HL200

For applicants age 65 and younger the underwriter performed the Phone History Interview at his/her discretion. Depending on the applicant's medical history, an Attending Physician Statement or Face to Face Assessment may have also been required by the underwriter.

Applicants age 66-74 had a Phone History Interview conducted by the Underwriter, assuming the applicant was not an automatic decline from the application. Depending on the applicant's medical history, an Attending Physician Statement or Face to Face Assessment may have also been required by the underwriter at his/her discretion.

Applications age 75 and over, automatically received a Face to Face Assessment and an Attending Physician Statement, if the applicant was not an automatic decline from the application, in most circumstances, we did not conduct a Phone History Interview on these applications.

7. Premiums

Premiums vary based on original issue age, rate class and benefit options selected.

8. Issue Age Range

For policy HL200 applicants 18-85 were eligible for coverage.

9. Area Factors

Area factors are not used for these products.

10. Average Annual Premium

Policy Form	Benefit Period	Virginia	Nationwide
HL200	Lifetime	$2,273	$2,098

11. Premium Modalization Rules

Modal factors which are applied to the annual premium are as follows:

	Annual	Semi-Annually	Quarterly	Monthly
HL200	1.000	0.520	0.270	0.086

Claim Liability and Reserve

The present value of amounts not yet due is calculated for all open claims using termination rates derived from company experience in conjunction with industry experience from the 2000-2011 Society of Actuaries Long Term Care Intercompany Study. The resulting reserve is adjusted by factors based on age at incurral, sex, and benefit period developed from company experience. Exhibit IV contains additional detail around the methodology and validation process used for these assumptions. The interest rate varies by year of incurral. The incurred but not reported and in course of settlement reserves are calculated based on the development of incurred claims by month of incurral, based on internal Company data.

12. Trend Assumptions

We applied an assumption of a 3.0% annual increase across all claim settings in the future projection of morbidity costs. This assumption was developed from the 2017 Genworth Cost of Care Survey. We note that this is only on the claim utilization rates and does not affect incidence or length of stay on claim.

13. Minimum Required Loss Ratio

For individual forms, the Statutorily Required Minimum Loss Ratio and the Pricing Loss Ratio are both 60%.

14. Anticipated Loss Ratio

The anticipated lifetime loss ratio for this book of business is calculated as the present value of incurred claims divided by the present value of earned premiums based on our current best estimate future experience. The anticipated loss ratio is calculated over the period that the premium rates are anticipated to remain adequate, which is until attained age 110 when we expect all policies to have terminated. The incurred claims do not include active life reserves. The anticipated lifetime loss ratios are shown in Exhibit I.

15. History of Previous Rate Revisions

There has been one previous rate increase on the policies included in this filing:

Approval Date	Approved Rate Increase
6/1/2011	35%

16. Development of Requested Rate Increase

In developing the premium rate increase request which varies by Policy Form and Maximum Benefit Period, the following process has been followed:

a) Consideration of policy design, underwriting, and claims adjudication practices

b) Consideration of prior approved rate increases. This round of rate of increases has been prepared in part to achieve national rate equity by form series and benefit period.

c) Update of business mix and assumptions as described in Section 5

d) Calculation of the Lifetime Loss Ratio without the proposed rate increase

e) Calculation of the proposed rate increase that brings these policies closer to the original loss ratio, assuming full approval

f) Compliance with the 58%/85% test defined in the Rate Stability regulation, if applicable.

g) Active life reserves are not included in the justification of this rate increase

Lifetime projections of Earned Premium and Incurred Claims using Virginia specific rate levels and assuming that no future rate increase is implemented is set forth in Exhibit Ia. Lifetime projections of Earned Premium and Incurred Claims assuming Virginia specific rate levels and that the requested rate increase is implemented on October 1, 2019 is set forth in Exhibit Ia. Exhibit II demonstrates compliance with the 58%/85% test defined in the Rate Stability regulation and also the 60%/80% test at Virginia specific rate levels. Southern Farm Bureau has used nationwide data for developing these exhibits to ensure maximum credibility. Corresponding base premium rates and inflation rider premium rates are attached separately. Please note that actual rates implemented may vary slightly from those set forth in the attached due to implementation rounding algorithms. Earned Premiums and Incurred Claims projected through 2073 are developed from an asset share model representing actual contracts in-force as of December 31, 2018. The assumptions described in Section 5 above for morbidity, voluntary lapse and Total Lives mortality are used to project life years, Earned Premiums and Incurred Claims. Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$\mathbf{LR_j} = \frac{\sum_{t=j}^{2018} Pmt_t^j\, v^{t-j} + {}_jCR_{2018}\, v^{2018-j+1/2} + {}_jIBNR_{2018}\, v^{2018-j+1/2}}{\boldsymbol{EP_j}}.$$

$\boldsymbol{LR_j}$ = Loss Ratio for year j

$\boldsymbol{Pmt_t^j}$ = claim payments in year t on claims incurred in year j, assumed to occur mid-year

${}_j\boldsymbol{CR_{2018}}$ = open Claim Reserve held on December 31, 2018 for claims incurred in year j

${}_j\boldsymbol{IBNR_{2018}}$ = Incurred But Not Reported reserve as of December 31, 2018 attributable to claims incurred in year j

$\boldsymbol{EP_j}$ = earned premium in year j, assumed mid-year

$\boldsymbol{j}$ = year of incurral

$\boldsymbol{v}$ = 1/1.035 = 0.96618

Annual Loss Ratios are calculated as anticipated incurred claims divided by earned premiums.

Lifetime Loss Ratios as of December 31, 2018 are calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 4.0%.

17. Distribution of Business

See Attachment A for the distribution of inforce policies by various characteristics.

18. Contingency and Risk Margins

Contingency and risk margins have not been included in the justification for this rate increase.

19. Experience on the Form

See Exhibit I for calendar year historical experience through December 31, 2018, as well as projected experience thereafter both with and without the proposed rate increase. See Exhibit IV for actual-to-expected experience where “actual” experience includes historical experience through December 31, 2018, combined with current-assumption projected experience thereafter and “expected” experience reflects original pricing assumptions.

20. Future Rate Increases

Although we are able to justify a higher rate increase, the company will continue to monitor emerging experience and review whether an additional rate increase is necessary.

21. Number of Insureds

As of December 2018, the number of insureds that will be affected by this increase are:

	Insureds	Annualized Premium
Virginia		
Pre-Rate Stability	27	$62,256
Post-Rate Stability	313	$710,490
Nationwide		
Pre-Rate Stability	2,187	$4,405,469
Post-Rate Stability	2,018	$4,417,088

22. Proposed Effective Date

The proposed rate increase will be implemented following approval and after fulfillment of all statutory and contractual requirements. The rates will be guaranteed for 12 months and preceded by a written 75 day notice.

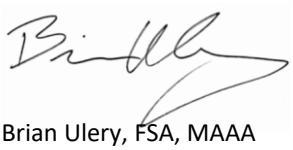
23. Actuarial Certification

I am an Associate 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. 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 your state when the original issued rates were first filed and accepted. In my opinion, the actuarial assumptions are appropriate and the rates are not excessive or unfairly discriminatory.

If the requested increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated. However, going forward, the Company will continue to monitor the experience of this block and reserves the right to take additional rate action if currently unanticipated future deterioration thereof justifies.

Respectfully submitted,



Brian Ulery, FSA, MAAA
Principal Consulting Actuary
LTCG

June 2, 2021

Attachment A
Southern Farm Bureau
Distribution of Business
Contracts of All Benefit Periods Combined

By Issue Age:

Issue Age	Percent Distribution
0-44	8.8%
45-49	5.6%
50-54	16.8%
55-59	22.1%
60-64	25.3%
65-69	13.8%
70+	7.6%

By Elimination Period:

Elimination Period	Percent Distribution
30 day	47.9%
90 day	47.6%
180 day	4.4%

By Maximum Benefit Option:

Benefit Period	Percent Distribution
≤ 2 Yr	0.0%
3 Yr	0.0%
4 Yr	0.0%
5 Yr	0.0%
≥ 6 Yr*	100.0%

* Including Unlimited

By Inflation Protection Option:

Benefit Increase	Percent Distribution
None	78.2%
Compound	21.8%

Attachment B

Southern Farm Bureau
Policy Forms by Product Series

Form #	Description	Product Series
HL200-VA	LTC Policy	
HL501-VA	Inflation Protection Rider	HL200
HL502-VA	Nonforfeiture Protection Rider	HL200
HL503	Return of Premium Rider	HL200
HL504	Future Purchase Option Rider	HL200
HL505-VA	Home Care Rider	HL200
HL506-VA	20 Year Compound Inflation Protection Rider	HL200
HL507-VA	Lifetime Simple Interest Inflation Protection Rider	HL200

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed Rate Increase			4.49%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.686
1997	-	-	0%	-	-	0%	2.571
1998	-	-	0%	-	-	0%	2.461
1999	-	-	0%	-	-	0%	2.355
2000	-	-	0%	-	-	0%	2.254
2001	-	-	0%	-	-	0%	2.157
2002	-	-	0%	-	-	0%	2.064
2003	765,701	1,606	0%	765,701	1,606	0%	1.975
2004	4,152,125	9,339	0%	4,152,125	9,339	0%	1.891
2005	7,614,749	484,550	6%	7,614,749	484,550	6%	1.809
2006	8,775,992	969,094	11%	8,775,992	969,094	11%	1.732
2007	8,318,171	564,125	7%	8,318,171	564,125	7%	1.657
2008	8,176,623	1,043,227	13%	8,176,623	1,043,227	13%	1.586
2009	8,139,070	3,554,662	44%	8,139,070	3,554,662	44%	1.518
2010	7,661,523	2,907,417	38%	7,661,523	2,907,417	38%	1.453
2011	8,033,187	2,464,998	31%	8,033,187	2,464,998	31%	1.390
2012	9,575,116	3,050,274	32%	9,575,116	3,050,274	32%	1.330
2013	9,619,604	6,486,384	67%	9,619,604	6,486,384	67%	1.273
2014	9,283,111	4,320,566	47%	9,283,111	4,320,566	47%	1.219
2015	8,600,154	4,923,916	57%	8,600,154	4,923,916	57%	1.166
2016	8,516,671	7,855,183	92%	8,516,671	7,855,183	92%	1.116
2017	8,433,828	8,025,510	95%	8,433,828	8,025,510	95%	1.068
2018	8,382,149	7,035,920	84%	8,382,149	7,035,920	84%	1.022
2019	8,206,488	8,329,232	101%	8,206,488	8,329,232	101%	0.978
2020	7,928,015	8,940,228	113%	7,928,015	8,940,228	113%	0.936
2021	7,639,152	9,369,678	123%	8,150,142	9,403,118	115%	0.896
2022	7,340,333	9,640,014	131%	10,555,154	9,855,666	93%	0.858
2023	7,032,590	9,820,424	140%	11,310,377	10,112,803	89%	0.821
2024	6,716,858	10,047,187	150%	10,801,580	10,334,102	96%	0.785
2025	6,394,230	10,345,067	162%	10,281,723	10,628,972	103%	0.752
2026	6,066,082	10,624,456	175%	9,753,032	10,905,190	112%	0.719
2027	5,733,604	10,802,382	188%	9,217,428	11,077,487	120%	0.688
2028	5,398,537	10,916,020	202%	8,677,696	11,183,985	129%	0.659
2029	5,062,314	11,089,803	219%	8,136,135	11,352,229	140%	0.631
2030	4,726,750	11,333,019	240%	7,595,682	11,591,675	153%	0.603
2031	4,393,626	11,558,656	263%	7,059,196	11,813,208	167%	0.578
2032	4,064,915	11,686,781	288%	6,529,875	11,935,171	183%	0.553
2033	3,742,780	11,714,970	313%	6,011,186	11,955,257	199%	0.529
2034	3,429,275	11,643,846	340%	5,506,430	11,874,335	216%	0.506
2035	3,126,279	11,475,250	367%	5,018,656	11,694,457	233%	0.484
2036	2,835,475	11,217,139	396%	4,550,579	11,423,886	251%	0.464
2037	2,558,327	10,879,066	425%	4,104,552	11,072,472	270%	0.444
2038	2,296,066	10,474,115	456%	3,682,535	10,653,627	289%	0.425
2039	2,049,953	10,010,336	488%	3,286,589	10,175,677	310%	0.406
2040	1,820,708	9,494,696	521%	2,917,878	9,645,814	331%	0.389
2041	1,608,929	8,936,372	555%	2,577,379	9,073,448	352%	0.372
2042	1,414,505	8,346,523	590%	2,264,886	8,469,877	374%	0.356
2043	1,237,050	7,739,984	626%	1,979,760	7,850,109	397%	0.341
2044	1,076,275	7,128,302	662%	1,721,533	7,225,840	420%	0.326
2045	931,532	6,521,897	700%	1,489,174	6,607,638	444%	0.312
2046	802,203	5,931,064	739%	1,281,685	6,005,915	469%	0.299
2047	687,280	5,363,601	780%	1,097,422	5,428,498	495%	0.286
2048	585,800	4,826,366	824%	934,813	4,882,249	522%	0.274
2049	496,867	4,325,491	871%	792,385	4,373,306	552%	0.262
2050	419,478	3,865,308	921%	668,522	3,905,995	584%	0.251
2051	352,524	3,449,008	978%	561,437	3,483,467	620%	0.240
2052	294,912	3,075,849	1043%	469,361	3,104,910	662%	0.230
2053	245,660	2,734,381	1113%	390,697	2,758,747	706%	0.220
2054	203,857	2,386,813	1171%	323,977	2,406,945	743%	0.210
2055	168,508	2,030,588	1205%	267,607	2,046,886	765%	0.201
2056	138,706	1,700,391	1226%	220,121	1,713,409	778%	0.193
2057	113,695	1,415,715	1245%	180,302	1,426,040	791%	0.184
2058	92,773	1,171,459	1263%	147,023	1,179,586	802%	0.176
2059	75,320	962,746	1278%	119,286	969,093	812%	0.169
2060	60,803	785,087	1291%	96,235	790,000	821%	0.162
2061	48,775	634,884	1302%	77,155	638,654	828%	0.155
2062	38,851	508,780	1310%	61,421	511,644	833%	0.148
2063	30,691	403,594	1315%	48,499	405,749	837%	0.142
2064	24,010	316,423	1318%	37,923	318,025	839%	0.136
2065	18,580	244,982	1319%	29,336	246,157	839%	0.130
2066	14,203	187,081	1317%	22,418	187,932	838%	0.124
2067	10,720	140,865	1314%	16,915	141,473	836%	0.119
2068	7,979	104,499	1310%	12,586	104,927	834%	0.114
2069	5,848	76,305	1305%	9,223	76,602	831%	0.109
2070	4,211	54,762	1300%	6,639	54,964	828%	0.104
2071	2,973	38,578	1298%	4,685	38,714	826%	0.100
2072	2,058	26,680	1297%	3,241	26,769	826%	0.095
2073	1,394	18,104	1298%	2,195	18,162	827%	0.091
AV Past	173,146,542	66,064,749	38%	173,146,542	66,064,749	38%	
PV Future	80,732,766	170,571,613	211%	115,570,060	173,680,356	150%	
Lifetime	253,879,308	236,636,361	93%	288,716,601	239,745,105	83%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Pre Rate Stability)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed Rate Increase			4.49%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.686
1997	-	-	0%	-	-	0%	2.571
1998	-	-	0%	-	-	0%	2.461
1999	-	-	0%	-	-	0%	2.355
2000	-	-	0%	-	-	0%	2.254
2001	-	-	0%	-	-	0%	2.157
2002	-	-	0%	-	-	0%	2.064
2003	476,686	915	0%	476,686	915	0%	1.975
2004	2,270,730	5,067	0%	2,270,730	5,067	0%	1.891
2005	3,859,871	23,792	1%	3,859,871	23,792	1%	1.809
2006	4,273,634	394,524	9%	4,273,634	394,524	9%	1.732
2007	4,060,433	224,232	6%	4,060,433	224,232	6%	1.657
2008	4,000,360	285,951	7%	4,000,360	285,951	7%	1.586
2009	3,981,258	2,377,676	60%	3,981,258	2,377,676	60%	1.518
2010	3,720,293	2,552,466	69%	3,720,293	2,552,466	69%	1.453
2011	3,972,419	1,778,042	45%	3,972,419	1,778,042	45%	1.390
2012	4,888,594	1,577,379	32%	4,888,594	1,577,379	32%	1.330
2013	4,883,581	3,566,284	73%	4,883,581	3,566,284	73%	1.273
2014	4,666,499	2,869,309	61%	4,666,499	2,869,309	61%	1.219
2015	4,227,863	3,344,288	79%	4,227,863	3,344,288	79%	1.166
2016	4,283,104	3,836,427	90%	4,283,104	3,836,427	90%	1.116
2017	4,202,686	5,150,110	123%	4,202,686	5,150,110	123%	1.068
2018	4,159,018	3,522,846	85%	4,159,018	3,522,846	85%	1.022
2019	4,071,729	4,256,289	105%	4,071,729	4,256,289	105%	0.978
2020	3,928,773	4,553,197	116%	3,928,773	4,553,197	116%	0.936
2021	3,780,816	4,760,675	126%	4,074,774	4,780,170	117%	0.896
2022	3,628,174	4,889,470	135%	5,496,177	5,016,129	91%	0.858
2023	3,471,394	4,977,050	143%	5,966,358	5,149,235	86%	0.821
2024	3,310,904	5,099,272	154%	5,690,520	5,268,364	93%	0.785
2025	3,147,155	5,248,597	167%	5,409,082	5,415,817	100%	0.752
2026	2,980,876	5,381,340	181%	5,123,294	5,546,438	108%	0.719
2027	2,812,698	5,463,091	194%	4,834,243	5,624,647	116%	0.688
2028	2,643,401	5,516,048	209%	4,543,269	5,673,292	125%	0.659
2029	2,473,684	5,606,841	227%	4,251,572	5,760,938	136%	0.631
2030	2,304,502	5,725,540	248%	3,960,795	5,877,345	148%	0.603
2031	2,136,719	5,827,884	273%	3,672,424	5,977,032	163%	0.578
2032	1,971,432	5,880,531	298%	3,388,341	6,025,817	178%	0.553
2033	1,809,644	5,881,030	325%	3,110,273	6,021,301	194%	0.529
2034	1,652,366	5,829,984	353%	2,839,955	5,964,252	210%	0.506
2035	1,500,639	5,728,852	382%	2,579,179	5,856,271	227%	0.484
2036	1,355,339	5,580,091	412%	2,329,450	5,699,961	245%	0.464
2037	1,217,182	5,387,520	443%	2,091,996	5,499,294	263%	0.444
2038	1,086,681	5,158,124	475%	1,867,701	5,261,463	282%	0.425
2039	964,613	4,897,207	508%	1,657,901	4,991,948	301%	0.406
2040	851,360	4,609,266	541%	1,463,251	4,695,392	321%	0.389
2041	747,285	4,302,127	576%	1,284,375	4,379,792	341%	0.372
2042	652,210	3,981,551	610%	1,120,966	4,050,991	361%	0.356
2043	565,862	3,654,637	646%	972,558	3,716,188	382%	0.341
2044	488,080	3,328,898	682%	838,873	3,383,005	403%	0.326
2045	418,596	3,010,730	719%	719,450	3,057,929	425%	0.312
2046	357,086	2,705,265	758%	613,731	2,746,150	447%	0.299
2047	302,951	2,416,001	797%	520,688	2,451,171	471%	0.286
2048	255,607	2,144,511	839%	439,317	2,174,541	495%	0.274
2049	214,463	1,892,867	883%	368,602	1,918,321	520%	0.262
2050	179,017	1,663,903	929%	307,680	1,685,348	548%	0.251
2051	148,699	1,459,187	981%	255,572	1,477,164	578%	0.240
2052	122,921	1,277,527	1039%	211,266	1,292,528	612%	0.230
2053	101,117	1,110,972	1099%	173,792	1,123,397	646%	0.220
2054	82,829	945,975	1142%	142,361	956,102	672%	0.210
2055	67,579	787,368	1165%	116,150	795,462	685%	0.201
2056	54,906	648,069	1180%	94,367	654,469	694%	0.193
2057	44,420	530,280	1194%	76,346	535,302	701%	0.184
2058	35,788	431,375	1205%	61,509	435,286	708%	0.176
2059	28,697	348,633	1215%	49,322	351,654	713%	0.169
2060	22,894	279,814	1222%	39,348	282,126	717%	0.162
2061	18,163	222,969	1228%	31,217	224,722	720%	0.155
2062	14,312	176,271	1232%	24,598	177,587	722%	0.148
2063	11,198	138,312	1235%	19,247	139,290	724%	0.142
2064	8,684	107,537	1238%	14,925	108,255	725%	0.136
2065	6,667	82,797	1242%	11,458	83,318	727%	0.130
2066	5,061	63,088	1246%	8,699	63,460	730%	0.124
2067	3,796	47,549	1253%	6,525	47,812	733%	0.119
2068	2,810	35,439	1261%	4,830	35,621	738%	0.114
2069	2,047	26,058	1273%	3,518	26,183	744%	0.109
2070	1,462	18,849	1290%	2,512	18,933	754%	0.104
2071	1,024	13,414	1310%	1,760	13,470	765%	0.100
2072	702	9,379	1335%	1,207	9,415	780%	0.095
2073	471	6,430	1365%	810	6,453	797%	0.091
AV Past	86,519,010	38,770,034	45%	86,519,010	38,770,034	45%	
PV Future	39,464,386	84,650,948	214%	59,516,106	86,459,025	145%	
Lifetime	125,983,396	123,420,983	98%	146,035,116	125,229,060	86%	

Exhibit Ia
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Post Rate Stability)
Virginia Rate Level

