

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

**Company Name and NAIC Number:**

**SERFF Tracking Number:**

**Effective Date:**

**Revised Rates**

**Average Annual Premium Per Member:**

**Average Requested Percentage Rate Change Per Member:**

**Minimum Requested Percentage Rate Change Per Member:**

**Maximum