	Without Proposed Rate Increase			With Proposed Rate Increase			4.49%
Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Discount
1996	-	-	0%	-	-	0%	2.686
1997	-	-	0%	-	-	0%	2.571
1998	-	-	0%	-	-	0%	2.461
1999	-	-	0%	-	-	0%	2.355
2000	-	-	0%	-	-	0%	2.254
2001	-	-	0%	-	-	0%	2.157
2002	-	-	0%	-	-	0%	2.064
2003	289,016	691	0%	289,016	691	0%	1.975
2004	1,881,394	4,273	0%	1,881,394	4,273	0%	1.891
2005	3,754,878	460,758	12%	3,754,878	460,758	12%	1.809
2006	4,502,359	574,570	13%	4,502,359	574,570	13%	1.732
2007	4,257,738	339,893	8%	4,257,738	339,893	8%	1.657
2008	4,176,263	757,276	18%	4,176,263	757,276	18%	1.586
2009	4,157,811	1,176,986	28%	4,157,811	1,176,986	28%	1.518
2010	3,941,231	354,951	9%	3,941,231	354,951	9%	1.453
2011	4,060,768	686,957	17%	4,060,768	686,957	17%	1.390
2012	4,686,522	1,472,895	31%	4,686,522	1,472,895	31%	1.330
2013	4,736,022	2,920,101	62%	4,736,022	2,920,101	62%	1.273
2014	4,616,612	1,451,257	31%	4,616,612	1,451,257	31%	1.219
2015	4,372,291	1,579,629	36%	4,372,291	1,579,629	36%	1.166
2016	4,233,567	4,018,757	95%	4,233,567	4,018,757	95%	1.116
2017	4,231,142	2,875,400	68%	4,231,142	2,875,400	68%	1.068
2018	4,223,131	3,513,074	83%	4,223,131	3,513,074	83%	1.022
2019	4,134,759	4,072,943	99%	4,134,759	4,072,943	99%	0.978
2020	3,999,242	4,387,031	110%	3,999,242	4,387,031	110%	0.936
2021	3,858,337	4,609,002	119%	4,075,368	4,622,948	113%	0.896
2022	3,712,159	4,750,544	128%	5,058,977	4,839,537	96%	0.858
2023	3,561,196	4,843,374	136%	5,344,019	4,963,568	93%	0.821
2024	3,405,954	4,947,915	145%	5,111,060	5,065,738	99%	0.785
2025	3,247,075	5,096,470	157%	4,872,641	5,213,155	107%	0.752
2026	3,085,207	5,243,115	170%	4,629,738	5,358,752	116%	0.719
2027	2,920,906	5,339,291	183%	4,383,185	5,452,840	124%	0.688
2028	2,755,136	5,399,972	196%	4,134,426	5,510,693	133%	0.659
2029	2,588,630	5,482,963	212%	3,884,563	5,591,291	144%	0.631
2030	2,422,248	5,607,478	231%	3,634,886	5,714,330	157%	0.603
2031	2,256,908	5,730,772	254%	3,386,772	5,836,176	172%	0.578
2032	2,093,483	5,806,250	277%	3,141,533	5,909,353	188%	0.553
2033	1,933,136	5,833,940	302%	2,900,913	5,933,955	205%	0.529
2034	1,776,909	5,813,862	327%	2,666,474	5,910,083	222%	0.506
2035	1,625,641	5,746,399	353%	2,439,477	5,838,185	239%	0.484
2036	1,480,136	5,637,048	381%	2,221,129	5,723,925	258%	0.464
2037	1,341,145	5,491,546	409%	2,012,556	5,573,178	277%	0.444
2038	1,209,385	5,315,991	440%	1,814,834	5,392,164	297%	0.425
2039	1,085,340	5,113,129	471%	1,628,688	5,183,728	318%	0.406
2040	969,347	4,885,430	504%	1,454,627	4,950,422	340%	0.389
2041	861,644	4,634,244	538%	1,293,004	4,693,656	363%	0.372
2042	762,296	4,364,972	573%	1,143,920	4,418,886	386%	0.356
2043	671,188	4,085,348	609%	1,007,202	4,133,921	410%	0.341
2044	588,195	3,799,404	646%	882,660	3,842,835	435%	0.326
2045	512,935	3,511,167	685%	769,724	3,549,709	461%	0.312
2046	445,117	3,225,799	725%	667,954	3,259,765	488%	0.299
2047	384,329	2,947,599	767%	576,733	2,977,327	516%	0.286
2048	330,194	2,681,855	812%	495,497	2,707,709	546%	0.274
2049	282,405	2,432,625	861%	423,783	2,454,985	579%	0.262
2050	240,462	2,201,405	915%	360,843	2,220,648	615%	0.251
2051	203,825	1,989,821	976%	305,865	2,006,303	656%	0.240
2052	171,991	1,798,322	1046%	258,095	1,812,381	702%	0.230
2053	144,543	1,623,408	1123%	216,905	1,635,350	754%	0.220
2054	121,027	1,440,837	1191%	181,616	1,450,844	799%	0.210
2055	100,929	1,243,220	1232%	151,457	1,251,424	826%	0.201
2056	83,801	1,052,323	1256%	125,753	1,058,941	842%	0.193
2057	69,275	885,436	1278%	103,955	890,738	857%	0.184
2058	56,985	740,084	1299%	85,514	744,300	870%	0.176
2059	46,623	614,113	1317%	69,964	617,439	883%	0.169
2060	37,909	505,272	1333%	56,887	507,874	893%	0.162
2061	30,612	411,915	1346%	45,938	413,932	901%	0.155
2062	24,539	332,508	1355%	36,823	334,057	907%	0.148
2063	19,493	265,281	1361%	29,252	266,459	911%	0.142
2064	15,326	208,887	1363%	22,998	209,770	912%	0.136
2065	11,914	162,184	1361%	17,878	162,840	911%	0.130
2066	9,142	123,993	1356%	13,719	124,472	907%	0.124
2067	6,924	93,315	1348%	10,390	93,661	901%	0.119
2068	5,169	69,061	1336%	7,756	69,306	894%	0.114
2069	3,802	50,247	1322%	5,705	50,420	884%	0.109
2070	2,750	35,913	1306%	4,126	36,032	873%	0.104
2071	1,949	25,164	1291%	2,925	25,244	863%	0.100
2072	1,355	17,301	1277%	2,034	17,354	853%	0.095
2073	923	11,674	1265%	1,385	11,709	845%	0.091
AV Past	86,627,532	27,294,714	32%	86,627,532	27,294,714	32%	
PV Future	41,268,380	85,920,664	208%	56,053,954	87,221,331	156%	
Lifetime	127,895,912	113,215,379	89%	142,681,486	114,516,045	80%	

Exhibit IIa
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Pre Rate Stability)
Virginia Rate Level
Data as of December 31, 2018
58/85 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	86,519,010
(2)	Accumulated Past Premiums on Original Rate Basis:	72,868,721
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	13,650,288
(4)	PV Future Total Premiums Including Rate Increases:	59,516,106
(5)	PV Future Premiums on Original Rate Basis:	27,976,724
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	31,539,382
(7)	Accumulated Past Incurred Claims	38,770,034
(8)	PV Future Incurred Claims	86,459,025
(9)	Total Incurred Claims: (7) + (8)	125,229,060
(10)	0.58 x [(2) + (5)] + 0.85 x [(3) + (6)] =	96,901,578
(11)	Test: Is (9) >= (10)?	True

Exhibit IIa
Southern Farm Bureau Life Insurance Company
Form Number(s): HL200
Lifetime Benefit Period
Lifetime Experience (Nationwide Post Rate Stability)
Virginia Rate Level
Data as of December 31, 2018
60/80 Rate Stabilization Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases:	86,627,532
(2)	Accumulated Past Premiums on Original Rate Basis:	73,031,602
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	13,595,930
(4)	PV Future Total Premiums Including Rate Increases:	56,053,954
(5)	PV Future Premiums on Original Rate Basis:	29,255,594
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	26,798,359
(7)	Accumulated Past Incurred Claims	27,294,714
(8)	PV Future Incurred Claims	87,221,331
(9)	Total Incurred Claims: (7) + (8)	114,516,045
(10)	0.60 x [(2) + (5)] + 0.80 x [(3) + (6)] =	93,687,749
(11)	Test: Is (9) >= (10)?	True

PRIVATE AND CONFIDENTIAL

December 21, 2019

To whom it may concern:

LTCG was requested by Southern Farm Bureau ("SFB", "You") to perform an experience analysis on a block of long-term care policies. The following memo describes in detail the process used to develop the total lives morbidity assumptions for the SFB business. Incidence, claim termination, and utilization rates were initially based on the SOA 2000-2011 Long Term Care Intercompany Experience Study ("SOA Study"). Each morbidity component was then tested against historical experience from inception through December 31, 2017 to develop adjustment factors that best reflect SFB data. A description of the methodology and assumptions is outlined in this report.

Background

The SFB policies being studied were issued in calendar years 1996 through 2006, with a total of 25,320 policies issued and 15,077 remaining active as of December 31, 2017. The average policy duration as of 2017 is 15.9, with an average attained age of 72.7.

Total Lives Approach

We developed incidence using exposures of total lives in-force, regardless of claim status. The assumptions described herein would only be appropriate for use in a projection method utilizing a total lives in-force approach in which policies are assumed to be in-force and paying scheduled premiums until policy termination. We note that the usage of this approach to claim cost and policy termination rate assumption development and application in the projection model requires the following:

1. Inclusion of a waiver of premium component of the claim reserve as of the projection date.

2. Inclusion of a waiver of premium component of future claim costs.

3. Inclusion of all policies (active and disabled) in the in-force population until policy termination.

I. Incidence

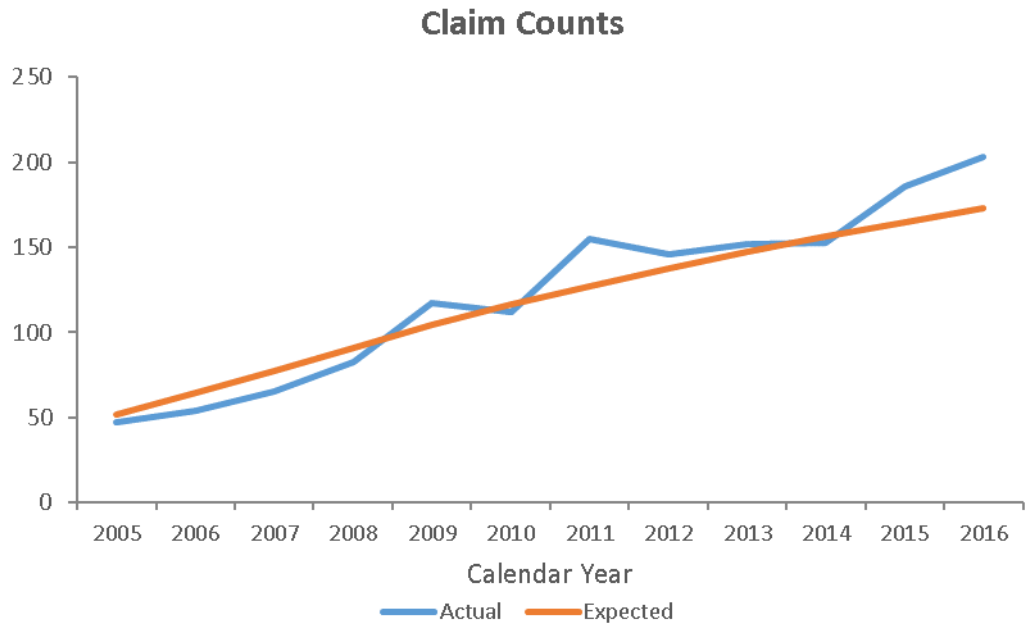
We developed the incidence assumption using the following steps:

1. Apply the SOA Study incidence assumptions to all actual historical exposures to develop expected incidence. The exposure years used totaled more than 200,000.

2. Calculate actual-to-expected incidence ratios by policy duration.

3. Apply final incidence assumptions to policyholder exposure to derive model claim counts to test fit to actual claim experience by calendar year.

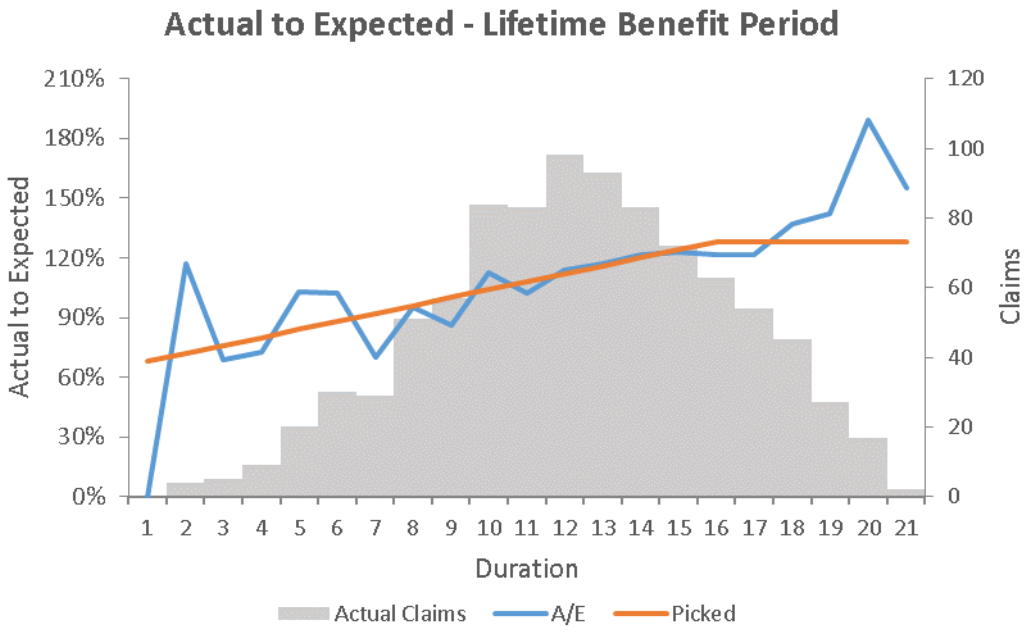
The first step in developing the expected incidence assumption was to apply the claim incidence rate assumptions from the SOA Study to the total lives exposure. The following graphs show, the initial fit of the SOA Study to SFB's actual claim count experience:

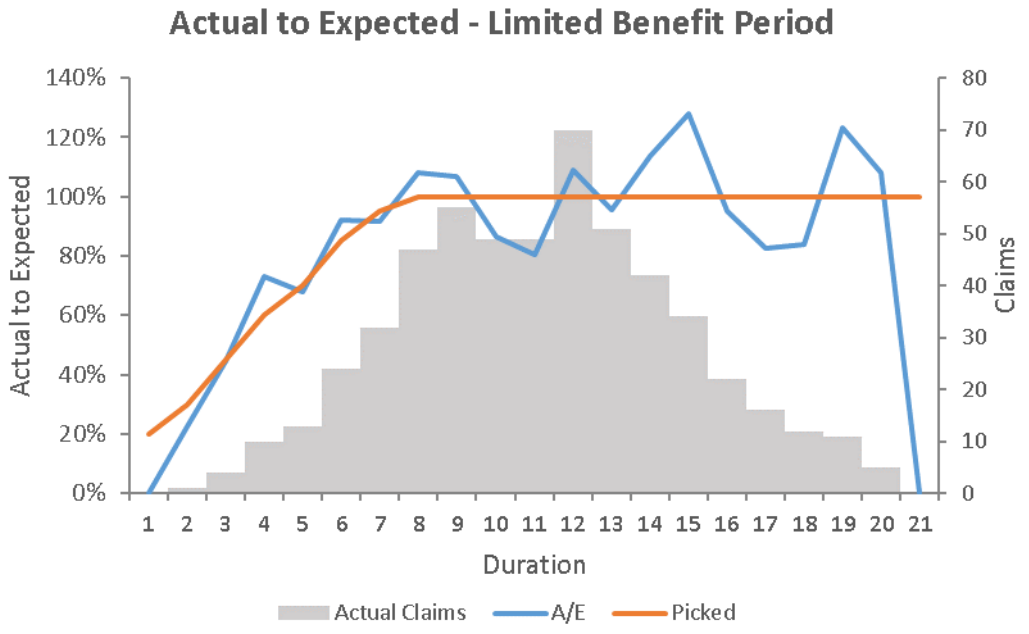


Durational Actual-to-Expected Incidence Ratios

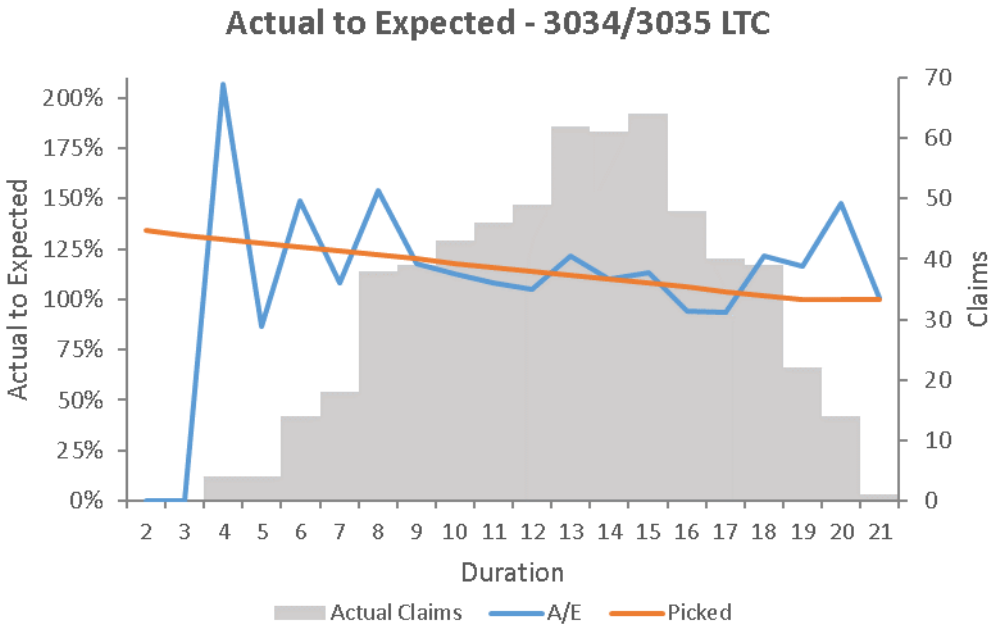
We developed actual-to-expected ("AtoE") ratios by comparing the Company's actual historical claim incidence experience to expected incidence using the adjusted ultimate claim incidence rates as described above. We applied these expected incidence rates to the Company's seriatim exposures from inception. We then developed actual-to-expected ratios by comparing actual historical claim incidence by Coverage Series, Benefit Period and Preferred Discount. We note that we checked the correlations from the following characteristics: Marital status at issue, Gender, Inflation option, Elimination period and Attained age; however, the three characteristics chosen were the only characteristics for which we deemed it appropriate to make an adjustment. Each assumption that is applied is cumulative. We note that the factors applied in the durations for which there is no experience are extrapolated from those durations for which there is experience. The following graphs show the actual and modeled AtoE.

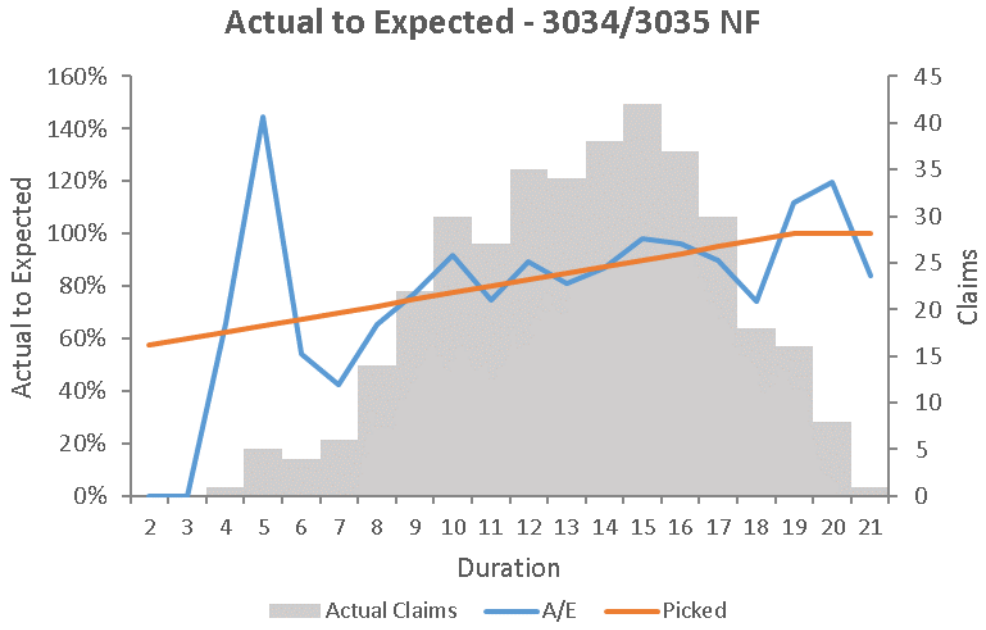
Benefit Period:

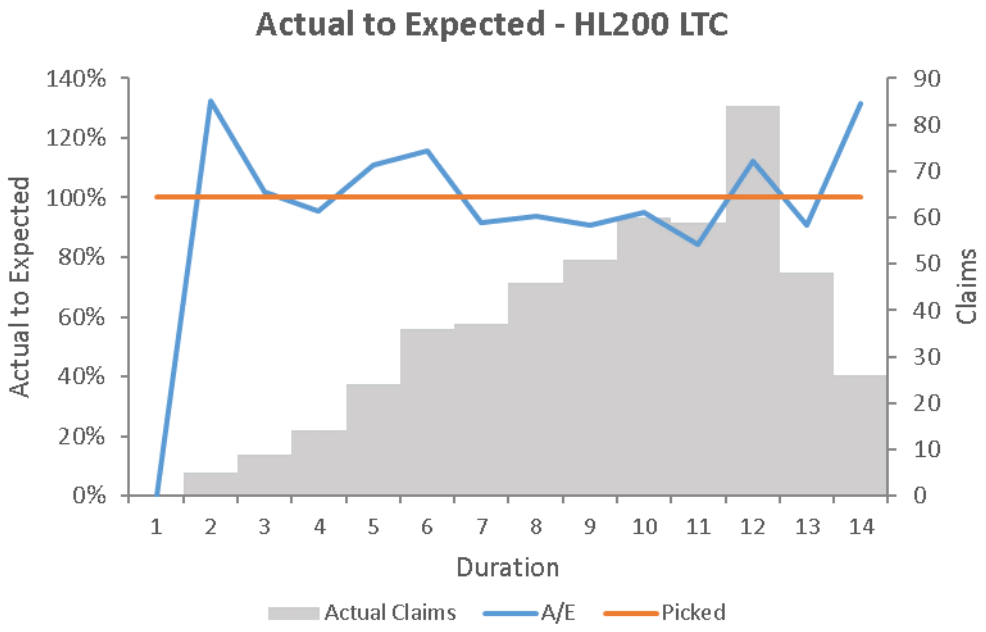




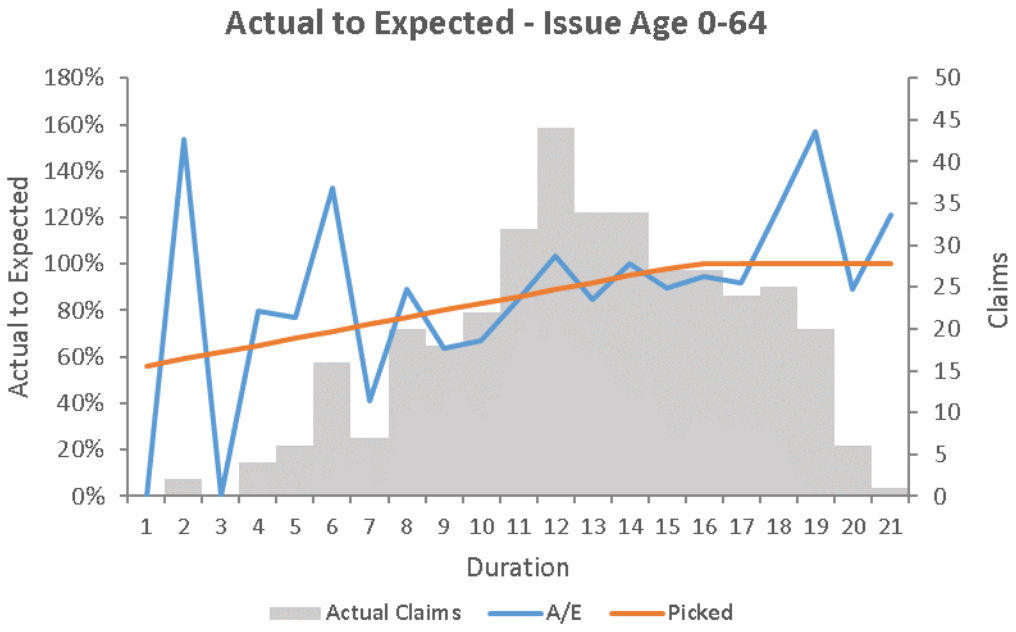
Form Series and Coverage:

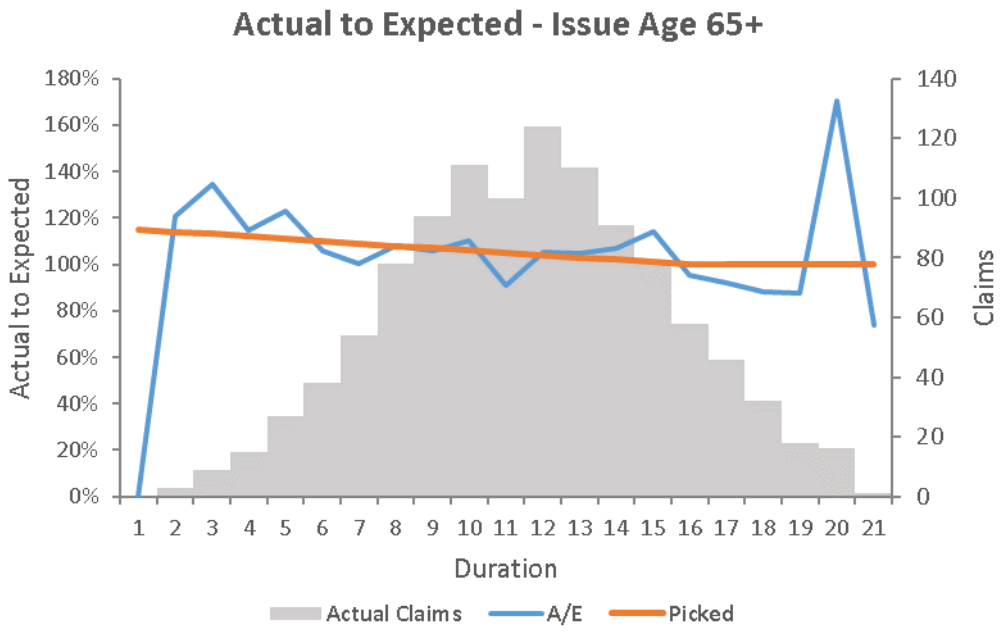





Actual to Expected - HL200 LTC
Actual to Expected
140%
120%
100%
80%
60%
40%
20%
0%
Claims
90
80
70
60
50
40
30
20
10
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14
Duration
Actual Claims
A/E
Picked

Issue Age:

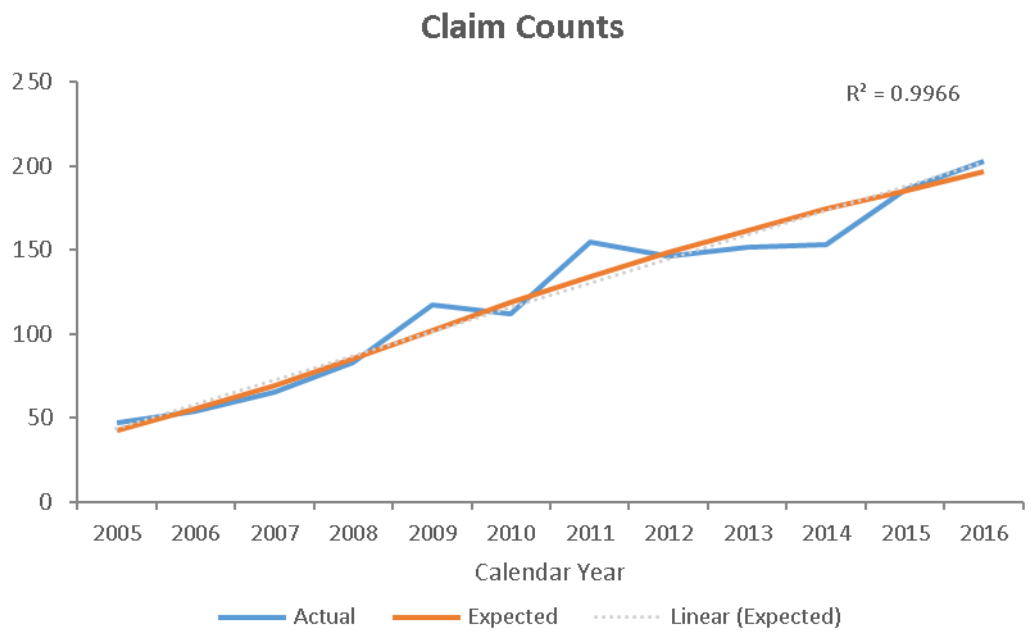

Actual to Expected - Issue Age 0-64
Actual to Expected
180%
160%
140%
120%
100%
80%
60%
40%
20%
0%
Claims
50
45
40
35
30
25
20
15
10
5
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
Duration
Actual Claims
A/E
Picked



In an effort to assure that the order usedin the application of the adjustments noted did not serve to cause any of the prior adjustment to be misaligned, we checked the resulting implied claim counts with the adjustments applied to the actual claim counts. We did not observe any material misalignment.

Incidence Rate Back-testing

The final step in the incidence assumption validation process is to back-test the incidence assumptions, with all durational AtoE's applied, using actual policy exposures, against the actual claims experience by various metrics. The following graph demonstrates that the expected assumptions fit well against the actual claims experience.



We note that using a credibility standard of 1,082 claims and 1,702 claims to date, this block is 100% credible. We also note that we used the SOA analysis as the basis for the underlying assumptions, which we believe to be fully credible.

II. Claim Termination Rates

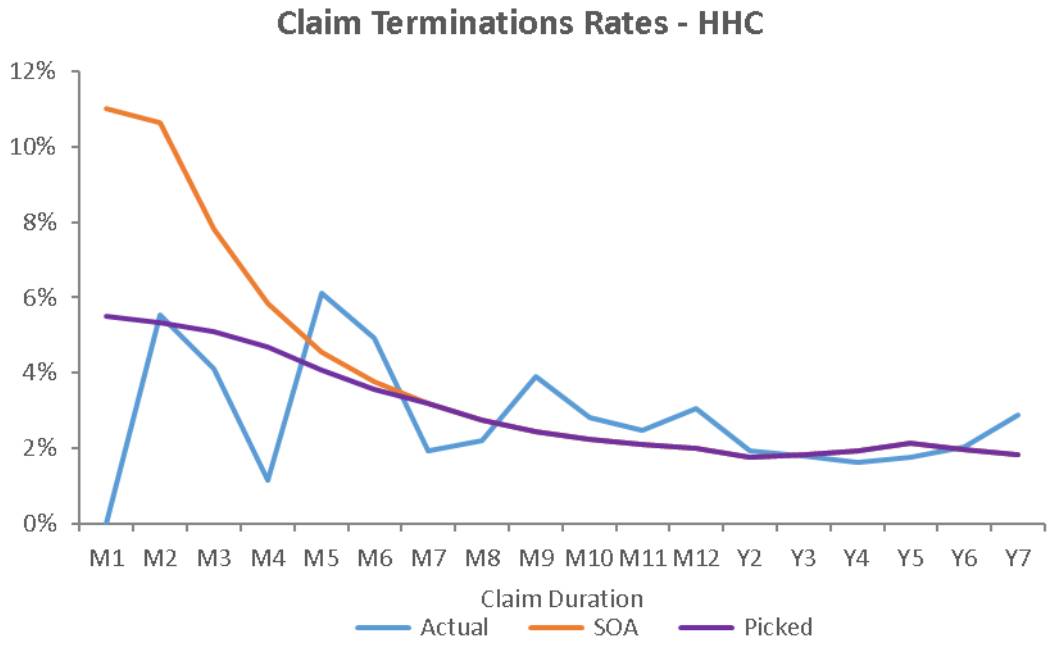
We developed the claim termination assumption using the following steps:

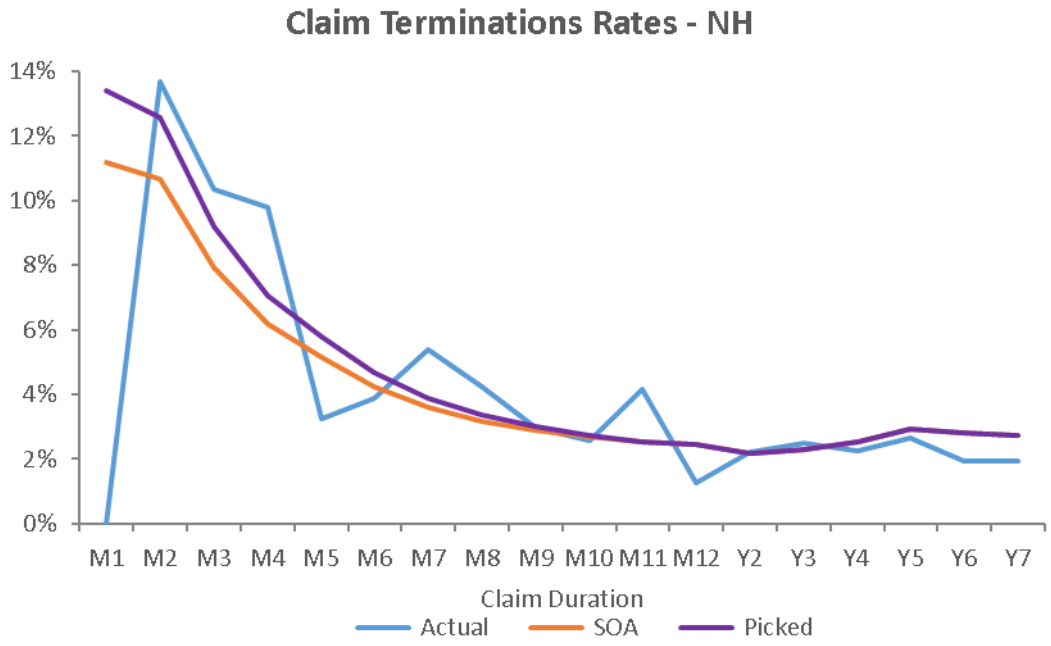
1. Compare actual monthly claim termination rates on all claims incurred since 2005 to those implied by applying the SOA Study claim termination assumptions

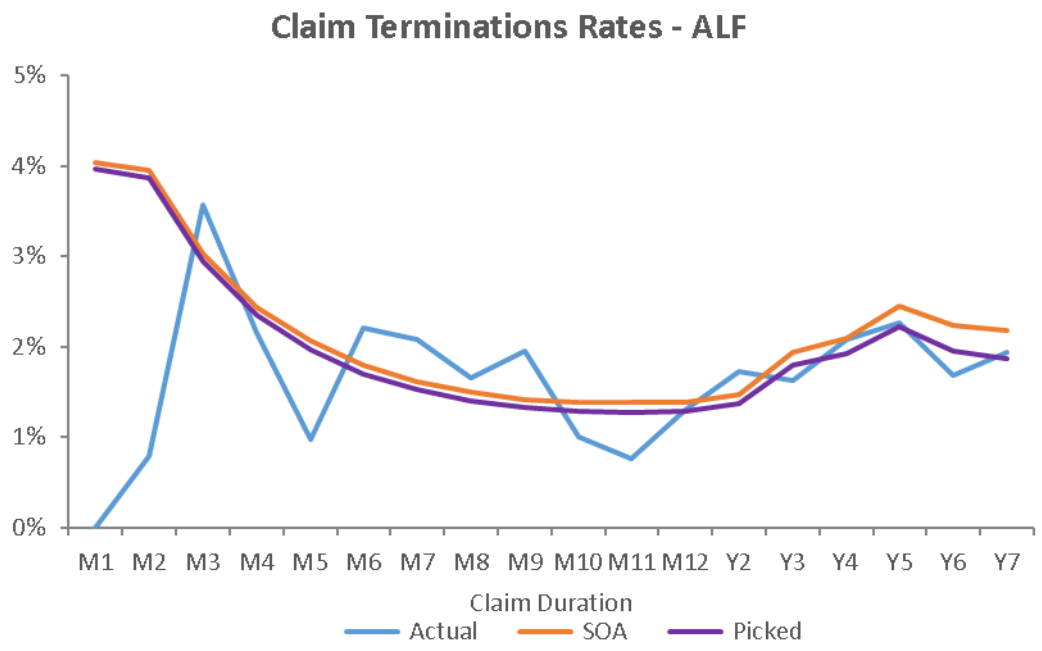
2. Develop claim termination rate adjustment factors by claim duration to better fit actual experience.

3. Test claim termination assumption by back-testing actual incurred claims against expected claim costs (see Claim Cost Back-testing section of this memorandum).

The first step in developing the expected claim termination assumption was to apply the claim termination rate assumptions from the SOA Study to the historical claims noted above. Beginning from the date of claim incurral, we applied the SOA assumptions to calculate an expected termination rate for each claim month. We then compared the resulting expected terminations to actual terminations to develop adjustment factors by claim duration. The graphs below show actual, SOA and picked termination rates where the picked termination rates contain all chosen adjustment factors:


Claim Terminations Rates - HHC
12%
10%
8%
6%
4%
2%
0%
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 Y2 Y3 Y4 Y5 Y6 Y7
Claim Duration
Actual
SOA
Picked


Claim Terminations Rates - NH
14%
12%
10%
8%
6%
4%
2%
0%
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 Y2 Y3 Y4 Y5 Y6 Y7
Claim Duration
Actual
SOA
Picked



We note that we examined the following characteristics to ensure a reasonable fit to actual experience: Benefit Period, Gender, Marital Status, Diagnosis and Initial Site of Care. We deemed the following additional adjustments merited:

ALF Claim Termination Adjustment Factors								
Gender	Female	Female	Female	Female	Male	Male	Male	Male
Benefit Period	Unlimited	Unlimited	Limited	Limited	Unlimited	Unlimited	Limited	Limited
Inflation	Yes	No	Yes	No	Yes	No	Yes	No
Claim Month								
1	1.00	0.95	1.00	1.00	1.00	1.00	1.00	1.00
2	0.98	0.94	1.00	1.00	0.98	1.00	1.00	1.00
3	0.96	0.93	1.00	1.00	0.96	1.00	1.00	1.00
4	0.94	0.92	1.00	1.00	0.94	1.00	1.00	1.00
5	0.92	0.91	1.00	1.00	0.92	1.00	1.00	1.00
6	0.90	0.90	1.00	1.00	0.90	1.00	1.00	1.00
7	0.88	0.89	1.00	1.00	0.88	1.00	1.00	1.00
8	0.86	0.88	1.00	1.00	0.86	1.00	1.00	1.00
9	0.84	0.87	1.00	1.00	0.84	1.00	1.00	1.00
10	0.82	0.86	1.00	1.00	0.82	1.00	1.00	1.00
11+	0.80	0.85	1.00	1.00	0.80	1.00	1.00	1.00

HHC and NH Claim Termination Adjustment Factors

Claim Month	HHC	NH
1	0.50	1.20
2	0.50	1.18
3	0.65	1.16
4	0.80	1.14
5	0.90	1.12
6	0.95	1.10
7	1.00	1.08
8	1.00	1.06
9	1.00	1.04
10	1.00	1.02
11+	1.00	1.00

III. Claim Utilization Rates

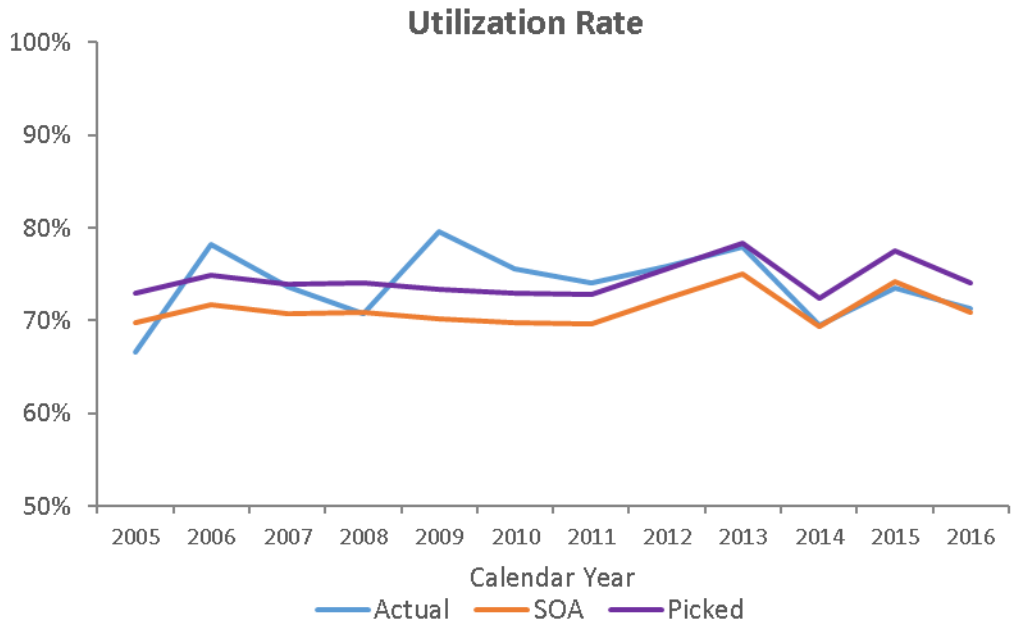
We developed the claim utilization assumption using the following steps:

1. Calculate the maximum benefit amount payable for all historical claims incurred in 2005 and later.

2. Apply SOA Study claim utilization assumptions to the maximum benefit amount payable to derive expected claim utilization.
   Compare the expected payment amount to the actual claim payment amount and derive adjustment factors that best replicate actual experience.
3. Test claim utilization assumption by back-testing actual claim utilization against expected with the adjustment noted above. The results are shown in the graph and subsequent table below.

LTCG

Exhibit IV



Calendar	HHC – Benefits Paid			NH – Benefits Paid			ALF – Benefits Paid		
Year	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
2005	1,357,864	1,932,909	70%	1,151,568	946,253	122%	1,111,677	914,556	122%
2006	1,115,799	1,206,417	92%	2,349,840	1,899,217	124%	2,128,458	2,018,670	105%
2007	2,234,677	2,409,787	93%	2,093,119	1,751,061	120%	2,440,152	2,343,474	104%
2008	2,107,527	2,271,223	93%	1,991,386	2,180,106	91%	2,923,138	2,585,843	113%
2009	2,891,397	2,584,919	112%	2,492,669	2,312,457	108%	3,207,623	2,679,516	120%
2010	2,594,937	2,496,216	104%	2,217,145	2,105,073	105%	3,073,798	2,680,202	115%
2011	2,654,051	2,793,113	95%	1,489,157	1,397,371	107%	3,896,470	3,366,754	116%
2012	1,919,572	2,039,669	94%	2,589,647	2,290,786	113%	2,699,306	2,541,206	106%
2013	818,804	892,094	92%	1,420,967	1,279,759	111%	2,046,086	1,952,889	105%
2014	1,373,771	1,426,119	96%	1,440,327	1,316,106	109%	1,591,349	1,668,655	95%
2015	690,041	833,092	83%	1,211,966	1,183,921	102%	714,315	627,238	114%
2016	176,005	221,427	79%	447,184	430,584	104%	254,461	223,510	114%
Total	19,934,445	21,106,985	94%	20,894,975	19,092,694	109%	26,086,833	23,602,513	111%

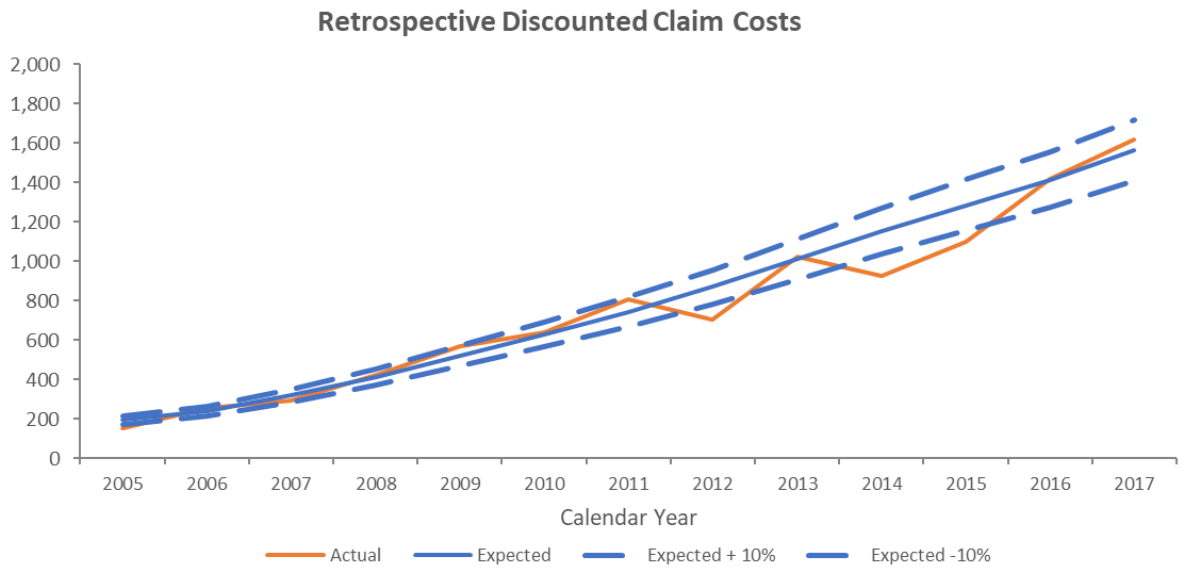
The table below shows the adjustments chosen by initial site of care:

Claim Utilization Adjustment Factor

Claim Type	Factor
HHC	0.94
NH	1.08
ALF	1.11

Claim Cost Back-testing

The final step in the development of the morbidity assumptions was to calculate the claim costs that result from using the assumptions described herein and back-test those claims against the actual incurred claims. The expected claim costs were calculated using a first principles approach of combining incidence, claim length of stay, utilization, inflated daily benefit (where applicable) and discount factors (assuming 3.5% discount rate). The following graph shows a good fit by calendar year with actual incurred claims:



LTCG

Exhibit IV

		Actual		Expected		
Year	Lives Exposed	Discounted Incurred Claims	Discounted Claim Cost	Discounted Incurred Claims	Discounted Claim Cost	Actual/Model Claim Cost
2005	20,052	3,118,731	156	3,889,678	194	80%
2006	21,463	5,513,519	257	5,130,763	239	107%
2007	20,440	6,000,366	294	6,531,458	320	92%
2008	19,752	8,416,758	426	8,164,660	413	103%
2009	19,192	10,963,736	571	9,970,267	519	110%
2010	18,623	11,883,205	638	11,732,496	630	101%
2011	17,862	14,378,825	805	13,313,716	745	108%
2012	17,320	12,216,676	705	15,083,093	871	81%
2013	16,864	17,231,805	1,022	17,044,635	1,011	101%
2014	16,439	15,273,966	929	18,970,715	1,154	81%
2015	16,022	17,585,548	1,098	20,594,137	1,285	85%
2016	15,610	22,126,345	1,417	22,093,846	1,415	100%
2017	14,622	23,661,276	1,618	22,879,897	1,565	103%

Peer Review

The development of the morbidity assumptions were subject to LTCG's peer review process. The scope of the review included but was not limited to:

- Collaborative discussions with SFB to ensure that the data preparation process was consistent with their expectations and understanding of the block.
- Results of the data preparation process were analyzed in detail by different parameters to ensure the data feed into the study was reasonable.
- Detailed technical review of all files related to the assumptions development which included review of: formulas, database queries, VBA macros, etc.
- High level benchmarking of results against experience of similar blocks of business observed in the LTC industry.
- High level analysis for reasonability using in depth knowledge of LTC experience as a guide.

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	36.93	23.02	24.96	41.27
26	21.37	23.06	37.87	23.54	25.62	42.52
27	21.75	23.54	38.83	24.07	26.27	43.75
28	22.15	24.06	39.80	24.62	26.96	45.06
29	22.59	24.61	40.86	25.22	27.70	46.46
30	23.07	25.23	42.06	25.88	28.54	48.04
31	23.65	25.95	43.43	26.66	29.50	49.86
32	24.29	26.74	44.95	27.53	30.56	51.89
33	24.95	27.58	46.55	28.43	31.68	54.01
34	25.60	28.39	48.09	29.34	32.81	56.11
35	26.16	29.15	49.49	30.16	33.86	58.06
36	26.65	29.78	50.71	30.90	34.80	59.82
37	27.07	30.36	51.77	31.59	35.69	61.45
38	27.47	30.92	52.79	32.27	36.59	63.06
39	27.89	31.51	53.86	32.97	37.50	64.72
40	28.38	32.16	55.06	33.75	38.52	66.56
41	28.89	32.86	56.33	34.59	39.60	68.51
42	29.43	33.57	57.63	35.45	40.70	70.49
43	30.01	34.36	59.02	36.37	41.89	72.62
44	30.69	35.22	60.57	37.40	43.19	74.92
45	31.47	36.23	62.34	38.57	44.64	77.51
46	32.41	37.40	64.36	39.89	46.28	80.36
47	33.47	38.69	66.55	41.35	48.06	83.43
48	34.60	40.08	68.92	42.92	49.96	86.74
49	35.82	41.55	71.45	44.58	51.99	90.26
50	37.04	43.09	74.12	46.31	54.14	94.00
51	38.23	44.59	76.75	47.98	56.23	97.71
52	39.38	46.06	79.33	49.61	58.31	101.38
53	40.62	47.67	82.16	51.39	60.56	105.42
54	42.11	49.56	85.50	53.53	63.25	110.18
55	43.96	51.89	89.62	56.19	66.57	116.05
56	46.21	54.70	94.55	59.36	70.48	122.95
57	48.75	57.85	100.06	62.92	74.84	130.63
58	51.58	61.33	106.18	66.89	79.73	139.22
59	54.66	65.16	112.88	71.35	85.19	148.82
60	58.00	69.32	120.19	76.29	91.30	159.63
61	61.45	73.70	127.93	81.57	97.88	171.31
62	65.04	78.29	136.08	87.16	104.87	183.76
63	68.94	83.27	144.92	93.30	112.55	197.45
64	73.36	88.84	154.72	100.28	121.23	212.80
65	78.46	95.19	165.76	108.39	131.19	230.29
66	84.04	102.03	177.48	117.13	141.84	248.83
67	89.95	109.23	189.71	126.32	153.00	268.11
68	96.54	117.23	203.24	136.69	165.52	289.76
69	104.17	126.48	218.95	148.93	180.31	315.33
70	113.16	137.46	237.61	163.77	198.22	346.44
71	123.63	150.32	259.64	181.14	219.25	383.06
72	135.38	164.78	284.49	200.57	242.78	424.15
73	148.20	180.55	311.55	222.14	268.89	469.68
74	161.92	197.36	340.22	245.94	297.62	519.75
75	176.35	214.93	369.85	272.08	329.01	574.38
76	190.65	232.25	398.64	298.70	360.92	629.48
77	204.94	249.48	426.98	325.77	393.34	685.08
78	220.50	268.18	457.63	356.02	429.45	747.23
79	238.56	289.87	493.34	392.15	472.46	822.01
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	43.43	24.52	27.08	46.06
26	24.34	26.74	44.80	25.14	27.88	47.59
27	24.91	27.47	46.17	25.76	28.66	49.11
28	25.50	28.22	47.62	26.39	29.48	50.72
29	26.15	29.04	49.16	27.09	30.39	52.48
30	26.88	29.96	50.92	27.89	31.40	54.45
31	27.73	31.02	52.95	28.80	32.56	56.73
32	28.67	32.21	55.21	29.82	33.86	59.26
33	29.66	33.45	57.55	30.89	35.22	61.89
34	30.65	34.70	59.91	31.95	36.59	64.54
35	31.56	35.87	62.10	32.97	37.89	67.06
36	32.39	36.95	64.11	33.89	39.10	69.37
37	33.16	37.96	65.98	34.74	40.24	71.54
38	33.93	38.99	67.84	35.59	41.39	73.72
39	34.72	40.04	69.78	36.49	42.59	75.96
40	35.60	41.20	71.90	37.48	43.92	78.42
41	36.54	42.44	74.12	38.52	45.31	81.02
42	37.52	43.71	76.42	39.60	46.74	83.69
43	38.56	45.06	78.87	40.74	48.25	86.53
44	39.70	46.53	81.50	42.01	49.91	89.59
45	40.99	48.18	84.44	43.43	51.75	92.95
46	42.44	50.00	87.67	45.01	53.76	96.62
47	44.02	51.98	91.11	46.72	55.93	100.51
48	45.72	54.09	94.80	48.56	58.25	104.68
49	47.53	56.34	98.72	50.50	60.72	109.13
50	49.42	58.73	102.94	52.56	63.34	113.91
51	51.26	61.07	107.11	54.55	65.95	118.67
52	53.07	63.40	111.26	56.52	68.54	123.43
53	55.03	65.93	115.81	58.67	71.36	128.64
54	57.38	68.94	121.20	61.22	74.70	134.77
55	60.29	72.67	127.84	64.41	78.83	142.34
56	63.76	77.03	135.57	68.16	83.63	151.11
57	67.64	81.86	144.16	72.35	88.95	160.77
58	71.97	87.29	153.77	77.04	94.92	171.64
59	76.84	93.41	164.61	82.34	101.70	184.00
60	82.32	100.32	176.89	88.34	109.40	198.13
61	88.21	107.81	190.29	94.84	117.84	213.68
62	94.46	115.82	204.69	101.76	126.89	230.45
63	101.37	124.66	220.54	109.43	136.90	248.99
64	109.22	134.65	238.37	118.14	148.20	269.84
65	118.30	146.10	258.65	128.18	161.16	293.59
66	128.05	158.29	280.10	138.93	174.92	318.64
67	138.28	171.03	302.40	150.16	189.26	344.66
68	149.82	185.38	327.47	162.86	205.43	373.98
69	163.51	202.38	357.22	178.00	224.67	408.89
70	180.18	223.07	393.58	196.49	248.21	451.73
71	199.75	247.36	436.30	218.21	275.86	502.05
72	221.62	274.54	484.17	242.53	306.76	558.33
73	245.98	304.78	537.43	269.66	341.27	621.20
74	272.98	338.27	596.43	299.84	379.67	691.37
75	302.78	375.19	661.47	333.27	422.31	769.48
76	333.30	413.01	727.67	367.65	466.18	849.58
77	364.45	451.56	794.86	402.79	511.07	931.24
78	399.32	494.72	870.29	442.22	561.47	1023.38
79	441.06	546.29	961.29	489.47	621.89	1134.93
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		43.52	51.49	92.40		52.42	62.71	114.16
26		44.82	53.14	95.51		54.14	64.87	118.27
27		46.13	54.81	98.65		55.88	67.10	122.47
28		47.49	56.55	101.94		57.69	69.39	126.87
29		48.92	58.36	105.38		59.58	71.81	131.47
30		50.44	60.29	109.01		61.60	74.39	136.37
31		52.12	62.41	113.01		63.84	77.22	141.77
32		53.93	64.72	117.37		66.27	80.28	147.62
33		55.80	67.07	121.81		68.76	83.43	153.62
34		57.58	69.34	126.07		71.17	86.49	159.43
35		59.20	71.40	129.85		73.37	89.32	164.66
36		60.56	73.17	133.04		75.30	91.79	169.18
37		61.78	74.74	135.78		77.04	94.03	173.16
38		62.90	76.22	138.35		78.69	96.17	176.95
39		64.06	77.73	140.93		80.39	98.36	180.77
40		65.33	79.38	143.78		82.23	100.75	184.96
41		66.69	81.15	146.83		84.19	103.26	189.41
42		68.08	82.94	149.94		86.20	105.84	193.98
43		69.54	84.82	153.18		88.29	108.53	198.72
44		71.12	86.83	156.65		90.52	111.39	203.74
45		72.85	89.02	160.40		92.95	114.47	209.14
46		74.75	91.41	164.49		95.58	117.79	214.95
47		76.82	93.97	168.86		98.39	121.30	221.09
48		78.99	96.67	173.45		101.34	125.00	227.54
49		81.24	99.47	178.20		104.42	128.86	234.26
50		83.54	102.34	183.11		107.58	132.84	241.21
51		85.77	105.15	187.94		110.70	136.80	248.13
52		87.95	107.95	192.74		113.78	140.74	255.04
53		90.26	110.89	197.78		117.03	144.90	262.34
54		92.83	114.16	203.41		120.68	149.54	270.50
55		95.81	117.91	209.89		124.94	154.93	279.94
56		99.13	122.07	217.04		129.67	160.84	290.31
57		102.71	126.52	224.71		134.70	167.14	301.32
58		106.62	131.38	233.10		140.29	174.10	313.51
59		110.98	136.84	242.48		146.61	181.99	327.38
60		115.90	142.98	253.13		153.89	191.12	343.47
61		121.35	149.88	265.14		162.11	201.49	361.88
62		127.29	157.44	278.34		171.14	212.92	382.25
63		133.72	165.59	292.58		180.98	225.38	404.44
64		140.60	174.29	307.67		191.66	238.84	428.32
65		147.97	183.48	323.49		203.18	253.23	453.72
66		155.53	192.82	339.40		214.99	267.88	479.42
67		163.31	202.35	355.49		227.08	282.83	505.48
68		171.68	212.58	372.73		240.29	299.08	533.80
69		181.08	224.05	392.04		255.45	317.67	566.26
70		191.86	237.26	414.39		273.36	339.65	604.72
71		204.19	252.42	440.18		294.00	364.95	649.14
72		217.77	269.18	468.77		316.79	392.92	698.29
73		232.43	287.24	499.57		341.85	423.58	752.20
74		248.00	306.33	531.95		369.23	456.99	810.96
75		264.26	326.17	565.29		399.02	493.21	874.61
76		280.42	345.79	597.82		429.42	530.09	939.02
77		296.61	365.34	629.96		460.35	567.59	1004.17
78		314.04	386.32	664.35		494.56	608.93	1076.25
79		333.92	410.24	703.69		534.80	657.32	1161.39
80		357.48	438.57			583.79	715.96	
81		385.33	472.15			642.59	786.25	
82		416.64	509.99			709.33	866.09	
83		450.51	550.83			782.50	953.33	
84		486.04	593.45			860.57	1045.85	
85		522.32	636.61			941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	126.01	59.95	74.12	140.72
26	58.08	70.83	130.67	61.99	76.80	146.03
27	59.99	73.32	135.43	64.08	79.56	151.46
28	61.99	75.90	140.38	66.26	82.40	157.15
29	64.08	78.61	145.60	68.54	85.41	163.11
30	66.31	81.50	151.15	70.97	88.63	169.45
31	68.77	84.69	157.27	73.66	92.15	176.47
32	71.44	88.13	163.90	76.57	95.97	184.08
33	74.18	91.67	170.72	79.57	99.90	191.89
34	76.84	95.11	177.30	82.47	103.73	199.44
35	79.29	98.29	183.29	85.16	107.27	206.35
36	81.43	101.10	188.46	87.51	110.42	212.33
37	83.38	103.65	193.06	89.64	113.28	217.68
38	85.23	106.11	197.41	91.69	116.05	222.77
39	87.12	108.62	201.85	93.78	118.87	227.96
40	89.18	111.33	206.68	96.05	121.92	233.58
41	91.37	114.21	211.82	98.47	125.15	239.59
42	93.60	117.15	217.09	100.93	128.45	245.72
43	95.93	120.22	222.56	103.50	131.90	252.09
44	98.42	123.46	228.35	106.23	135.54	258.82
45	101.10	126.95	234.54	109.17	139.44	266.02
46	104.00	130.71	241.17	112.35	143.63	273.67
47	107.10	134.66	248.17	115.71	148.03	281.71
48	110.35	138.83	255.50	119.25	152.64	290.15
49	113.72	143.17	263.16	122.92	157.48	298.95
50	117.22	147.68	271.10	126.72	162.50	308.14
51	120.66	152.16	279.03	130.49	167.51	317.31
52	124.08	156.63	286.96	134.23	172.52	326.50
53	127.70	161.37	295.36	138.20	177.82	336.23
54	131.75	166.66	304.72	142.63	183.75	347.10
55	136.46	172.76	315.54	147.80	190.58	359.65
56	141.67	179.46	327.38	153.48	198.05	373.32
57	147.22	186.54	339.92	159.52	205.93	387.72
58	153.36	194.40	353.81	166.23	214.68	403.72
59	160.35	203.36	369.70	173.88	224.69	422.14
60	168.47	213.79	388.31	182.79	236.44	443.84
61	177.67	225.73	409.73	192.97	249.94	468.96
62	187.83	238.94	433.47	204.21	264.92	496.96
63	198.91	253.35	459.44	216.51	281.30	527.57
64	210.92	268.93	487.38	229.84	299.01	560.60
65	223.87	285.59	517.16	244.19	317.95	595.82
66	237.11	302.54	547.25	258.81	337.16	631.39
67	250.63	319.77	577.80	273.71	356.70	667.47
68	265.41	338.57	611.02	290.02	378.01	706.77
69	282.42	360.13	649.22	308.84	402.56	752.09
70	302.63	385.70	694.61	331.26	431.76	806.13
71	325.92	415.14	746.98	357.16	465.40	868.43
72	351.65	447.65	804.84	385.78	502.52	937.16
73	379.98	483.41	868.50	417.34	543.47	1013.02
74	411.09	522.60	938.34	452.09	588.56	1096.78
75	445.12	565.41	1014.69	490.24	638.12	1189.14
76	479.98	609.30	1092.60	529.46	689.13	1284.03
77	515.57	654.12	1171.82	569.55	741.39	1380.94
78	555.03	703.71	1259.82	614.09	799.42	1489.03
79	601.48	761.94	1364.00	666.59	867.70	1617.43
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	34.51	23.02	24.96	38.56
26	21.37	23.06	35.39	23.54	25.62	39.73
27	21.75	23.54	36.28	24.07	26.27	40.88
28	22.15	24.06	37.19	24.62	26.96	42.10
29	22.59	24.61	38.18	25.22	27.70	43.41
30	23.07	25.23	39.30	25.88	28.54	44.88
31	23.65	25.95	40.58	26.66	29.50	46.59
32	24.29	26.74	42.01	27.53	30.56	48.49
33	24.95	27.58	43.50	28.43	31.68	50.47
34	25.60	28.39	44.93	29.34	32.81	52.43
35	26.16	29.15	46.24	30.16	33.86	54.26
36	26.65	29.78	47.38	30.90	34.80	55.90
37	27.07	30.36	48.38	31.59	35.69	57.42
38	27.47	30.92	49.33	32.27	36.59	58.92
39	27.89	31.51	50.32	32.97	37.50	60.48
40	28.38	32.16	51.45	33.75	38.52	62.19
41	28.89	32.86	52.64	34.59	39.60	64.02
42	29.43	33.57	53.85	35.45	40.70	65.87
43	30.01	34.36	55.15	36.37	41.89	67.85
44	30.69	35.22	56.60	37.40	43.19	70.01
45	31.47	36.23	58.25	38.57	44.64	72.42
46	32.41	37.40	60.14	39.89	46.28	75.09
47	33.47	38.69	62.18	41.35	48.06	77.96
48	34.60	40.08	64.40	42.92	49.96	81.05
49	35.82	41.55	66.76	44.58	51.99	84.34
50	37.04	43.09	69.26	46.31	54.14	87.83
51	38.23	44.59	71.71	47.98	56.23	91.30
52	39.38	46.06	74.12	49.61	58.31	94.73
53	40.62	47.67	76.77	51.39	60.56	98.50
54	42.11	49.56	79.89	53.53	63.25	102.95
55	43.96	51.89	83.74	56.19	66.57	108.44
56	46.21	54.70	88.35	59.36	70.48	114.88
57	48.75	57.85	93.49	62.92	74.84	122.06
58	51.58	61.33	99.21	66.89	79.73	130.08
59	54.66	65.16	105.47	71.35	85.19	139.06
60	58.00	69.32	112.31	76.29	91.30	149.16
61	61.45	73.70	119.54	81.57	97.88	160.07
62	65.04	78.29	127.16	87.16	104.87	171.71
63	68.94	83.27	135.41	93.30	112.55	184.50
64	73.36	88.84	144.57	100.28	121.23	198.84
65	78.46	95.19	154.89	108.39	131.19	215.18
66	84.04	102.03	165.84	117.13	141.84	232.51
67	89.95	109.23	177.27	126.32	153.00	250.52
68	96.54	117.23	189.91	136.69	165.52	270.75
69	104.17	126.48	204.59	148.93	180.31	294.65
70	113.16	137.46	222.02	163.77	198.22	323.72
71	123.63	150.32	242.61	181.14	219.25	357.93
72	135.38	164.78	265.83	200.57	242.78	396.32
73	148.20	180.55	291.11	222.14	268.89	438.87
74	161.92	197.36	317.90	245.94	297.62	485.65
75	176.35	214.93	345.58	272.08	329.01	536.70
76	190.65	232.25	372.49	298.70	360.92	588.18
77	204.94	249.48	398.97	325.77	393.34	640.14
78	220.50	268.18	427.61	356.02	429.45	698.21
79	238.56	289.87	460.98	392.15	472.46	768.09
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
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DISCOUNTS:

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ELIMINATION PERIOD FACTORS

30 Days	1.12
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Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	40.58	24.52	27.08	43.03
26	24.34	26.74	41.86	25.14	27.88	44.47
27	24.91	27.47	43.14	25.76	28.66	45.89
28	25.50	28.22	44.49	26.39	29.48	47.40
29	26.15	29.04	45.94	27.09	30.39	49.04
30	26.88	29.96	47.58	27.89	31.40	50.87
31	27.73	31.02	49.48	28.80	32.56	53.01
32	28.67	32.21	51.58	29.82	33.86	55.37
33	29.66	33.45	53.78	30.89	35.22	57.83
34	30.65	34.70	55.98	31.95	36.59	60.31
35	31.56	35.87	58.03	32.97	37.89	62.66
36	32.39	36.95	59.90	33.89	39.10	64.81
37	33.16	37.96	61.65	34.74	40.24	66.85
38	33.93	38.99	63.39	35.59	41.39	68.88
39	34.72	40.04	65.21	36.49	42.59	70.98
40	35.60	41.20	67.18	37.48	43.92	73.28
41	36.54	42.44	69.26	38.52	45.31	75.71
42	37.52	43.71	71.41	39.60	46.74	78.20
43	38.56	45.06	73.70	40.74	48.25	80.85
44	39.70	46.53	76.16	42.01	49.91	83.72
45	40.99	48.18	78.90	43.43	51.75	86.85
46	42.44	50.00	81.92	45.01	53.76	90.28
47	44.02	51.98	85.14	46.72	55.93	93.92
48	45.72	54.09	88.58	48.56	58.25	97.82
49	47.53	56.34	92.24	50.50	60.72	101.97
50	49.42	58.73	96.19	52.56	63.34	106.44
51	51.26	61.07	100.08	54.55	65.95	110.89
52	53.07	63.40	103.97	56.52	68.54	115.33
53	55.03	65.93	108.22	58.67	71.36	120.20
54	57.38	68.94	113.25	61.22	74.70	125.93
55	60.29	72.67	119.45	64.41	78.83	133.00
56	63.76	77.03	126.68	68.16	83.63	141.19
57	67.64	81.86	134.70	72.35	88.95	150.22
58	71.97	87.29	143.68	77.04	94.92	160.38
59	76.84	93.41	153.81	82.34	101.70	171.93
60	82.32	100.32	165.29	88.34	109.40	185.13
61	88.21	107.81	177.81	94.84	117.84	199.66
62	94.46	115.82	191.26	101.76	126.89	215.33
63	101.37	124.66	206.07	109.43	136.90	232.65
64	109.22	134.65	222.73	118.14	148.20	252.14
65	118.30	146.10	241.68	128.18	161.16	274.33
66	128.05	158.29	261.72	138.93	174.92	297.74
67	138.28	171.03	282.56	150.16	189.26	322.05
68	149.82	185.38	305.99	162.86	205.43	349.44
69	163.51	202.38	333.79	178.00	224.67	382.07
70	180.18	223.07	367.76	196.49	248.21	422.10
71	199.75	247.36	407.68	218.21	275.86	469.11
72	221.62	274.54	452.40	242.53	306.76	521.70
73	245.98	304.78	502.18	269.66	341.27	580.45
74	272.98	338.27	557.30	299.84	379.67	646.02
75	302.78	375.19	618.07	333.27	422.31	719.00
76	333.30	413.01	679.94	367.65	466.18	793.85
77	364.45	451.56	742.72	402.79	511.07	870.15
78	399.32	494.72	813.20	442.22	561.47	956.25
79	441.06	546.29	898.23	489.47	621.89	1060.48
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		43.52	51.49	86.34		52.42	62.71	106.67
26		44.82	53.14	89.24		54.14	64.87	110.51
27		46.13	54.81	92.18		55.88	67.10	114.44
28		47.49	56.55	95.26		57.69	69.39	118.54
29		48.92	58.36	98.47		59.58	71.81	122.84
30		50.44	60.29	101.86		61.60	74.39	127.42
31		52.12	62.41	105.60		63.84	77.22	132.47
32		53.93	64.72	109.67		66.27	80.28	137.94
33		55.80	67.07	113.81		68.76	83.43	143.55
34		57.58	69.34	117.80		71.17	86.49	148.97
35		59.20	71.40	121.34		73.37	89.32	153.86
36		60.56	73.17	124.31		75.30	91.79	158.09
37		61.78	74.74	126.87		77.04	94.03	161.80
38		62.90	76.22	129.27		78.69	96.17	165.34
39		64.06	77.73	131.69		80.39	98.36	168.92
40		65.33	79.38	134.35		82.23	100.75	172.82
41		66.69	81.15	137.20		84.19	103.26	176.99
42		68.08	82.94	140.10		86.20	105.84	181.25
43		69.54	84.82	143.13		88.29	108.53	185.69
44		71.12	86.83	146.38		90.52	111.39	190.38
45		72.85	89.02	149.88		92.95	114.47	195.42
46		74.75	91.41	153.70		95.58	117.79	200.85
47		76.82	93.97	157.78		98.39	121.30	206.58
48		78.99	96.67	162.07		101.34	125.00	212.61
49		81.24	99.47	166.51		104.42	128.86	218.90
50		83.54	102.34	171.10		107.58	132.84	225.39
51		85.77	105.15	175.62		110.70	136.80	231.86
52		87.95	107.95	180.10		113.78	140.74	238.31
53		90.26	110.89	184.80		117.03	144.90	245.13
54		92.83	114.16	190.07		120.68	149.54	252.75
55		95.81	117.91	196.12		124.94	154.93	261.57
56		99.13	122.07	202.80		129.67	160.84	271.26
57		102.71	126.52	209.97		134.70	167.14	281.55
58		106.62	131.38	217.81		140.29	174.10	292.95
59		110.98	136.84	226.58		146.61	181.99	305.91
60		115.90	142.98	236.52		153.89	191.12	320.94
61		121.35	149.88	247.74		162.11	201.49	338.14
62		127.29	157.44	260.08		171.14	212.92	357.17
63		133.72	165.59	273.38		180.98	225.38	377.91
64		140.60	174.29	287.48		191.66	238.84	400.22
65		147.97	183.48	302.27		203.18	253.23	423.96
66		155.53	192.82	317.14		214.99	267.88	447.97
67		163.31	202.35	332.17		227.08	282.83	472.32
68		171.68	212.58	348.28		240.29	299.08	498.78
69		181.08	224.05	366.32		255.45	317.67	529.11
70		191.86	237.26	387.21		273.36	339.65	565.06
71		204.19	252.42	411.31		294.00	364.95	606.56
72		217.77	269.18	438.02		316.79	392.92	652.48
73		232.43	287.24	466.80		341.85	423.58	702.86
74		248.00	306.33	497.06		369.23	456.99	757.76
75		264.26	326.17	528.21		399.02	493.21	817.23
76		280.42	345.79	558.60		429.42	530.09	877.42
77		296.61	365.34	588.64		460.35	567.59	938.30
78		314.04	386.32	620.77		494.56	608.93	1005.65
79		333.92	410.24	657.53		534.80	657.32	1085.20
80		357.48	438.57			583.79	715.96	
81		385.33	472.15			642.59	786.25	
82		416.64	509.99			709.33	866.09	
83		450.51	550.83			782.50	953.33	
84		486.04	593.45			860.57	1045.85	
85		522.32	636.61			941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 1 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	117.75	59.95	74.12	131.49
26	58.08	70.83	122.10	61.99	76.80	136.45
27	59.99	73.32	126.54	64.08	79.56	141.52
28	61.99	75.90	131.17	66.26	82.40	146.84
29	64.08	78.61	136.05	68.54	85.41	152.41
30	66.31	81.50	141.23	70.97	88.63	158.33
31	68.77	84.69	146.95	73.66	92.15	164.90
32	71.44	88.13	153.15	76.57	95.97	172.00
33	74.18	91.67	159.52	79.57	99.90	179.30
34	76.84	95.11	165.67	82.47	103.73	186.36
35	79.29	98.29	171.27	85.16	107.27	192.82
36	81.43	101.10	176.09	87.51	110.42	198.40
37	83.38	103.65	180.39	89.64	113.28	203.40
38	85.23	106.11	184.46	91.69	116.05	208.15
39	87.12	108.62	188.61	93.78	118.87	213.00
40	89.18	111.33	193.12	96.05	121.92	218.26
41	91.37	114.21	197.92	98.47	125.15	223.87
42	93.60	117.15	202.85	100.93	128.45	229.60
43	95.93	120.22	207.96	103.50	131.90	235.56
44	98.42	123.46	213.37	106.23	135.54	241.84
45	101.10	126.95	219.15	109.17	139.44	248.56
46	104.00	130.71	225.35	112.35	143.63	255.72
47	107.10	134.66	231.89	115.71	148.03	263.23
48	110.35	138.83	238.74	119.25	152.64	271.12
49	113.72	143.17	245.89	122.92	157.48	279.34
50	117.22	147.68	253.32	126.72	162.50	287.92
51	120.66	152.16	260.73	130.49	167.51	296.50
52	124.08	156.63	268.14	134.23	172.52	305.09
53	127.70	161.37	275.98	138.20	177.82	314.18
54	131.75	166.66	284.73	142.63	183.75	324.33
55	136.46	172.76	294.85	147.80	190.58	336.05
56	141.67	179.46	305.91	153.48	198.05	348.83
57	147.22	186.54	317.62	159.52	205.93	362.28
58	153.36	194.40	330.60	166.23	214.68	377.24
59	160.35	203.36	345.45	173.88	224.69	394.45
60	168.47	213.79	362.83	182.79	236.44	414.72
61	177.67	225.73	382.85	192.97	249.94	438.19
62	187.83	238.94	405.03	204.21	264.92	464.36
63	198.91	253.35	429.30	216.51	281.30	492.96
64	210.92	268.93	455.41	229.84	299.01	523.82
65	223.87	285.59	483.24	244.19	317.95	556.74
66	237.11	302.54	511.35	258.81	337.16	589.97
67	250.63	319.77	539.89	273.71	356.70	623.68
68	265.41	338.57	570.94	290.02	378.01	660.41
69	282.42	360.13	606.63	308.84	402.56	702.76
70	302.63	385.70	649.04	331.26	431.76	753.25
71	325.92	415.14	697.98	357.16	465.40	811.46
72	351.65	447.65	752.04	385.78	502.52	875.68
73	379.98	483.41	811.53	417.34	543.47	946.57
74	411.09	522.60	876.78	452.09	588.56	1024.84
75	445.12	565.41	948.13	490.24	638.12	1111.14
76	479.98	609.30	1020.93	529.46	689.13	1199.80
77	515.57	654.12	1094.95	569.55	741.39	1290.35
78	555.03	703.71	1177.18	614.09	799.42	1391.36
79	601.48	761.94	1274.53	666.59	867.70	1511.33
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

		Nursing Facility Only				Nursing Facility with 50% Home Health Care		
Issue Age		3 Year	5 Year	Lifetime		3 Year	5 Year	Lifetime
18-25		20.97	22.56	48.42		23.02	24.96	54.10
26		21.37	23.06	49.65		23.54	25.62	55.74
27		21.75	23.54	50.91		24.07	26.27	57.36
28		22.15	24.06	52.18		24.62	26.96	59.07
29		22.59	24.61	53.57		25.22	27.70	60.91
30		23.07	25.23	55.14		25.88	28.54	62.98
31		23.65	25.95	56.94		26.66	29.50	65.37
32		24.29	26.74	58.93		27.53	30.56	68.03
33		24.95	27.58	61.03		28.43	31.68	70.81
34		25.60	28.39	63.05		29.34	32.81	73.56
35		26.16	29.15	64.88		30.16	33.86	76.12
36		26.65	29.78	66.48		30.90	34.80	78.42
37		27.07	30.36	67.87		31.59	35.69	80.56
38		27.47	30.92	69.21		32.27	36.59	82.67
39		27.89	31.51	70.61		32.97	37.50	84.85
40		28.38	32.16	72.18		33.75	38.52	87.26
41		28.89	32.86	73.85		34.59	39.60	89.82
42		29.43	33.57	75.55		35.45	40.70	92.41
43		30.01	34.36	77.38		36.37	41.89	95.20
44		30.69	35.22	79.41		37.40	43.19	98.22
45		31.47	36.23	81.73		38.57	44.64	101.62
46		32.41	37.40	84.38		39.89	46.28	105.35
47		33.47	38.69	87.25		41.35	48.06	109.38
48		34.60	40.08	90.35		42.92	49.96	113.72
49		35.82	41.55	93.67		44.58	51.99	118.33
50		37.04	43.09	97.17		46.31	54.14	123.23
51		38.23	44.59	100.62		47.98	56.23	128.10
52		39.38	46.06	104.00		49.61	58.31	132.91
53		40.62	47.67	107.71		51.39	60.56	138.21
54		42.11	49.56	112.09		53.53	63.25	144.45
55		43.96	51.89	117.49		56.19	66.57	152.14
56		46.21	54.70	123.96		59.36	70.48	161.19
57		48.75	57.85	131.18		62.92	74.84	171.26
58		51.58	61.33	139.20		66.89	79.73	182.52
59		54.66	65.16	147.99		71.35	85.19	195.10
60		58.00	69.32	157.57		76.29	91.30	209.27
61		61.45	73.70	167.72		81.57	97.88	224.59
62		65.04	78.29	178.40		87.16	104.87	240.91
63		68.94	83.27	189.99		93.30	112.55	258.86
64		73.36	88.84	202.84		100.28	121.23	278.98
65		78.46	95.19	217.31		108.39	131.19	301.91
66		84.04	102.03	232.68		117.13	141.84	326.22
67		89.95	109.23	248.71		126.32	153.00	351.49
68		96.54	117.23	266.45		136.69	165.52	379.88
69		104.17	126.48	287.04		148.93	180.31	413.40
70		113.16	137.46	311.51		163.77	198.22	454.18
71		123.63	150.32	340.39		181.14	219.25	502.19
72		135.38	164.78	372.97		200.57	242.78	556.06
73		148.20	180.55	408.44		222.14	268.89	615.75
74		161.92	197.36	446.03		245.94	297.62	681.39
75		176.35	214.93	484.87		272.08	329.01	753.01
76		190.65	232.25	522.62		298.70	360.92	825.25
77		204.94	249.48	559.77		325.77	393.34	898.14
78		220.50	268.18	599.95		356.02	429.45	979.62
79		238.56	289.87	646.77		392.15	472.46	1077.66
80		260.40	316.13			436.87	525.57	
81		286.38	347.48			490.83	589.64	
82		315.67	382.87			552.20	662.54	
83		347.72	421.54			620.06	742.97	
84		381.93	462.65			693.47	829.63	
85		417.76	505.40			771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	56.94	24.52	27.08	60.38
26	24.34	26.74	58.73	25.14	27.88	62.39
27	24.91	27.47	60.53	25.76	28.66	64.38
28	25.50	28.22	62.43	26.39	29.48	66.49
29	26.15	29.04	64.45	27.09	30.39	68.80
30	26.88	29.96	66.76	27.89	31.40	71.38
31	27.73	31.02	69.42	28.80	32.56	74.37
32	28.67	32.21	72.38	29.82	33.86	77.69
33	29.66	33.45	75.45	30.89	35.22	81.14
34	30.65	34.70	78.54	31.95	36.59	84.61
35	31.56	35.87	81.41	32.97	37.89	87.92
36	32.39	36.95	84.05	33.89	39.10	90.94
37	33.16	37.96	86.50	34.74	40.24	93.79
38	33.93	38.99	88.94	35.59	41.39	96.65
39	34.72	40.04	91.48	36.49	42.59	99.58
40	35.60	41.20	94.26	37.48	43.92	102.81
41	36.54	42.44	97.17	38.52	45.31	106.22
42	37.52	43.71	100.19	39.60	46.74	109.72
43	38.56	45.06	103.40	40.74	48.25	113.44
44	39.70	46.53	106.85	42.01	49.91	117.45
45	40.99	48.18	110.70	43.43	51.75	121.86
46	42.44	50.00	114.94	45.01	53.76	126.67
47	44.02	51.98	119.45	46.72	55.93	131.77
48	45.72	54.09	124.28	48.56	58.25	137.24
49	47.53	56.34	129.42	50.50	60.72	143.07
50	49.42	58.73	134.95	52.56	63.34	149.34
51	51.26	61.07	140.42	54.55	65.95	155.58
52	53.07	63.40	145.86	56.52	68.54	161.82
53	55.03	65.93	151.83	58.67	71.36	168.65
54	57.38	68.94	158.89	61.22	74.70	176.68
55	60.29	72.67	167.60	64.41	78.83	186.61
56	63.76	77.03	177.73	68.16	83.63	198.11
57	67.64	81.86	188.99	72.35	88.95	210.77
58	71.97	87.29	201.59	77.04	94.92	225.02
59	76.84	93.41	215.80	82.34	101.70	241.22
60	82.32	100.32	231.90	88.34	109.40	259.75
61	88.21	107.81	249.47	94.84	117.84	280.13
62	94.46	115.82	268.35	101.76	126.89	302.12
63	101.37	124.66	289.13	109.43	136.90	326.43
64	109.22	134.65	312.50	118.14	148.20	353.76
65	118.30	146.10	339.09	128.18	161.16	384.90
66	128.05	158.29	367.21	138.93	174.92	417.74
67	138.28	171.03	396.45	150.16	189.26	451.85
68	149.82	185.38	429.31	162.86	205.43	490.29
69	163.51	202.38	468.32	178.00	224.67	536.05
70	180.18	223.07	515.98	196.49	248.21	592.22
71	199.75	247.36	571.99	218.21	275.86	658.19
72	221.62	274.54	634.75	242.53	306.76	731.97
73	245.98	304.78	704.57	269.66	341.27	814.39
74	272.98	338.27	781.92	299.84	379.67	906.39
75	302.78	375.19	867.19	333.27	422.31	1008.79
76	333.30	413.01	953.98	367.65	466.18	1113.80
77	364.45	451.56	1042.06	402.79	511.07	1220.86
78	399.32	494.72	1140.95	442.22	561.47	1341.65
79	441.06	546.29	1260.25	489.47	621.89	1487.89
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	43.52	51.49	121.14	52.42	62.71	149.66
26	44.82	53.14	125.21	54.14	64.87	155.05
27	46.13	54.81	129.33	55.88	67.10	160.56
28	47.49	56.55	133.64	57.69	69.39	166.33
29	48.92	58.36	138.15	59.58	71.81	172.36
30	50.44	60.29	142.91	61.60	74.39	178.78
31	52.12	62.41	148.16	63.84	77.22	185.86
32	53.93	64.72	153.87	66.27	80.28	193.53
33	55.80	67.07	159.69	68.76	83.43	201.40
34	57.58	69.34	165.28	71.17	86.49	209.01
35	59.20	71.40	170.23	73.37	89.32	215.87
36	60.56	73.17	174.42	75.30	91.79	221.79
37	61.78	74.74	178.01	77.04	94.03	227.01
38	62.90	76.22	181.38	78.69	96.17	231.98
39	64.06	77.73	184.76	80.39	98.36	236.99
40	65.33	79.38	188.50	82.23	100.75	242.48
41	66.69	81.15	192.49	84.19	103.26	248.32
42	68.08	82.94	196.57	86.20	105.84	254.31
43	69.54	84.82	200.82	88.29	108.53	260.52
44	71.12	86.83	205.37	90.52	111.39	267.10
45	72.85	89.02	210.28	92.95	114.47	274.18
46	74.75	91.41	215.65	95.58	117.79	281.80
47	76.82	93.97	221.38	98.39	121.30	289.85
48	78.99	96.67	227.39	101.34	125.00	298.30
49	81.24	99.47	233.62	104.42	128.86	307.11
50	83.54	102.34	240.06	107.58	132.84	316.23
51	85.77	105.15	246.39	110.70	136.80	325.30
52	87.95	107.95	252.68	113.78	140.74	334.36
53	90.26	110.89	259.29	117.03	144.90	343.93
54	92.83	114.16	266.67	120.68	149.54	354.63
55	95.81	117.91	275.17	124.94	154.93	367.00
56	99.13	122.07	284.54	129.67	160.84	380.60
57	102.71	126.52	294.59	134.70	167.14	395.03
58	106.62	131.38	305.59	140.29	174.10	411.01
59	110.98	136.84	317.89	146.61	181.99	429.20
60	115.90	142.98	331.85	153.89	191.12	450.29
61	121.35	149.88	347.60	162.11	201.49	474.42
62	127.29	157.44	364.90	171.14	212.92	501.13
63	133.72	165.59	383.57	180.98	225.38	530.22
64	140.60	174.29	403.36	191.66	238.84	561.53
65	147.97	183.48	424.10	203.18	253.23	594.83
66	155.53	192.82	444.95	214.99	267.88	628.52
67	163.31	202.35	466.05	227.08	282.83	662.68
68	171.68	212.58	488.65	240.29	299.08	699.81
69	181.08	224.05	513.96	255.45	317.67	742.37
70	191.86	237.26	543.27	273.36	339.65	792.79
71	204.19	252.42	577.08	294.00	364.95	851.02
72	217.77	269.18	614.56	316.79	392.92	915.46
73	232.43	287.24	654.94	341.85	423.58	986.13
74	248.00	306.33	697.39	369.23	456.99	1063.17
75	264.26	326.17	741.10	399.02	493.21	1146.61
76	280.42	345.79	783.74	429.42	530.09	1231.06
77	296.61	365.34	825.88	460.35	567.59	1316.47
78	314.04	386.32	870.96	494.56	608.93	1410.96
79	333.92	410.24	922.54	534.80	657.32	1522.58
80	357.48	438.57		583.79	715.96	
81	385.33	472.15		642.59	786.25	
82	416.64	509.99		709.33	866.09	
83	450.51	550.83		782.50	953.33	
84	486.04	593.45		860.57	1045.85	
85	522.32	636.61		941.99	1141.52	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Pre-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	165.20	59.95	74.12	184.48
26	58.08	70.83	171.31	61.99	76.80	191.45
27	59.99	73.32	177.55	64.08	79.56	198.56
28	61.99	75.90	184.04	66.26	82.40	206.02
29	64.08	78.61	190.88	68.54	85.41	213.84
30	66.31	81.50	198.16	70.97	88.63	222.15
31	68.77	84.69	206.18	73.66	92.15	231.35
32	71.44	88.13	214.87	76.57	95.97	241.33
33	74.18	91.67	223.81	79.57	99.90	251.57
34	76.84	95.11	232.44	82.47	103.73	261.47
35	79.29	98.29	240.29	85.16	107.27	270.52
36	81.43	101.10	247.07	87.51	110.42	278.36
37	83.38	103.65	253.10	89.64	113.28	285.38
38	85.23	106.11	258.80	91.69	116.05	292.05
39	87.12	108.62	264.63	93.78	118.87	298.86
40	89.18	111.33	270.96	96.05	121.92	306.22
41	91.37	114.21	277.70	98.47	125.15	314.10
42	93.60	117.15	284.60	100.93	128.45	322.14
43	95.93	120.22	291.78	103.50	131.90	330.49
44	98.42	123.46	299.37	106.23	135.54	339.31
45	101.10	126.95	307.48	109.17	139.44	348.75
46	104.00	130.71	316.17	112.35	143.63	358.78
47	107.10	134.66	325.35	115.71	148.03	369.32
48	110.35	138.83	334.96	119.25	152.64	380.39
49	113.72	143.17	345.00	122.92	157.48	391.92
50	117.22	147.68	355.41	126.72	162.50	403.97
51	120.66	152.16	365.81	130.49	167.51	415.99
52	124.08	156.63	376.20	134.23	172.52	428.04
53	127.70	161.37	387.22	138.20	177.82	440.80
54	131.75	166.66	399.49	142.63	183.75	455.05
55	136.46	172.76	413.67	147.80	190.58	471.50
56	141.67	179.46	429.20	153.48	198.05	489.42
57	147.22	186.54	445.64	159.52	205.93	508.30
58	153.36	194.40	463.84	166.23	214.68	529.28
59	160.35	203.36	484.68	173.88	224.69	553.43
60	168.47	213.79	509.07	182.79	236.44	581.87
61	177.67	225.73	537.16	192.97	249.94	614.81
62	187.83	238.94	568.28	204.21	264.92	651.51
63	198.91	253.35	602.33	216.51	281.30	691.64
64	210.92	268.93	638.96	229.84	299.01	734.95
65	223.87	285.59	678.00	244.19	317.95	781.12
66	237.11	302.54	717.44	258.81	337.16	827.75
67	250.63	319.77	757.50	273.71	356.70	875.05
68	265.41	338.57	801.05	290.02	378.01	926.58
69	282.42	360.13	851.13	308.84	402.56	985.99
70	302.63	385.70	910.63	331.26	431.76	1056.84
71	325.92	415.14	979.29	357.16	465.40	1138.51
72	351.65	447.65	1055.15	385.78	502.52	1228.62
73	379.98	483.41	1138.60	417.34	543.47	1328.07
74	411.09	522.60	1230.16	452.09	588.56	1437.88
75	445.12	565.41	1330.26	490.24	638.12	1558.96
76	479.98	609.30	1432.40	529.46	689.13	1683.36
77	515.57	654.12	1536.26	569.55	741.39	1810.41
78	555.03	703.71	1651.62	614.09	799.42	1952.12
79	601.48	761.94	1788.20	666.59	867.70	2120.45
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	42.27	23.02	24.96	47.24
26	21.37	23.06	43.35	23.54	25.62	48.67
27	21.75	23.54	44.44	24.07	26.27	50.08
28	22.15	24.06	45.56	24.62	26.96	51.57
29	22.59	24.61	46.77	25.22	27.70	53.18
30	23.07	25.23	48.14	25.88	28.54	54.98
31	23.65	25.95	49.71	26.66	29.50	57.07
32	24.29	26.74	51.46	27.53	30.56	59.40
33	24.95	27.58	53.29	28.43	31.68	61.83
34	25.60	28.39	55.04	29.34	32.81	64.23
35	26.16	29.15	56.64	30.16	33.86	66.47
36	26.65	29.78	58.04	30.90	34.80	68.48
37	27.07	30.36	59.27	31.59	35.69	70.34
38	27.47	30.92	60.43	32.27	36.59	72.18
39	27.89	31.51	61.64	32.97	37.50	74.09
40	28.38	32.16	63.03	33.75	38.52	76.18
41	28.89	32.86	64.48	34.59	39.60	78.42
42	29.43	33.57	65.97	35.45	40.70	80.69
43	30.01	34.36	67.56	36.37	41.89	83.12
44	30.69	35.22	69.34	37.40	43.19	85.76
45	31.47	36.23	71.36	38.57	44.64	88.71
46	32.41	37.40	73.67	39.89	46.28	91.99
47	33.47	38.69	76.17	41.35	48.06	95.50
48	34.60	40.08	78.89	42.92	49.96	99.29
49	35.82	41.55	81.78	44.58	51.99	103.32
50	37.04	43.09	84.84	46.31	54.14	107.59
51	38.23	44.59	87.84	47.98	56.23	111.84
52	39.38	46.06	90.80	49.61	58.31	116.04
53	40.62	47.67	94.04	51.39	60.56	120.66
54	42.11	49.56	97.87	53.53	63.25	126.11
55	43.96	51.89	102.58	56.19	66.57	132.84
56	46.21	54.70	108.23	59.36	70.48	140.73
57	48.75	57.85	114.53	62.92	74.84	149.52
58	51.58	61.33	121.53	66.89	79.73	159.35
59	54.66	65.16	129.20	71.35	85.19	170.35
60	58.00	69.32	137.58	76.29	91.30	182.72
61	61.45	73.70	146.44	81.57	97.88	196.09
62	65.04	78.29	155.77	87.16	104.87	210.34
63	68.94	83.27	165.88	93.30	112.55	226.01
64	73.36	88.84	177.10	100.28	121.23	243.58
65	78.46	95.19	189.74	108.39	131.19	263.60
66	84.04	102.03	203.15	117.13	141.84	284.82
67	89.95	109.23	217.16	126.32	153.00	306.89
68	96.54	117.23	232.64	136.69	165.52	331.67
69	104.17	126.48	250.62	148.93	180.31	360.95
70	113.16	137.46	271.97	163.77	198.22	396.56
71	123.63	150.32	297.20	181.14	219.25	438.46
72	135.38	164.78	325.64	200.57	242.78	485.49
73	148.20	180.55	356.61	222.14	268.89	537.62
74	161.92	197.36	389.43	245.94	297.62	594.92
75	176.35	214.93	423.34	272.08	329.01	657.46
76	190.65	232.25	456.30	298.70	360.92	720.52
77	204.94	249.48	488.74	325.77	393.34	784.17
78	220.50	268.18	523.82	356.02	429.45	855.31
79	238.56	289.87	564.70	392.15	472.46	940.91
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	49.71	24.52	27.08	52.71
26	24.34	26.74	51.28	25.14	27.88	54.48
27	24.91	27.47	52.85	25.76	28.66	56.22
28	25.50	28.22	54.50	26.39	29.48	58.07
29	26.15	29.04	56.28	27.09	30.39	60.07
30	26.88	29.96	58.29	27.89	31.40	62.32
31	27.73	31.02	60.61	28.80	32.56	64.94
32	28.67	32.21	63.19	29.82	33.86	67.83
33	29.66	33.45	65.88	30.89	35.22	70.84
34	30.65	34.70	68.58	31.95	36.59	73.88
35	31.56	35.87	71.09	32.97	37.89	76.76
36	32.39	36.95	73.38	33.89	39.10	79.39
37	33.16	37.96	75.52	34.74	40.24	81.89
38	33.93	38.99	77.65	35.59	41.39	84.38
39	34.72	40.04	79.88	36.49	42.59	86.95
40	35.60	41.20	82.30	37.48	43.92	89.77
41	36.54	42.44	84.84	38.52	45.31	92.74
42	37.52	43.71	87.48	39.60	46.74	95.80
43	38.56	45.06	90.28	40.74	48.25	99.04
44	39.70	46.53	93.30	42.01	49.91	102.56
45	40.99	48.18	96.65	43.43	51.75	106.39
46	42.44	50.00	100.35	45.01	53.76	110.59
47	44.02	51.98	104.30	46.72	55.93	115.05
48	45.72	54.09	108.51	48.56	58.25	119.83
49	47.53	56.34	112.99	50.50	60.72	124.91
50	49.42	58.73	117.83	52.56	63.34	130.39
51	51.26	61.07	122.60	54.55	65.95	135.84
52	53.07	63.40	127.36	56.52	68.54	141.28
53	55.03	65.93	132.57	58.67	71.36	147.25
54	57.38	68.94	138.73	61.22	74.70	154.26
55	60.29	72.67	146.33	64.41	78.83	162.93
56	63.76	77.03	155.18	68.16	83.63	172.96
57	67.64	81.86	165.01	72.35	88.95	184.02
58	71.97	87.29	176.01	77.04	94.92	196.47
59	76.84	93.41	188.42	82.34	101.70	210.61
60	82.32	100.32	202.48	88.34	109.40	226.78
61	88.21	107.81	217.82	94.84	117.84	244.58
62	94.46	115.82	234.29	101.76	126.89	263.78
63	101.37	124.66	252.44	109.43	136.90	285.00
64	109.22	134.65	272.84	118.14	148.20	308.87
65	118.30	146.10	296.06	128.18	161.16	336.05
66	128.05	158.29	320.61	138.93	174.92	364.73
67	138.28	171.03	346.14	150.16	189.26	394.51
68	149.82	185.38	374.84	162.86	205.43	428.06
69	163.51	202.38	408.89	178.00	224.67	468.04
70	180.18	223.07	450.51	196.49	248.21	517.07
71	199.75	247.36	499.41	218.21	275.86	574.66
72	221.62	274.54	554.19	242.53	306.76	639.08
73	245.98	304.78	615.17	269.66	341.27	711.05
74	272.98	338.27	682.69	299.84	379.67	791.37
75	302.78	375.19	757.14	333.27	422.31	880.78
76	333.30	413.01	832.93	367.65	466.18	972.47
77	364.45	451.56	909.83	402.79	511.07	1065.93
78	399.32	494.72	996.17	442.22	561.47	1171.41
79	441.06	546.29	1100.33	489.47	621.89	1299.09
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two or .9 for one

Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	43.52	51.49	105.77	52.42	62.71	130.67
26	44.82	53.14	109.32	54.14	64.87	135.37
27	46.13	54.81	112.92	55.88	67.10	140.19
28	47.49	56.55	116.69	57.69	69.39	145.21
29	48.92	58.36	120.63	59.58	71.81	150.48
30	50.44	60.29	124.78	61.60	74.39	156.09
31	52.12	62.41	129.36	63.84	77.22	162.28
32	53.93	64.72	134.35	66.27	80.28	168.98
33	55.80	67.07	139.42	68.76	83.43	175.85
34	57.58	69.34	144.31	71.17	86.49	182.49
35	59.20	71.40	148.64	73.37	89.32	188.48
36	60.56	73.17	152.28	75.30	91.79	193.66
37	61.78	74.74	155.42	77.04	94.03	198.21
38	62.90	76.22	158.36	78.69	96.17	202.54
39	64.06	77.73	161.32	80.39	98.36	206.93
40	65.33	79.38	164.58	82.23	100.75	211.70
41	66.69	81.15	168.07	84.19	103.26	216.81
42	68.08	82.94	171.62	86.20	105.84	222.03
43	69.54	84.82	175.33	88.29	108.53	227.47
44	71.12	86.83	179.32	90.52	111.39	233.22
45	72.85	89.02	183.60	92.95	114.47	239.39
46	74.75	91.41	188.28	95.58	117.79	246.04
47	76.82	93.97	193.28	98.39	121.30	253.06
48	78.99	96.67	198.54	101.34	125.00	260.45
49	81.24	99.47	203.97	104.42	128.86	268.15
50	83.54	102.34	209.60	107.58	132.84	276.10
51	85.77	105.15	215.13	110.70	136.80	284.03
52	87.95	107.95	220.62	113.78	140.74	291.93
53	90.26	110.89	226.38	117.03	144.90	300.28
54	92.83	114.16	232.84	120.68	149.54	309.62
55	95.81	117.91	240.25	124.94	154.93	320.42
56	99.13	122.07	248.43	129.67	160.84	332.29
57	102.71	126.52	257.21	134.70	167.14	344.90
58	106.62	131.38	266.82	140.29	174.10	358.86
59	110.98	136.84	277.56	146.61	181.99	374.74
60	115.90	142.98	289.74	153.89	191.12	393.15
61	121.35	149.88	303.48	162.11	201.49	414.22
62	127.29	157.44	318.60	171.14	212.92	437.53
63	133.72	165.59	334.89	180.98	225.38	462.94
64	140.60	174.29	352.16	191.66	238.84	490.27
65	147.97	183.48	370.28	203.18	253.23	519.35
66	155.53	192.82	388.50	214.99	267.88	548.76
67	163.31	202.35	406.91	227.08	282.83	578.59
68	171.68	212.58	426.64	240.29	299.08	611.01
69	181.08	224.05	448.74	255.45	317.67	648.16
70	191.86	237.26	474.33	273.36	339.65	692.20
71	204.19	252.42	503.85	294.00	364.95	743.04
72	217.77	269.18	536.57	316.79	392.92	799.29
73	232.43	287.24	571.83	341.85	423.58	861.00
74	248.00	306.33	608.90	369.23	456.99	928.26
75	264.26	326.17	647.06	399.02	493.21	1001.11
76	280.42	345.79	684.29	429.42	530.09	1074.84
77	296.61	365.34	721.08	460.35	567.59	1149.42
78	314.04	386.32	760.44	494.56	608.93	1231.92
79	333.92	410.24	805.47	534.80	657.32	1329.37
80	357.48	438.57		583.79	715.96	
81	385.33	472.15		642.59	786.25	
82	416.64	509.99		709.33	866.09	
83	450.51	550.83		782.50	953.33	
84	486.04	593.45		860.57	1045.85	
85	522.32	636.61		941.99	1141.52	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Form HL200

Post-Rate Stabilization

Current Annual Premiums with Phase 2 Increase

Per $10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
Issue Age	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	144.24	59.95	74.12	161.08
26	58.08	70.83	149.57	61.99	76.80	167.15
27	59.99	73.32	155.01	64.08	79.56	173.36
28	61.99	75.90	160.68	66.26	82.40	179.88
29	64.08	78.61	166.66	68.54	85.41	186.70
30	66.31	81.50	173.01	70.97	88.63	193.95
31	68.77	84.69	180.01	73.66	92.15	202.00
32	71.44	88.13	187.61	76.57	95.97	210.70
33	74.18	91.67	195.41	79.57	99.90	219.64
34	76.84	95.11	202.95	82.47	103.73	228.29
35	79.29	98.29	209.81	85.16	107.27	236.20
36	81.43	101.10	215.71	87.51	110.42	243.04
37	83.38	103.65	220.98	89.64	113.28	249.17
38	85.23	106.11	225.96	91.69	116.05	254.98
39	87.12	108.62	231.05	93.78	118.87	260.93
40	89.18	111.33	236.57	96.05	121.92	267.37
41	91.37	114.21	242.45	98.47	125.15	274.24
42	93.60	117.15	248.49	100.93	128.45	281.26
43	95.93	120.22	254.75	103.50	131.90	288.56
44	98.42	123.46	261.38	106.23	135.54	296.25
45	101.10	126.95	268.46	109.17	139.44	304.49
46	104.00	130.71	276.05	112.35	143.63	313.26
47	107.10	134.66	284.07	115.71	148.03	322.46
48	110.35	138.83	292.46	119.25	152.64	332.12
49	113.72	143.17	301.22	122.92	157.48	342.19
50	117.22	147.68	310.32	126.72	162.50	352.70
51	120.66	152.16	319.39	130.49	167.51	363.21
52	124.08	156.63	328.47	134.23	172.52	373.74
53	127.70	161.37	338.08	138.20	177.82	384.87
54	131.75	166.66	348.79	142.63	183.75	397.30
55	136.46	172.76	361.19	147.80	190.58	411.66
56	141.67	179.46	374.74	153.48	198.05	427.32
57	147.22	186.54	389.08	159.52	205.93	443.79
58	153.36	194.40	404.99	166.23	214.68	462.12
59	160.35	203.36	423.18	173.88	224.69	483.20
60	168.47	213.79	444.47	182.79	236.44	508.03
61	177.67	225.73	468.99	192.97	249.94	536.78
62	187.83	238.94	496.16	204.21	264.92	568.84
63	198.91	253.35	525.89	216.51	281.30	603.88
64	210.92	268.93	557.88	229.84	299.01	641.68
65	223.87	285.59	591.97	244.19	317.95	682.01
66	237.11	302.54	626.40	258.81	337.16	722.71
67	250.63	319.77	661.37	273.71	356.70	764.01
68	265.41	338.57	699.40	290.02	378.01	809.00
69	282.42	360.13	743.12	308.84	402.56	860.88
70	302.63	385.70	795.07	331.26	431.76	922.73
71	325.92	415.14	855.03	357.16	465.40	994.04
72	351.65	447.65	921.25	385.78	502.52	1072.71
73	379.98	483.41	994.12	417.34	543.47	1159.55
74	411.09	522.60	1074.06	452.09	588.56	1255.43
75	445.12	565.41	1161.46	490.24	638.12	1361.15
76	479.98	609.30	1250.64	529.46	689.13	1469.76
77	515.57	654.12	1341.31	569.55	741.39	1580.68
78	555.03	703.71	1442.05	614.09	799.42	1704.42
79	601.48	761.94	1561.30	666.59	867.70	1851.38
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner:	Multiply by .85 for two
	or .9 for one
Non-Tobacco:	Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days	1.12
90 Days	1.00
180 Days	0.90

SOUTHERN FARM BUREAU
LIFE INSURANCE COMPANY
Post Office Box 78 • Jackson, Mississippi 39205 • 601-981-7422

Long Term Care Premium Endorsement

[POLICY NUMBER:]

THE PREMIUMS FOR THIS POLICY ARE HEREBY AMENDED AS FOLLOWS:

FORM	**ANNUAL PREMIUM**
[NURSING HOME ONLY POLICY (FORM 3035)]	[XXXX.XX]

ADDITIONAL BENEFITS (AS PROVIDED BY RIDER)

FORM	**BENEFIT**	**ANNUAL PREMIUM**
3039	INFLATION PROTECTION RIDER-20 YEARS	**XXXX.XX**
3061	INFLATION PROTECTION RIDER-UNLIMITED	**XXXX.XX**
3044	NONFORFEITURE LAPSE BENEFIT RIDER	**XXXX.XX**

TOTAL ANNUAL PREMIUM: **[XXXX.XX]**

***MONTHLY**	**SEMI-ANNUAL**	**ANNUAL**
[XXXX.XX]	[XXXX.XX]	[XXXX.XX]

* THIS PREMIUM IS APPLICABLE IF PREMIUMS ARE PAYABLE BY MONTHLY PRE-AUTHORIZED PAYMENT. ON TERMINATION, FOR ANY REASON, OF THE AGREEMENT PERMITTING PREMIUMS TO BE PAID MONTHLY, THE METHOD OF PREMIUM PAYMENT WILL AUTOMATICALLY CHANGE TO ANNUAL.

EFFECTIVE DATE OF PREMIUM CHANGE: [01/01/2011]

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

SECRETARY

Form HL520

Long Term Care Insurance Rate Increase Disclosure Form
Southern Farm Bureau Life Insurance Company
P. O. Box 78, Jackson, MS 39205
1-800-457-9611

1. Premium Rate: Premium rate that is applicable to you and that will be in effect until a request is made and approved for an increase is $1,710.96. You have the right to receive a revised premium rate if the premium rate is changed in the future.
2. Rate Schedule Adjustments:
   If your rates are changed, the new rates will become effective on the next date a premium is due after a notice of at least 75 days is given of an increase.
3. Potential Rate Revisions:
   Your policy is Guaranteed Renewable. This means that the rates for your policy may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.
   If you have received, or receive in the future, a premium rate or premium rate schedule increase, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:
   - Pay the increased premium and continue your policy in force as is.
   - Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
   - Exercise your nonforfeiture option if purchased. (This option was available for purchase for an additional premium.)
   - Exercise your contingent nonforfeiture rights.* (This option is available if you did not purchase a separate nonforfeiture option.)
4. Rate Increase History
   We have sold long-term care insurance since 1996. This is the third rate increase we have applied to any of the long-term care policies sold in this state or any other state. The description of each rate increase we have applied to this policy form or any similar policy forms is shown below.

   Effective in 2010 (2011 in one state)

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	10-35%
3034Q	1997 – 2003	10-35%
3035	1996 – 1997	10-35%
3035Q	1997 – 2003	10-35%
HL200	2003 – 2006	10-35%

   Effective in 2015-16

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	25-40%
3034Q	1997 – 2003	25-40%
3035	1996 – 1997	25-40%
3035Q	1997 – 2003	25-40%
HL200	2003 – 2006	25-40%

Effective in 2020-2021

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	0 - 38%
3034Q	1997 – 2003	0 - 38%
3035	1996 – 1997	0 - 38%
3035Q	1997 – 2003	0 - 38%
HL200	2003 – 2006	0 - 26%

Effective in 2022

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	0 - 26%
3034Q	1997 – 2003	0 - 26%
3035	1996 – 1997	0 - 26%
3035Q	1997 – 2003	0 - 26%
HL200	2003 – 2006	0 - 26%

*** Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long term care coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the $1,000 annual premium for 10 years, so you have paid a total of $10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or $500 for a new annual premium of $1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are $10,000 (provided you have at least $10,000 of benefits remaining under your policy.)

Contingent Nonforfeiture **Cumulative Premium Increase over Initial Premium** **That qualifies for Contingent Nonforfeiture** (Percentage Increase is cumulative from date of original issue. It does NOT represent a one-time increase)	
Issue Age	Percent Increase over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

SOUTHERN FARM BUREAU
LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

Your Friends for Life. FARM BUREAU INSURANCE

FREQUENTLY ASKED QUESTIONS

1) Can I change my decision after I return the Coverage Election Form?

You may change your decision until the **Decision Due Date**. At that time, all selections are final and you cannot select a different option later by returning the Coverage Election Form. However, adjustments to your policy, including the options provided on the election form, may still be available to you. To inquire about other adjustments available after the **Decision Due Date**, please contact your local Farm Bureau Agent or the Home Office to complete required forms.

2) What if I do not return the Coverage Election Form?

Your premium rate will increase to the amount shown in the **Maintain Current Coverage** section of the **Coverage Election Form**. You must still continue to pay the premium payment when due at the new rate on [Effective_Date] and thereafter to keep your policy in effect.

3) What if I do not return the Coverage Election Form AND I do not pay the full amount of the premium payment that is due on 02/01/2023?

If you do not return the Coverage Election Form and your policy lapses for non-payment within 120 days after the Effective Date, you will automatically be assigned to **Option 3: Convert to Paid-Up** on the Coverage Election Form.

4) What if I pay the premium due on 02/01/2023 and subsequently decide to cancel my policy or stop paying premium?

If your policy lapses due to your non-payment of premium or you cancel your policy within 120 days after the due date of the increased premium, you will be automatically assigned to **Option 3: Convert to Paid-Up** under the Contingent Benefit Upon Lapse provision, which has been made a part of your policy contract at no additional cost. The Company will allow all policyholders to exercise this provision, even if you have not received a substantial rate increase.
If your policy lapses due to your non-payment of premium after 120 days, your policy will terminate unless your policy currently has a Nonforfeiture Lapse Benefit Option Rider.

If your policy lapses due to non-payment of premium or you cancel your policy prior to the effective date of the rate increase, you will not be converted to the Paid-Up benefit.

5) Can other adjustments be made to make the premium more affordable?

There may be different options to reduce the premium other than those on the **Coverage Election Form**. Listed below are some options that may be available:

- Change the Rate from Tobacco to Non-Tobacco (must be tobacco free for at least 12 months)
- Reduce the Benefit Period/Factor
- Increase the Elimination Period
- Reduce the Maximum Daily Benefit
- Reduce/Delete Policy Riders

To inquire about other adjustments available, please contact your local Farm Bureau Agent or the Home Office to complete required forms.

6) Will there be additional rate increases in the future?

It is possible that SFBL may request additional premium rate increases in the future. Any future rate increase would not be implemented until at least one year after this rate increase and will be subject to authorization by the applicable insurance regulatory authority. If a future premium rate increase becomes necessary, you will receive another notification in advance of the effective date and you also may be given the opportunity to select rate increase alternatives to help reduce or eliminate the premium increase.

7) I am currently receiving benefits under my long term care insurance policy. How does this rate increase affect me?

Your selected option and its associated premium rate will become effective on the Effective Date. If you are not currently paying premiums because you meet the requirements of the Waiver of Premium provision of your policy, your premium will continue to be waived as long as you continue to meet those requirements. If you elect to reduce benefits under any option, your reduced benefits will take effect on the Effective Date.

8) What is a Benefit Period/Factor?*

The Benefit Period/Factor is the length of time benefits will be payable.

9) What is an Elimination Period?*

The Elimination Period is the waiting period before benefits will be paid.

10) What is a Maximum Daily Benefit?*

The Maximum Daily Benefit is the maximum dollar amount that will be paid for covered charges per day.

***Please refer to the contract for a detailed description of any benefits or riders on a specific policy.

SOUTHERN FARM BUREAU
LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

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DESCRIPTION OF OPTIONS

DEFAULT OPTION: MAINTAIN CURRENT COVERAGE- Accept Rate Increase

If you do not return this **Coverage Election Form** postmarked by 12/01/2022, you will retain your current policy and rider benefits and the premium rate will increase to the amount shown in the **Coverage Election Form**.

Please note that selecting an option reduces benefits in total – for the policy and any applicable riders.

OPTION 1: Reduce Benefits – Benefit Period

Option 1 offers a reduced **Benefit Period or Maximum Daily Benefit** that will result in a new annual premium amount to lessen the impact of the premium increase.

OPTION 2: Reduce Benefits – Inflation Freeze

Option 2 offers an **Inflation Freeze** that will result in a new annual premium amount to lessen the impact of the premium increase. Under this change, your Inflation Protection Rider will terminate. You will retain the annual increases in benefits that have already occurred on your policy and any applicable riders, but no additional benefit increases will occur. This option is only available if your policy currently has an Inflation Protection Rider in force.

OPTION 3: Convert to Paid-Up

Option 3 converts your policy from premium paying to paid-up, which means no future premiums will be required. If you choose this option, your **Policy Lifetime Maximum Benefit** will reduce as shown in the chart on the **Coverage Election Form**. All annual benefit inflation features will terminate. You will retain the increases in benefits that have already occurred on your policy and any applicable riders, but no additional benefit increases will occur. All benefits payable will be paid in accordance with the benefit provisions of your policy, up to the Reduced Paid-Up **Policy Lifetime Maximum Benefit**.

If you choose one of the options above, you will receive an endorsement that reflects the elected policy changes.

The option you select will become effective on 02/01/2023.

If you have any questions or need additional assistance, please contact your agent or our office at **1-800-457-9611**. Our office hours are 7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.

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DESCRIPTION OF OPTIONS

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OPTION 2: Reduce Benefits – Inflation Freeze
Option 2 offers an **Inflation Freeze** that will result in a new annual premium amount to lessen the impact of the premium increase. Under this change, your Inflation Protection Rider will terminate. You will retain the annual increases in benefits that have already occurred on your policy and any applicable riders, but no additional benefit increases will occur. This option is only available if your policy currently has an Inflation Protection Rider in force.

OPTION 3: Convert to Paid-Up
Option 3 converts your policy from premium paying to paid-up, which means no future premiums will be required. If you choose this option, your **Policy Lifetime Maximum Benefit** will reduce as shown in the chart on the **Coverage Election Form**. All annual benefit inflation features will terminate. You will retain the increases in benefits that have already occurred on your policy and any applicable riders, but no additional benefit increases will occur. All benefits payable will be paid in accordance with the benefit provisions of your policy, up to the Reduced Paid-Up **Policy Lifetime Maximum Benefit**.

If you choose one of the options above, you will receive an endorsement that reflects the elected policy changes.

The option you select will become effective on 02/01/2023.

If you have any questions or need additional assistance, please contact your agent or our office at **1-800-457-9611**. Our office hours are 7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.

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Your Friends for Life. FARM BUREAU INSURANCE

COVERAGE ELECTION FORM

Decision Due Date: 12/01/2022

Policyholder: John Doe **Policy Number:** 0123456789

Each of the options listed below are described in greater detail on the page titled **DESCRIPTION OF OPTIONS**.

- If you choose to maintain your current coverage and accept the rate increase, **you do not need to return this form** and the increased premium will be applied to your policy on the effective date shown below.
- If you choose Option 1, Option 2 or Option 3, you MUST sign and return this form postmarked by 12/01/2022. You may only check **ONE** box below.
- The option you choose cannot be reversed after 01/15/2023.
- The data in the chart does not reflect claims paid or payable.

	Effective 02/01/2023			
	MAINTAIN CURRENT COVERAGE: Accept Rate Increase	**OPTION 1:** Reduce Benefits - Benefit Period or Maximum Daily Benefit	**OPTION 2:** Freeze Benefit Growth - Inflation Rider Freeze	**OPTION 3:** Convert to Paid-Up
Annual Premium (Currently $1,396.70)	$1,710.96	$1,254	$693	None
Policy Maximum Daily Benefit	$218.29	$218.29	$218.29	$218.29
Benefit Period	Unlimited	5 Years	Unlimited	N/A
Policy benefits inflate annually?	Yes, if applicable	Yes	No	No
Policy Lifetime Maximum Benefit	Unlimited	$398,374.61	Unlimited	$20,252.03
If you accept the rate increase, it is not necessary to return this form. Check **ONE** Box if you want Option 1, 2 or 3 to apply.	**Default – Not necessary to return form.**	☐	☐	☐

Signatures:
I understand the election I have made above and acknowledge that I have made the election voluntarily. I agree that the changes I have requested will become effective 02/01/2023 and are irrevocable on 01/15/2023.

Signature: _____ Date: _____

If signing on behalf of an insured, please complete the following and provide documentation for signatory authority if you have not provided it previously to the company.

Print name here: _____
Signatory authority: ❑ Power of Attorney ❑ Conservator ❑ Other: _____

Return this form to **Southern Farm Bureau Life Insurance Company, P.O. Box 78, Jackson, MS 39205** or fax to **601-321-3401.**
You may wish to retain a copy of this form for your records.

Form HL403-VA

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

Your Friends for Life. FARM BUREAU INSURANCE

11/01/2022

John Doe
123 Main Street
Anywhere, VA 123456

Policy Number: 012345678

Notice of Premium Rate Increase & Policyholder Options
Decision Due Date: December 1, 2022

Dear Policyholder:

At Southern Farm Bureau Life Insurance Company (SFBL), we are committed to ensuring long term care insurance benefits will be there for our policyholders when needed. To uphold this responsibility, we continuously monitor the experience of our long term care insurance policies, taking into consideration the costs associated with similar policies, the investment environment and current life expectancies. Our most recent detailed analysis of the company's experience reveals that a premium rate increase is necessary. The reason for the rate increase is due to the adverse experience such as (a) higher-than-expected incidence of claims, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim or (d) more services covered while disabled. Therefore, SFBL is implementing a 50% premium rate increase on your policy, as we are allowed to do under the Guaranteed Renewable provision of these long term care insurance contracts.

This increase will be implemented as two 22.5% increases over the next two years. We will notify you before the next 22.5% increase becomes effective on your policy.

Below is the first increase in premium on your policy:

Current Annual Premium: $1,396.70

New Annual Premium: $1,710.96

This first change in premium will take effect on your policy on 02/01/2023. This is your first premium due after the rate increase. This new premium will automatically be reflected in your next billed premium.

The second 22.5% rate increase will be applied one year after the effective date of the first increase, resulting in an Annual premium of $2,095.93.

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 State Corporation Commission's webpage at: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

The enclosed Long Term Care Premium Endorsement reflecting this change in premium should be attached to your policy. Also, please keep the enclosed LTC Insurance Rate Increase Disclosure form

with your policy. We will continue to monitor the plan experience, and future premium increases are possible under the Guaranteed Renewable provision.

We understand how important your long term care coverage is to you. The decision to implement a premium rate increase was a difficult one and not taken lightly. As a result, SFBL believes it is in the best interest of all policyholders to be offered alternatives that might best fit your circumstances in lieu of paying increased premium rates. Therefore, this notice explains the premium rate increase and describes options available to you to reduce your policy's benefits in order to help reduce or eliminate the premium increase.

You are not being singled out for a premium rate increase, and the increase is not based on any individual's personal situation such as current age, current health status, or claims history. As indicated in the terms and conditions of your policy, premium rate increases are allowable under your contract. In the event of future rate increases, you have a right to a revised premium rate or rate schedule.

A Contingent Benefit Upon Lapse provision is a part of your policy contract at no additional cost. This benefit gives you the right to take a paid up benefit when cumulative premium increases on your policy reach a certain level, called a substantial rate increase. If you take the paid up benefit, this Policy will continue automatically with the same level of maximum daily benefits and a reduction in your Maximum Lifetime Benefit ("Maximum Benefit"). The Company will allow all policyholders to exercise this provision, even if you have not received a substantial rate increase.

If you choose to take the paid up benefit under the Contingent Benefit Upon Lapse, your policy will continue under its current terms, but benefits payable will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. This option must be taken within 120 days after the premium rate increase.

YOUR OPTIONS:

DISCLAIMER: All options available to you may not be of equal value.

- **MAINTAIN CURRENT COVERAGE: If you wish to continue your policy and current benefits, and are willing to pay the increased premiums you do not need to do anything**. The rate increase of 22.5% is the default action that will occur if you do not select an option. Your annual premium rate of $1,396.70 will increase to $1,710.96 beginning with your premiums due on 02/01/2023.

- **SELECT AN OPTION: If you do not wish to pay the full increased premiums and would rather reduce benefits, you must complete and return the enclosed Coverage Election Form by 12/01/2022**. Your election will become effective on your premium due date of 02/01/2023.
  If you elect **Option 1-Reduce Benefits** or **Option 2- Freeze Benefit Growth**, your new premium will be reflected in your premium due on 02/01/2023.
  If you elect **Option 3 – Convert to Paid Up**, your policy will become paid up on 02/01/2023 and you will no longer have to pay any premiums.

- We understand that you may want to explore additional options to reduce the impact of the premium increase. In such case we would be glad to help.
  Available options to decrease your premiums and lessen the effect of this rate increase include terminating riders, decreasing the daily benefit, decreasing the policy maximum benefit, and increasing the elimination period. In the event of a future rate increase, similar options will be available to you.
  If you have any questions or need additional assistance, please contact your agent or our office at 1-800-457-9611. Our office hours are 7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.

WHEN MAKING THIS DECISION, PLEASE CONSIDER:

There is a direct financial impact on you now and in the future from this decision. You may want to review your choice with your financial advisor and/or family members as appropriate. You may want to consult your tax or legal advisor about potential tax implications.

Please carefully review the enclosed **Description of Options** and **Coverage Election Form**. If you decide to maintain your current coverage and accept the rate increase, you do not need to return the **Coverage Election Form**. If you select one of the options, please complete and return the form by the Decision Due Date, which is 12/01/2022. After the Decision Due Date, adjustments may still be available to your policy. To inquire about other adjustments available, please contact your local Farm Bureau Agent or the Home Office to complete required forms.

IF YOU HAVE QUESTIONS

We have enclosed answers to a list of frequently asked questions. If you have any other questions about this premium rate increase, your coverage or these options, please call us at 1-800-457-9611 between the hours of 7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday, and a representative will assist you.

Sincerely,

Policy Services Department

Enclosures:
Frequently Asked Questions
Description of Options
Coverage Election Form
Long Term Care Premium Endorsement
LTC Insurance Rate Increase Disclosure

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY
P.O. Box 78 | Jackson, MS 39205 | 601-981-7422 | www.sfbli.com

Your Friends for Life. FARM BUREAU INSURANCE

11/01/2023

John Doe
123 Main Street
Anywhere, VA 123456

Policy Number: 012345678

Notice of Premium Rate Increase & Policyholder Options
Decision Due Date: December 1, 2023

Dear Policyholder:

At Southern Farm Bureau Life Insurance Company (SFBL), we are committed to ensuring long term care insurance benefits will be there for our policyholders when needed. To uphold this responsibility, we continuously monitor the experience of our long term care insurance policies, taking into consideration the costs associated with similar policies, the investment environment and current life expectancies. Our most recent detailed analysis of the company's experience reveals that a premium rate increase is necessary. The reason for the rate increase is due to the adverse experience such as (a) higher-than-expected incidence of claims, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim or (d) more services covered while disabled. Therefore, SFBL is implementing a 50% premium rate increase on your policy, as we are allowed to do under the Guaranteed Renewable provision of these long term care insurance contracts.

This increase is being implemented as two 22.5% increases over two years. You were previously notified of the rate increase on 11/01/2022. This letter is to notify you of the second of the two increases.

Below is the second increase in premium on your policy:

Current Annual Premium: $1,710.96

New Annual Premium: $2,095.93

This second change in premium will take effect on your policy on 02/01/2024. This is your first premium due after the rate increase. This new premium will automatically be reflected in your next billed premium.

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 State Corporation Commission's webpage at: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

The enclosed Long Term Care Premium Endorsement reflecting this change in premium should be attached to your policy. Also, please keep the enclosed LTC Insurance Rate Increase Disclosure form with your policy. We will continue to monitor the plan experience, and future premium increases are possible under the Guaranteed Renewable provision.

We understand how important your long term care coverage is to you. The decision to implement a premium rate increase was a difficult one and not taken lightly. As a result, SFBL believes it is in the best interest of all policyholders to be offered alternatives that might best fit your circumstances in lieu of paying increased premium rates. Therefore, this notice explains the premium rate increase and describes options available to you to reduce your policy's benefits in order to help reduce or eliminate the premium increase.

You are not being singled out for a premium rate increase, and the increase is not based on any individual's personal situation such as current age, current health status, or claims history. As indicated in the terms and conditions of your policy, premium rate increases are allowable under your contract. In the event of future rate increases, you have a right to a revised premium rate or rate schedule.

A Contingent Benefit Upon Lapse provision is a part of your policy contract at no additional cost. This benefit gives you the right to take a paid up benefit when cumulative premium increases on your policy reach a certain level, called a substantial rate increase. If you take the paid up benefit, this Policy will continue automatically with the same level of maximum daily benefits and a reduction in your Maximum Lifetime Benefit ("Maximum Benefit"). The Company will allow all policyholders to exercise this provision, even if you have not received a substantial rate increase.

If you choose to take the paid up benefit under the Contingent Benefit Upon Lapse, your policy will continue under its current terms, but benefits payable will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. This option must be taken within 120 days after the premium rate increase.

YOUR OPTIONS:

DISCLAIMER: All options available to you may not be of equal value.

- **MAINTAIN CURRENT COVERAGE: If you wish to continue your policy and current benefits, and are willing to pay the increased premiums you do not need to do anything**. The rate increase of 22.5% is the default action that will occur if you do not select an option. Your annual premium rate of $1,710.96 will increase to $2,095.93 beginning with your premiums due on 02/01/2024.

- **SELECT AN OPTION: If you do not wish to pay the full increased premiums and would rather reduce benefits, you must complete and return the enclosed Coverage Election Form by 12/01/2023**. Your election will become effective on your premium due date of 02/01/2024.
  If you elect **Option 1-Reduce Benefits** or **Option 2- Freeze Benefit Growth**, your new premium will be reflected in your premium due on 02/01/2024.
  If you elect **Option 3 – Convert to Paid Up**, your policy will become paid up on 02/01/2024 and you will no longer have to pay any premiums.

- We understand that you may want to explore additional options to reduce the impact of the premium increase. In such case we would be glad to help.
  Available options to decrease your premiums and lessen the effect of this rate increase include terminating riders, decreasing the daily benefit, decreasing the policy maximum benefit, and increasing the elimination period. In the event of a future rate increase, similar options will be available to you.
  If you have any questions or need additional assistance, please contact your agent or our office at 1-800-457-9611. Our office hours are 7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.

WHEN MAKING THIS DECISION, PLEASE CONSIDER:

There is a direct financial impact on you now and in the future from this decision. You may want to review your choice with your financial advisor and/or family members as appropriate. You may want to consult your tax or legal advisor about potential tax implications.

Please carefully review the enclosed **Description of Options** and **Coverage Election Form**. If you decide to maintain your current coverage and accept the rate increase, you do not need to return the **Coverage Election Form**. If you select one of the options, please complete and return the form by the Decision Due Date, which is 12/01/2023. After the Decision Due Date, adjustments may still be available to your policy. To inquire about other adjustments available, please contact your local Farm Bureau Agent or the Home Office to complete required forms.

IF YOU HAVE QUESTIONS

We have enclosed answers to a list of frequently asked questions. If you have any other questions about this premium rate increase, your coverage or these options, please call us at 1-800-457-9611 between the hours of 7:00 a.m. to 4:30 p.m. Central Time, Monday through Friday, and a representative will assist you.

Sincerely,

Policy Services Department

Enclosures:
Frequently Asked Questions
Description of Options
Coverage Election Form
Long Term Care Premium Endorsement
LTC Insurance Rate Increase Disclosure

APPROVED
Commonwealth Of Virginia
State Corporation Commission
Bureau Of Insurance
4/9/03
BY

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

Jackson, Mississippi

JOHN DOE

Policy Number: 123456789

QUALIFIED LONG TERM CARE INSURANCE POLICY PROVIDING FACILITY CARE BENEFITS

FEDERAL TAX CONSEQUENCES: This Long Term Care Policy is intended to qualify for favorable federal tax treatment. As such, it must meet federal standards in addition to all applicable standards in the state in which the policy was issued or issued for delivery. If you have questions regarding the tax qualification of this product, you should direct such question to the appropriate federal agency, or you should contact your tax advisor.

Renewability: THIS POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your Policy, to continue this Policy as long as you pay your premium on time. Southern Farm Bureau Life Insurance Company (the Company) cannot change any of the terms of your Policy on its own, except that in the future the Company MAY INCREASE THE PREMIUM YOU PAY. Premium rates may be changed but only after 60 days advance written notice and no more frequently than once in any 12-month period. Please refer to **Section 6.4 Premium Rate Changes** provision of this Policy.

Right to Return Policy: If for any reason you decide not to keep this Policy, return it to us within 30 days after you receive it. You may return it to either the Agent who sold it to you, or to the Company at its Home Office. We will treat this Policy as though it had never been issued. We will refund any premium paid.

Caution: This policy may not apply when you have a claim! Please read! The issuance of this Long Term Care Insurance Policy is based upon your responses to the questions on all required applications. Copies of all required applications are attached. If your answers are incorrect or untrue, the Company has 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 the Company at the address shown below.

Notice to buyer: This Policy may not cover all of the costs associated with Long Term Care incurred by you during the period of coverage. You are advised to review carefully all Policy limitations.

Signed for Southern Farm Bureau Life Insurance Company, Jackson MS, on the Policy Effective Date.

President

Secretary

This Policy is not Medicare Supplement Coverage. If you are eligible for Medicare, review ["Medicare and You"], a guide for people with Medicare available from the Company. Neither the Company nor its Agents represent Medicare, the federal government or any state government.

Southern Farm Bureau Life Insurance Company, 1401 Livingston Lane, Jackson, MS 39213

Long Term Care Insurance Policy Providing Facility Care Benefits

Guaranteed Renewable

Non-Participating

INDEX OF MAJOR POLICY PROVISIONS

POLICY SCHEDULE PAGE	Benefit; Elimination Period; Maximum Benefit; Maximum Daily Benefit; Annual Premium; Schedule of Riders; Modal Premiums; Insured; Policy Number; Policy Effective Date; Issue Age; Sex; Classification; Owner.
SECTION 1	Consideration and Policy Effective Date 1.1 Consideration; 1.2 Policy Effective Date.
SECTION 2	Definitions 2.1 Activities of Daily Living; 2.2 Alzheimer's Facility; 2.3 Alzheimer's Facility Care; 2.4 Assisted Living Facility; 2.5 Assisted Living Facility Care; 2.6 Care Coordinator; 2.7 Chronically Ill Individual; 2.8 Custodial Care; 2.9 Emergency; 2.10 Family Member; 2.11 Hands-on Assistance; 2.12 Home Office; 2.13 Hospice; 2.14 Hospice Care; 2.15 Hospice Care Program; 2.16 Hospital; 2.17 Intermediate Care; 2.18 Licensed Health Care Practitioner; 2.19 Licensed Social Worker; 2.20 Loss; 2.21 Medicare; 2.22 Nurse; 2.23 Nursing Facility; 2.24 Nursing Facility Care; 2.25 Period of Care; 2.26 Physician; 2.27 Plan of Care; 2.28 Policy Anniversary; 2.29 Premium; 2.30 Initial Premium; 2.31 Qualified Long Term Care Services; 2.32 Rating Class; 2.33 Severe Cognitive Impairment; 2.34 Skilled Nursing Care; 2.35 Spouse; 2.36 Stand-by Assistance; 2.37 Substantial Assistance; 2.38 Substantial Supervision; 2.39 Unearned Premium.
SECTION 3	Benefit Information 3.1 Eligibility For The Payment Of Benefits; 3.2 Limitations Or Conditions On Eligibility For Benefits; 3.3 Amount Of Benefit Payments; 3.4 Maximum Benefit; 3.5 Care Coordination; 3.6 Facility Based Services; 3.7 Spouse Waiver Of Premium And Paid-Up Benefit; 3.8 Other Services.
Section 4	Exclusions
Section 5	Claims Provisions 5.1 Notice Of Claim; 5.2 Claim Forms; 5.3 Written Proof Of Loss; 5.4 Time Of Payment Of Claims; 5.5 Payment Of Claims; 5.6 Adjustment Of Claims; 5.7 Assignment Of Benefit Payments; 5.8 Physical Examinations; 5.9 Legal Actions; 5.10 Appeal Procedure.
Section 6	Premiums 6.1 Payment Of Premiums; 6.2 Method Of Payment; 6.3 Premium Amount Changes Due To A Change In Coverage; 6.4 Premium Rate Changes; 6.5 Waiver Of Premium; 6.6 Premium Rate Increase Protection.
Section 7	Termination Provisions 7.1 Termination Of Benefit Payments; 7.2 Lapse Or Termination; 7.3 Extension Of Benefits.
Section 8	General Provisions 8.1 Changes In Coverage; 8.2 Entire Contract; 8.3 Conformity With Laws; 8.4 Misstatement Of Age; 8.5 Clerical Error; 8.6 Pro-Rata Premium Refund At Death; 8.7 Reinstatement Of Policy; 8.8 Reinstatement Due To Unintentional Lapse; 8.9 Incontestability; 8.10 Unpaid Premiums.
ADDITIONAL RIDERS	Any benefits or riders listed on the Policy Schedule Page pages will be included.
APPLICATION	A copy of the application and any supplemental applications for this policy are attached at policy issue.

SCHEDULE PAGE

FORM	BENEFIT		ANNUAL PREMIUM
XXXXXX	QUALIFIED LONG TERM CARE INSURANCE		[1,034.63]
	ELIMINATION PERIOD:	[30] DAYS	
	MAXIMUM BENEFIT	[$219,000]	
	MAXIMUM DAILY BENEFIT FOR FACILITY CARE (MDB):	$ [200.00]	
XXXXX	[FUTURE INCREASE OPTION RIDER		INCLUDED
XXXXX	LIFETIME COMPOUND INFLATION PROTECTION RIDER		1,636.11
XXXXX	HOME AND COMMUNITY CARE SERVICES RIDER		
	HOME CARE FACTOR [XXX%] OF FACILITY CARE MDB		701.24
XXXXX	NONFORFEITURE LAPSE BENEFIT RIDER		57.32
XXXXX	RETURN OF PREMIUM RIDER		360.08]

TOTAL PREMIUMS ON THE POLICY EFFECTIVE DATE

*MONTHLY	SEMI-ANNUAL	ANNUAL
[325.89]	[1,970.48]	[3,789.38]

* THIS PREMIUM IS APPLICABLE IF PREMIUMS ARE PAYABLE BY MONTHLY PRE-AUTHORIZED PAYMENT. ON TERMINATION, FOR ANY REASON, OF THE AGREEMENT PERMITTING PREMIUMS TO BE PAID MONTHLY, THE METHOD OF PREMIUM PAYMENT WILL AUTOMATICALLY CHANGE TO ANNUAL.

INSURED	[JOHN DOE]		
POLICY NUMBER	[123456789]	POLICY EFFECTIVE DATE	[JUNE 2, 2003]
ISSUE AGE AND SEX	[65] [MALE]	CLASSIFICATION	[NON-TOBACCO]
OWNER	THE INSURED		

Section 1 – Consideration And Policy Effective Date

1.1 **Consideration**: This Policy is issued in consideration of the required applications, copies of which are attached, and the payment of the *initial premium*, subject to all the terms and conditions stated in this Policy. The *premium* is shown in the Schedule Page. The *initial premium* is due on or before the Policy Effective Date.

In this Policy, "you", "your" and "yours" refer to the Insured named in the Schedule Page ("Schedule"). The "Company", "we", "our" and "us" refer to Southern Farm Bureau Life Insurance Company.

We insure you. We will pay the benefits provided in this Policy for covered losses that begin while this Policy is in force. All benefits are subject to all the terms and conditions stated in this Policy including any amendment, endorsement, or rider which may be attached to and made a part of this Policy.

1.2 **Policy Effective Date**: Your insurance will begin on the Policy Effective Date shown in the Schedule. All periods of insurance begin at 12:01 a.m. based on the time zone in the place where you reside.

Section 2 - Definitions

Terms defined in this section are shown in *italics* in the rest of the document.

2.1 ***Activities of Daily Living*** *(ADLs)* refer to certain basic daily tasks necessary to maintain a person's health and safety. In this Policy, *ADLs* refer to the activities described below:

1. ***Bathing*** means washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.
2. ***Continence*** means the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. ***Dressing*** means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. ***Eating*** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. ***Toileting*** means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. ***Transferring*** means the ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker, or other equipment.

2.2 ***Alzheimer's Facility*** means a facility which engages primarily in providing ongoing care and related services in one location, and meets all of the following criteria:

1. is duly licensed or certified, if required, in the jurisdiction in which it is operating to provide 24-hour a day care and services sufficient to support needs resulting from Alzheimer's Disease or other types of dementia;
2. has an awake, trained, and ready to respond employee on duty in the facility, at all times, to provide necessary care;
3. provides appropriate security for its patients;
4. provides three meals a day and accommodates special dietary needs;
5. has written formal arrangements or otherwise ensures that patients receive the medical care services of a *physician* or *nurse* in case of *emergency;* and
6. has appropriate methods and procedures to provide on-site assistance with prescription medications and to monitor your response to those medications.

2.3 ***Alzheimer's Facility Care*** means care or treatment received in an *Alzheimer's Facility.*

2.4 ***Assisted Living Facility*** means a facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location, and:

1. is licensed or certified, if required, by the jurisdiction in which it is operating to provide such care;
2. provides 24-hour-a-day care and services sufficient to support needs resulting from an inability to perform *ADLs* or from a severe cognitive impairment;
3. has trained and ready to respond employees on duty at all times to provide care;
4. provides meals and accommodates special dietary needs;
5. has formal arrangements for the services of a *physician* or *nurse* to furnish *emergency* medical care;
6. has appropriate methods and procedures for handling and administering drugs and biologicals;
7. is not, other than incidentally, a home for the mentally retarded, the mentally ill, the blind or the deaf, a hotel or boarding home; and
8. is not a *nursing facility*, *hospital*, clinic, or a place which operates primarily for the treatment of alcoholism or drug addiction.

These requirements are typically met by *assisted living facilities* that are either free-standing facilities or part of a life-care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by individual homes or independent living units.

2.5 ***Assisted Living Facility Care*** means care received in an *assisted living facility.*

2.6 ***Care Coordinator*** means a *licensed health care practitioner* provided for you by the Company to perform the steps in the care coordination process.

2.7 ***Chronically Ill Individual*** means an individual who is certified by a *care coordinator* or another *licensed health care practitioner* as:

1. expected to be unable to perform, without *substantial assistance* from another individual, at least two *ADLs* for a period of at least 90 days, due to a loss of functional capacity; or
2. requiring *substantial supervision* by another person to protect himself or herself from threats to health and safety due to *severe cognitive impairment.*

A chronically ill individual will not include any person otherwise meeting the requirements of this definition, unless a *licensed health care practitioner* has certified, in writing within the preceding 12 months, that such person meets these requirements.

2.8 ***Custodial Care*** means that level of care which is mainly for the purpose of performing the *ADLs*. It may be provided by persons without professional skills or training. Such care is intended to:

1. maintain and support your existing level of health; and
2. preserve your health from further decline.

It is not primarily for your own or your family's convenience.

2.9 ***Emergency*** means the sudden onset of an injury or sickness or an abrupt change in health status, which requires immediate medical services the lack of which means risk of permanent damage to your health.

2.10 ***Family Member*** means your spouse, daughter, son, father, mother, sister, brother, granddaughter, grandson, or in-laws.

2.11 ***Hands-on Assistance*** means the physical assistance of another person without which you would be unable to perform the *ADL*.

2.12 ***Home Office*** means the principal office of the Southern Farm Bureau Life Insurance Company, Jackson, Mississippi.

2.13 ***Hospice*** means a facility or agency that:

1. is licensed or certified to provide a *hospice care program;* and
2. is primarily devoted to the care of terminally ill patients and their families.

2.14 ***Hospice Care*** means any service that a licensed *hospital, home care agency, home health care agency, nursing facility, Alzheimer's facility, assisted living facility* or *hospice* provides under a *hospice care program.*

2.15 ***Hospice Care Program*** means a coordinated program primarily concerned with pain and symptom control of people who are terminally ill. It provides palliative and supportive medical, nursing, and other health services through home or inpatient care to:

1. individuals who have no reasonable prospect of a cure and have a life expectancy of less than six months, as estimated by a *physician;* and
2. the families of those individuals.

2.16 ***Hospital*** means an institution which:

1. is duly licensed as a *hospital* by the jurisdiction in which it is located;
2. is operating within the scope of its license when rendering services for care and treatment for which a charge is made; and
3. provides:
   a) for the care and treatment of injured or sick persons on a resident or inpatient basis;
   b) for diagnosis and surgery under the supervision of a staff of one or more *physicians;* and
   c) 24-hour nursing services by Registered Nurses on duty or call.

Such institution must be accredited as a *hospital* by either the Joint Commission on Accreditation of Hospitals or the Bureau of Hospitals of the American Osteopathic Association.

Hospital does not mean a place or any part of a place, even if it is called a *hospital*, that is operated mainly for rest, convalescence, nursing, extended care, care of the aged, care or treatment of drug addicts or the care or treatment of alcoholics.

A *hospital* operated mainly for the treatment of mental disorders, but lacking surgical facilities, will qualify if it meets all the other requirements of this definition.

2.17 ***Intermediate Care*** means a degree of nursing care and evaluation that is less than that provided for *skilled nursing care*, but greater than that provided for *custodial care*. This level of care provides a planned, continuous program of nursing care that is preventive or rehabilitative in nature.

2.18 ***Licensed Health Care Practitioner*** means any *physician*, as defined in §1861(r)(1) of the Social Security Act; and any registered professional nurse, *licensed social worker*, or other person who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury.

2.19 ***Licensed Social Worker*** includes any social worker who has been issued a license, certificate, or similar authorization to act as a social worker by a state or a body authorized by a state to issue such authorization.

2.20 ***Loss*** means either of the following:

1. you are expected to be unable to perform (without *substantial assistance* from another person) at least two *ADLs* for a period of at least 90 days due to loss of functional capacity; or
2. you require *substantial supervision* by another person to protect you from threats to health and safety due to *severe cognitive impairment*.

2.21 ***Medicare*** means the Health Insurance for the Aged Act under Title XVIII of the Federal Social Security Act of 1965, as then constituted or later amended.

2.22 ***Nurse*** means a legally qualified person, who is a Registered Nurse (R.N.), a Licensed Practical Nurse (L.P.N.), a Licensed Vocational Nurse, or a Licensed Public Health Nurse. *Nurse* does not mean a *family member*.

2.23 ***Nursing Facility*** means a facility or distinct part of a facility that is licensed or certified, if required, in the jurisdiction in which it is operating, to provide *skilled nursing care*, *intermediate care*, or *custodial care*.

Nursing facility does not mean a *hospital* or an institution that is operated for the treatment and care of:

1. alcoholism; or
2. drug addiction.

2.24 ***Nursing Facility Care*** means care or treatment received in a *nursing facility*.

2.25 ***Period of Care*** means a period of time during which you are receiving *qualified long term care services* due to a *loss*.

A *period of care* begins on the first day you receive a covered *qualified long term care service* through your *plan of care*. A *period of care* will end when you are no longer receiving covered *qualified long term care services* due to a *loss*, or your *plan of care* ends. It includes each day for which you are an inpatient in a *nursing facility, assisted living facility, Alzheimer's facility,* or *hospice* and a charge for room and board is made.

2.26 ***Physician*** means any person, required to be recognized under the Policy for insurance purposes according to the insurance statutes and regulations of the governing jurisdiction, who is:

1. licensed to practice medicine, prescribe and administer drugs, or to perform surgery; or
2. is legally qualified as a medical practitioner.

Physician includes osteopathic practitioners within the scope of their practice as defined by state law. *Physician* does not mean a *family member*.

2.27 ***Plan of Care*** means a written description of the type, frequency and duration of *qualified long term care services* you need. The *plan of care* is developed by the *care coordinator* or another *licensed health care practitioner*, is approved by us, and signed by you or your designated representative.

After one *plan of care* has ended, if you suffer another *loss*, such *loss* will require a new *plan of care.*

2.28 ***Policy Anniversary*** means the same day and month as your Policy Effective Date for each succeeding year your Policy remains in force.

2.29 ***Premium*** means the dollar amount that must be paid to us to keep this Policy in force. Your *premium* is shown in the Schedule.

2.30 ***Initial premium*** means the amount of money submitted with your application that satisfies our initial premium requirements.

2.31 ***Qualified Long Term Care Services*** means necessary diagnostic, preventative, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which are:

1. required by a *chronically ill individual;* and
2. provided pursuant to a *plan of care* prescribed by a *licensed health care practitioner.*

2.32 ***Rating Class*** means a population segment classified by actuaries as having similar insurance risks based on the following factors: issue age; sex; marital status; tobacco use; substandard rating; benefit options; and year underwritten.

2.33 ***Severe Cognitive Impairment*** means a deterioration or loss in intellectual capacity that is measured by clinical evidence and standardized tests which reliably measure impairment in: short-term or long-term memory; orientation to people, places or time; deductive or abstract reasoning and judgment as it relates to safety awareness.

Such deterioration or loss must place you in jeopardy of harming yourself, therefore requiring *substantial supervision* by another person.

2.34 ***Skilled Nursing Care*** means that level of care which:

1. requires the training and skills of a Registered Nurse; and
2. is prescribed by a *licensed health care practitioner* for the medical care of the patient; and
3. may not be provided by less skilled or less intensive care, such as *custodial care* or *intermediate care.*

2.35 ***Spouse*** means the person to whom you are legally married.

2.36 ***Stand-by Assistance*** (relates to *ADLs*) means the presence of another person within your arm's reach, to prevent, by physical intervention, injury to you while you perform an *ADL* (such as being ready to catch you if you fall while getting into or out of the bathtub or shower as part of *bathing*, or being ready to remove food from your throat if you choke while *eating*).

2.37 ***Substantial Assistance*** (relates to *ADLs*) means *hands-on assistance* or *stand-by assistance.* For the purpose of this Policy *stand-by assistance* will be used to determine that *substantial assistance* by another person is required by you to perform the *ADL.*

2.38 ***Substantial Supervision*** (relates to *severe cognitive impairment*) means continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired individual or others from threats to his or her safety (such as may result from wandering).

2.39 ***Unearned Premium*** means premium paid by you for a period of time during which your insurance is no longer in force.

Section 3 - Benefit Information

3.1 Eligibility For The Payment Of Benefits

While you are insured under this Policy, you will be eligible to receive benefit payments for covered expenses incurred for *qualified long term care services* if you are certified as a *chronically ill individual* within the preceding 12-month period.

You may choose to have the *care coordinator* prepare the assessment of your *loss*, provide the certification, and develop your *plan of care*. If so, refer to **Section 3.5 Care Coordination** for information about the steps in the Care Coordination process.

You may choose to have a *licensed health care practitioner* other than the *care coordinator* perform your assessment and certify that you are a *chronically ill individual*. If you choose to do so:

1. a copy of your functional assessment, certification and the *plan of care* prepared by the *licensed health care practitioner* must be submitted to us. See Step 1 in **Section 3.5 Care Coordination** for contact information; and
2. you will be responsible for providing us with an annual re-certification of your status as a *chronically ill individual* prior to each anniversary of your original certification. A *licensed health care practitioner* must provide this re-certification.

Payment of benefits is subject to all the limitations, conditions, and provisions of this policy.

3.2 Limitations Or Conditions On Eligibility For Benefits

Plan of Care: For benefits to be paid, the *qualified long term care services* you receive must:

1. be included in your approved *plan of care* prepared by the *care coordinator* or another *licensed health care practitioner*;
2. be covered under this Policy; and
3. begin on or after your Policy Effective Date.

Elimination Period: You must receive *qualified long term care services* for the number of days shown as the Elimination Period before benefits are payable. The Elimination Period is shown in the Schedule. Once you have satisfied the Elimination Period, benefits will become payable for *qualified long term care services* you receive during any *period of care* from that date forward.

1. The Elimination Period begins with the first day during your first *period of care* that you receive *qualified long term care services*; provided these services are included in your *plan of care* and covered under this Policy. The Elimination Period can be met by any combination of *qualified long term care services*.
2. Any days applied toward satisfaction of the Elimination Period need not be consecutive.
3. The Elimination Period **does not** have to be satisfied to receive *hospice care* benefits and the caregiver training benefit. However, if your *hospice care* benefits end, and you are still a *chronically ill individual*, you will have to satisfy any remaining days in the Elimination Period before other benefits will be payable.
4. Days for which benefits are paid for *hospice care* and caregiver training **will not** be applied to satisfy the Elimination Period.

Once you have satisfied your Elimination Period you will never be required to satisfy it again.

3.3 Amount Of Benefit Payments

Benefit payments will be made for expenses incurred for covered *qualified long term care services* you receive while you are insured under this Policy.

The Maximum Daily Benefit is shown in the Schedule. Maximum Daily Benefit means the maximum daily amount payable for *qualified long term care services* covered by this Policy.

The amount of your daily benefit payment will equal the lesser of:

1. the Maximum Daily Benefit amount shown in the Schedule; or
2. the actual daily charge.

You may receive any combination of *qualified long term care services* covered under this Policy. Benefits will be paid for the level of care that provides you with the greatest Maximum Daily Benefit amount. Only one Maximum Daily Benefit will be paid for all *qualified long term care services* you receive on any given day.

We will send you a payment each month for the days you were eligible to receive benefit payments during the prior month. All benefit payments made to you will be calculated in United States currency.

3.4 Maximum Benefit

The Maximum Benefit that will be paid for all qualified long term care services covered by this Policy is shown in the Schedule.

This benefit limit applies to all benefits paid for the entire time you are insured under this Policy and to all periods of care which occur while you are insured.

3.5 Care Coordination

This feature of your Policy provides you with the knowledge, training and experience of a *care coordinator*.

If you choose to use Care Coordination, the steps in the Care Coordination process are:

Step 1: Contact the *Care Coordinator*. To start the development of your *plan of care*, you, your family, your *physician*, or your designated representative must contact the *care coordinator*. The *care coordinator* should be contacted as soon as it becomes necessary for you to receive *qualified long term care services* due to a *loss*.

Contact the *care coordinator* through:

[ERC Long Term Care Solutions, Inc.
20 Security Drive, Suite 2
Avon, Connecticut 06001-4272
Telephone: 1-800-643-5264
Ask for Long Term Care Solutions]

Step 2: Assessment and Certification. The *care coordinator* will prepare a comprehensive assessment of your *loss* to determine if you are a *chronically ill individual*.

If the assessment shows that you are a *chronically ill individual*, the *care coordinator* will certify you as such and prepare a *plan of care* for you.

Step 3: Preparation of the *Plan of Care*. Working with your *physician*, the *care coordinator* will identify in your *plan of care* the type and frequency of services you will require and indicate the length of time you are expected to need the *qualified long term care services*.

You or your designated representative, your *physician*, and the Company must agree that the *plan of care* is appropriate to meet your needs.

Your *plan of care* may include any combination of the levels of care and services described in this Policy. Your *plan of care* may also include services which are not covered by this Policy.

Step 4: Coordinating Services. The *care coordinator* reviews your needs and resources and can provide information on appropriate services. You will select the provider to perform the services that you need.

Step 5: Monitoring the *Plan of Care.* After your *qualified long term care services* have begun and while you are receiving benefits under this Policy, the *care coordinator* will periodically assess the appropriateness of services you are receiving based on your functional capacity and cognitive ability. Monitoring your *plan of care* ensures that if your needs for *qualified long term care services* change, your *plan of care* will be changed to meet those needs. The *care coordinator* will:

1. determine whether your *plan of care* continues to be appropriate;
2. recommend necessary changes; and
3. provide the required annual re-certification that you continue to be a *chronically ill individual.*

The *care coordinator* may suggest local community resources to enhance your *plan of care.*

Step 6: If your *period of care* ends and you again need *qualified long term care services,* a new *plan of care* can be established if:

1. you are again certified as a *chronically ill individual*;
2. your Maximum Benefit has not been exhausted; and
3. this Policy is still in force.

You, your family, your *physician,* or your designated representative should contact the *care coordinator*, as described in Step 1.

3.6 Facility Based Services

The Maximum Daily Benefit amount payable for expenses incurred for confinement in a facility will equal the lesser of:

1. the Maximum Daily Benefit; or
2. the actual daily charge.

The Maximum Daily Benefit amount is shown in the Schedule.

Nursing Facility Care Benefit: The Nursing Facility Care Benefit will be paid for each day you are confined in a *nursing facility* if:

1. you are receiving *skilled nursing care*, *intermediate care* or *custodial care;*
2. the care you are receiving is the most appropriate level of care to meet your needs; and
3. you have satisfied the Elimination Period and the requirements described in **Section 3.1 Eligibility For The Payment Of Benefits** of this Policy.

Assisted Living Facility Care Benefit: The Assisted Living Facility Care Benefit will be paid for each day you are confined in an *assisted living facility* if:

1. you are receiving *assisted living facility care;*
2. the care you are receiving is the most appropriate level of care to meet your needs; and
3. you have satisfied the Elimination Period and the requirements described in **Section 3.1 Eligibility For The Payment Of Benefits** of this Policy.

Alzheimer's Facility Care Benefit: The Alzheimer's Facility Care Benefit will be paid for each day you are confined in an *Alzheimer's facility* if:

1. you are receiving *Alzheimer's facility care;*
2. the care you are receiving is the most appropriate level of care to meet your needs; and
3. you have satisfied the Elimination Period and the requirements described in **Section 3.1 Eligibility For The Payment Of Benefits** of this Policy.

Inpatient Hospice Care Benefit: The Inpatient Hospice Care Benefit will be paid for each day you are confined in a *hospice* facility on an inpatient basis if:

1. your *physician* certifies that you are terminally ill and you are not expected to live longer than six months;

2. you are receiving *hospice care* provided by a *hospice* facility under a *hospice care program;* and
3. you have satisfied the requirements described in **Section 3.1 Eligibility For The Payment Of Benefits** of this Policy.

You will not be required to satisfy your Elimination Period to receive benefits for inpatient *hospice care.* Days for which *hospice care* benefits are paid **will not** be applied to satisfy your Elimination Period.

In no event will the Inpatient Hospice Care Benefit be paid for any expenses incurred for *hospice care* services provided after the date of your death.

Bed Reservation Benefit: If you are receiving *nursing facility, assisted living facility, Alzheimer's facility,* or inpatient *hospice* benefit payments and are absent from the facility for any reason, we will pay the charge to reserve your accommodations in the facility up to the Maximum Daily Benefit. The maximum number of days that the bed reservation benefit will be paid in any calendar year is 30 days.

3.7 Spouse Waiver Of Premium And Paid-Up Benefit

Waiver of Premium: If your spouse has a Long Term Care Insurance Policy with us, with the same form number as this form, and is eligible for Waiver of Premium, you will also be eligible for Waiver of Premium with the same limitations and conditions that apply to your spouse. See **Section 6.5 Waiver Of Premium**.

Paid-Up Benefit: If your spouse has a Long Term Care Insurance Policy with us, with the same form number as this form, you may be eligible to have your premium waived for the remainder of time you are covered under this Policy if your spouse dies.

Your *premium* will be waived under this provision if:

1. both your Policy and your *spouse's* Policy have been in force for at least ten years;
2. neither you nor your *spouse* have incurred claims during the first ten years the policies have been in force; and
3. both your Policy and your *spouse's* Policy are in force at the time of your spouse's death.

3.8 Other Services

Ambulance Service Benefit: The Ambulance Service Benefit will be paid for expenses you incur for an ambulance service to take you to or from your home, a *hospital*, a *nursing facility*, an *assisted living facility,* an *Alzheimer's facility,* or a *hospice* facility. You must be receiving *qualified long term care services* to be eligible for this benefit. The benefit amount is equal to the lesser of (1) the actual charge; or (2) $[50]. This benefit will not be paid more than two times in any calendar year.

Caregiver Training Benefit: A Caregiver Training Benefit will be paid for the training of any person during your *period of care* if:

1. such person is instructed in basic caregiving techniques to learn to care for your particular needs identified in your *plan of care*;
2. such person is not a licensed provider eligible to receive any other benefit under this Policy; and
3. you have satisfied the requirements described in **Section 3.1 Eligibility For The Payment Of Benefits** of this Policy.

We will make benefit payments for caregiver training when we receive a copy of the instruction plan and a bill for training fees. Benefit payments will be paid directly to the school, educational facility or other provider of the caregiver training.

The maximum amount we will pay for the Caregiver Training Benefit for the entire time you are covered under this Policy ("per duration of policy"):

1. will be determined on the date you first access the benefit;
2. will be equal to 5 times your Maximum Daily Benefit on that date; and
3. will not be affected by any increase or decrease in your Maximum Daily Benefit which occurs after the date you first access the benefit.

You will not be required to satisfy your Elimination Period to receive benefits for caregiver training. Days for which caregiver training benefits are paid **will not** be applied to satisfy your Elimination Period.

World Wide Coverage: We will reimburse you for expenses you incur for services equivalent to those covered by this Policy when you receive such services outside the United States, its possessions or territories, or Canada. You will be responsible for providing sufficient documentation to allow us to verify that you have received equivalent services and have satisfied the Elimination Period and the requirements described in **Section 3.1 Eligibility For The Payment Of Benefits** of this Policy. The maximum number of days of world wide coverage that will be paid is 365 days.

All benefit payments made to you will be paid in United States currency.

Section 4 – Exclusions

We will not pay benefits for expenses incurred for any of the following:

1. alcoholism and drug addiction;
2. illness, treatment, or medical condition arising out of:
   a) war or act of war (whether declared or undeclared);
   b) participation in a felony, riot, or insurrection;
   c) service in the armed forces or units auxiliary thereto; or
   d) suicide (sane or insane), attempted suicide or intentionally self-inflicted injury;
3. treatment provided in a government facility (unless otherwise required by law);
4. confinement in a *hospital*, except a *nursing facility* or *hospice* that is a distinct part of the *hospital*;
5. services for which expenses are reimbursable under any of the following:
   a) *Medicare* or would be so reimbursable but for the application of a deductible or coinsurance amount;
   b) other governmental program (except Medicaid); or
   c) any state or federal workers' compensation, employer's liability, or occupational disease law.
6. services for which no charge is normally made in the absence of insurance;
7. services not included in your *plan of care*; and
8. treatment provided outside of the United States, its territories, or Canada, subject to the world wide coverage provision above.

Section 5 – Claims Provisions

5.1 Notice Of Claim

Written notice of claim must be sent to us at [20 Security Drive, Suite 2, Avon, CT 06001-4272] or to our Agent, within 30 days after a *loss* begins or as soon as it is reasonably possible to do so. Such notice must include your name and policy number.

5.2 Claim Forms

After we receive your notice of claim, we will send you claim forms within 15 days. If we do not send the forms within 15 days, you can send us written proof describing the nature and the extent of your *loss.* You must send such proof within the time limit stated in the Written Proof of Loss provision of this Policy.

5.3 Written Proof Of Loss

Written Proof of Loss must be sent to us within 90 days after your *loss* begins or after the termination of the period for any continuing *loss* for which this Policy provides periodic payment or after the end of the period for which the Company is liable. If it is not reasonably possible to give such proof in the time required, your claim will not be affected if proof is sent as soon as reasonably possible. In any event, unless you are legally incapacitated, proof must be sent no later than one year after the time stated in the above provisions.

5.4 Time Of Payment Of Claims

After we receive Written Proof of Loss acceptable to us, we will pay any benefits then due:

1. monthly when the *loss* is expected to result in on-going benefits; or
2. immediately, when our liability has ended.

If an action to recover the claim proceeds due results in judgment against us, interest on the judgment at the legal rate of interest will be paid form the date of presentation to us of proof of loss to the date judgment is entered.

If no action is brought, interest will be computed daily at the legal rate of interest from the date of 15 working days from our receipt of proof of loss to the date of claim payment. We will not be required to any interest if the interest is less than $5.00.

5.5 Payment Of Claims

Benefit payments will be paid to you, if living; otherwise, to the administrator(s) or executor(s) of your estate.

For persons eligible for medical assistance, the Department of Medical Assistance Services shall be the payor of last resort with regard to benefits payable.

5.6 Adjustment Of Claims

We have the right to adjust any overpayment or underpayment made because of an error in the processing of a claim. Any overpayment, if not reimbursed by the time another benefit is payable, will reduce the benefit amount then due. Any underpayment will be paid immediately upon notification and proof that an error has been made.

5.7 Assignment Of Benefit Payments

When you send us written proof of loss, you may instruct us to pay any benefit due under this Policy directly to a person or organization that provided your care. Any direct payment we make in good faith will discharge our liability under this Policy for the payment of that benefit. No assignment of any kind will bind us without our written consent.

5.8 Physical Examinations

We have the right to have a *physician* of our choice examine you as often as reasonably necessary while your claim is being paid. Any such examinations will be made at our expense.

5.9 Legal Actions

No legal action can be brought to recover on this Policy until 60 days after the date Written Proof of Loss was given. No action at law or in equity may be brought to recover on this Policy after three years from the date Written Proof of Loss is required to be furnished.

5.10 Appeal Procedure

If we deny a claim for benefit payments in whole or in part and you disagree with our determination, you or your designated representative have the right to appeal the determination, including:

1. the denial of your claim; and
2. the *care coordinator's* assessment of your *loss*.

You or your designated representative must request a formal review in writing within 60 days of receipt of the Explanation of Benefit Payments (EOB) form or other notification from us. For the purposes of this provision, the EOB will be deemed to have been received by you five days after the date we mail the EOB or other notification.

This written request must contain the following information:

1. your name;
2. your Policy Number;
3. other identifying information found on the face of the EOB form or other notification from us;
4. the reason(s) why you disagree with our denial of your claim; and
5. any information, document(s), or comments that you want to be considered.

We will notify you in writing of our determination within 60 days following our receipt of your request. We will provide a written explanation of the reasons for a denial and make available all information directly relating to such denial. If special circumstances require an extension of time, you will be notified of the reasons for the delay. The delay will be no more than an additional 60 days. Our final decision does not prevent you from taking further legal action.

Section 6 – Premiums

6.1 Payment Of Premiums

All *premiums* are due and payable in advance at the Company's *Home Office*. A receipt signed by an officer of the Company is available on request.

6.2 Method Of Payment

Premiums may be paid:

(a) annually (once a year);
(b) semiannually (twice a year); or
(c) at rates shown on the Schedule.

With the consent of the Company, you may change the method of payment on any *premium* due date.

6.3 Premium Amount Changes Due To A Change In Coverage

The amount of *premium* you pay for this coverage will not be changed due to your age, health or use of coverage under this Policy. However, additional, increased, decreased or terminated insurance will cause a change in the amount of *premium* you pay.

6.4 Premium Rate Changes

The Company has the right to change *premiums* on a *rating class* basis. Your premium rate will not be changed due to your age, health, or use of coverage under this Policy. Rate changes will be effective on the next date a *premium* is due after a 60-day advance written notice of the rate change. Premium rates will not be changed more frequently than once in any 12-month period.

6.5 Waiver Of Premium

We will waive the next *premium* that becomes due during a *period of care* if:

1. you have been certified as a *chronically ill individual*;
2. your *plan of care* has been developed and approved;
3. you have satisfied the Elimination Period; and
4. you are receiving benefits for *qualified long term care services.*

When you are eligible for Waiver of Premium, we will automatically change your premium payment mode to monthly and refund any *premiums* paid in error. *Premiums* will be waived on a monthly basis while you are receiving benefits. As long as you continue to receive benefits for *qualified long term care services*, additional *premiums* will not be required.

Once you are no longer receiving benefits, you will again be required to pay *premiums;* we will automatically change your premium payment mode to the mode that was previously in effect. You will be billed for any pro-rata *premium* due to the change from monthly mode to your former premium payment mode.

Premiums will also be waived when you receive hospice benefits, even if you have not satisfied the Elimination Period. If hospice care ends, and you are still a *chronically ill individual*, *premiums* will continue to be waived until that *period of care* ends.

6.6 Premium Rate Increase Protection

If you do not purchase a Nonforfeiture Benefit Rider, you have the following options every time we make a substantial premium rate increase:

1. you may reduce your Maximum Daily Benefit, without the requirement of additional underwriting, so that required *premium* payments are not increased; or
2. you may continue your coverage under the Contingent Benefit Upon Lapse option described below.

A substantial premium rate increase will be deemed to have occurred if your annual *premium* after the increase exceeds your original annual *premium* as of the Policy Effective Date by a specific percentage. This specific percentage is called the Percent Increase Over Initial Premium. The percent increase that applies to you depends on your issue age. Percentages for all issue ages are shown below under "Triggers for a Substantial Premium Increase". "Issue Age" means your age on the Policy Effective Date.

A *premium* amount change due to a change in coverage (increase or decrease) does not constitute a premium rate change. However, if there has been a change in coverage, for purposes of determining if a substantial premium rate increase has occurred, your original annual *premium* will be adjusted as follows:

1. if you purchase additional coverage or benefits, it will be increased by the *premium* amount related to the additional coverage or benefits; and
2. if you decrease your coverage or benefits, it will be decreased by the *premium* amount related to the decrease in coverage or benefits.

Contingent Benefit Upon Lapse: If your Policy lapses due to nonpayment of the required *premium* within 120 days of the due date of a substantial premium rate increase, this Policy will be continued under this Contingent Benefit Upon Lapse option without further *premium* payments.

This means that this Policy will continue automatically with the same level of benefits except for a reduction in your Maximum Benefit. No increases due to an Inflation Protection Rider, if included in this Policy, will be made after the end of the period for which *premiums* were last paid for this Policy.

Your reduced Maximum Benefit will equal the greater of:

1. the sum of all *premiums* paid, including the *premiums* paid prior to any changes in benefits; or
2. 30 times the Maximum Daily Benefit amount at the time of lapse.

However, in no case will benefits paid under this policy while in premium paying status and under the Contingent Benefit Upon Lapse exceed the Maximum Benefit that would be payable if the policy had remained in premium paying status.

TRIGGERS FOR A SUBSTANTIAL PREMIUM INCREASE

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

Section 7 – Termination Provisions

The Extension of Benefits provision below may apply when your coverage would otherwise terminate in accordance with the terms of this section.

7.1 Termination Of Benefit Payments

Eligibility for benefit payments will end at 12:01 a.m. based on the time zone in the place where you reside, on the earliest of the following dates:

1. the date the certification that you are a *chronically ill individual* expires;
2. the date your Maximum Benefit is exhausted;
3. the date your *plan of care* ends; or
4. the date this Policy terminates.

7.2 Lapse Or Termination

Grace Period: You will have a grace period of 65 days. This means that if a *premium* is not paid on or before the due date, it may be paid during the 65-day period following the due date. During the grace period, the policy will stay in force. This grace period does not apply to the *initial premium.*

Notice of Intent to Terminate: We will give 30 days notice of intent to terminate coverage to you and to any person designated by you if the *premium* is unpaid 30 days after the due date. The notice will be sent by first class United States mail. For the purposes of this provision, a notice will be deemed to have been received five days after the date of mailing. This 30-day notice period is part of the grace period.

Termination of Coverage: Your coverage under this Policy will end at 12:01 a.m. based on the time zone in the place where you reside, on the earliest of the following dates:

1. the date your policy terminates due to nonpayment of the required *premium;*
2. the date of your death;
3. the date your Maximum Benefit is exhausted; or
4. the date we receive your written request to terminate this Policy, or a future date as requested by you.

In the event of termination or cancellation, we will return any *unearned premium* to you within thirty days (30) days of the effective date of termination or cancellation.

Your insurance will not be cancelled, non-renewed, or otherwise terminated by us because of your age, the deterioration of your mental or physical health, or for any reason except as provided in this section.

7.3 Extension Of Benefits

Termination of coverage will not affect any benefit payments payable for expenses incurred for confinement in a *nursing facility*, *assisted living facility*, *Alzheimer's facility* or *hospice* facility if:

1. the *loss* for which benefit payments are payable began while your coverage was in force and continues without interruption after the date your coverage would have terminated; and
2. your Maximum Benefit has not been exhausted.

When benefit payments are extended, they will be paid as if your coverage under this Policy had not ended.

Benefits will not be paid for expenses incurred for services received after the date confinement ends or after the date your Maximum Benefit is exhausted.

Section 8 – General Provisions

8.1 Changes In Coverage

If you want to make a change in coverage, you must notify us in writing at the *Home Office.* A new application may be required if the change is otherwise allowed. Changes in coverage will take effect at 12:01 a.m. based on the time zone in the place where you reside on the date the change is effective. You must make additional *premium* payments for the cost of increased coverage.

8.2 Entire Contract

This Policy is a legal contract between you and the Company. Our contract with you consists of the Policy, any attached Riders, endorsements or amendments, and applications. No one except an officer of the Company can change or give up any of the rights or requirements in this Policy. Any change must be in writing.

No agent may change this Policy or waive any of its provisions.

8.3 Conformity With Laws

If any provision of the Policy is in conflict with any law or regulation of the state in which you reside on the policy effective date, such provision is deemed amended to comply with the minimum requirements of such law or regulation.

8.4 Misstatement Of Age

If your age is misstated, any benefit payable under this Policy will be the benefit the *premium* would have purchased at the correct age. If no coverage would have been provided, you will have no coverage and we will refund any *premiums* paid.

8.5 Clerical Error

We will not deny or extend coverage due to a clerical error. When a clerical error is found, we will make adjustments based on the true facts and terms of this Policy.

8.6 Pro-Rata Premium Refund At Death

When we receive proof of your death, we will refund any *unearned premium*. The refund will cover the period from the date of your death to the next renewal date to which the *premiums* have been paid. We will make this payment to the administrator(s) or executor(s) of your estate.

See **Section 7.3 Lapse or Termination** for information about refund of unearned premium on other termination.

8.7 Reinstatement Of Policy

If this Policy terminates because the *premium* was not paid during the grace period, you may request that we reinstate your coverage. You will be required to submit an Application and any past due *premium* must be paid to us. You will be given a conditional receipt for any premium paid with such Application.

If we approve your Application for reinstatement, the policy will be reinstated as of that approval date. If we do not notify you in writing of our disapproval within 45 days after the date of the conditional receipt, your policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover a *period of care* due to an accident which occurs after the reinstatement effective date. Any other *period of care* will be covered only if it begins more than 10 days after the reinstatement effective date. All other rights under this Policy will be the same as they were before this Policy terminated; these rights are subject to any terms or conditions which relate to the reinstatement.

8.8 Reinstatement Due To Unintentional Lapse

If this Policy terminates for failure to pay the *premium* when due and you (or a person designated to act for you) provide adequate proof to us that the lapse occurred because you were a *chronically ill individual* at the time of termination, coverage may be reinstated.

A request to reinstate coverage must be made within five months of the date the Policy terminated and any past due *premiums* must be paid to us. If we approve reinstated coverage, we will treat this Policy as if there had been no lapse in coverage.

8.9 Incontestability

All statements made in the Application are representations and not warranties.

If we find a material misrepresentation in the Application that is material to the acceptance for coverage, and your policy has been in force for less than six months, we may rescind this Policy or deny benefit payments for an otherwise valid claim.

Once this Policy has been in force for at least six months but less than two years, we may rescind this Policy or deny benefit payments for an otherwise valid claim if we find a misrepresentation that:

1. is material to the acceptance for coverage; and
2. pertains to the condition for which benefit payments are sought.

After this Policy is in force for at least two years, it may not be contested unless we can show that you knowingly and intentionally misrepresented relevant facts relating to your health.

Any riders added after the Policy Effective Date will be subject to a separate Incontestability Provision.

We may not recover benefit payments in the event this Policy is rescinded due to contestability.

8.10 Unpaid Premiums

If we pay a claim under this Policy, any *premium* due and unpaid may be deducted from the amount of the claim payment.

Statement of Variability for Form HL101-VA (01/22) – Policyholder Notification Letter

All fields will be populated with policy specific entries.

Variable item	Description
Company Address, Phone Number, and Web Address	This will display the appropriate address, phone number, and web address for the company and will only change if the information changes.
Date	This item will reflect the mailing date of the letter.
PHNAME	This item will reflect the name of the policyholder on the policy.
PHADDRESS1 PHADDRESS2 PHCITY PHSTATE PHZIPCODE	This will reflect the mailing address of the Policyholder
PolicyNumber	This item will reflect the unique 10 position alpha-numeric policy number
Decision_Date	This field will show the date by which the enclosed Coverage Election Form (Form HL403) should be returned.
IncreasePercent	The percent of increase approved and being applied to the policy.
PhasedIncreasePercent	The percent of increase approved that will be applied over the next two years.
PhaseOneMailDate	This field will show the mail date of the initial notification letter for the first phase of the rate increase
Mode	The current premium mode of the policy (Annual, Semiannual, Quarterly, or Monthly)
CurrPrem	The total policy premiums prior to application of an approved rate increase.
NewPrem	The total policy premiums after application of an approved rate increase.
Company Phone Number	This will display the appropriate contact number and will only change if that contact number changes.
Effective_Date	This field will show the effective date of the increase, which is the first policy billing date following the effective date of this increase in your state.
Company Office Hours	This will display the operating office hours for our company. This will only change if those operating hours change.
Enclosures	This section will list each individual document included in the packet sent to the policyholder. This currently consists of the items below, but is variable to accommodate a need to provide additional documents: Frequently Asked Questions Description of Options Coverage Election Form Long Term Care Premium Endorsement LTC Insurance Rate Increase Disclosure

Statement of Variability for Form HL801-VA (11/22) – Rate Increase Disclosure

Applicable fields will be populated with policy specific entries.

Variable item	Description	
Company Address, Phone Number, and Web Address	This will display the appropriate address, phone number, and web address for the company and will only change if the information changes.	
NewPrem	The total policy premiums after application of the first phase in of the approved rate increase.	
Rate Increase History	This section will update to reflect any future increases approved and implemented on these forms in this or any other state.	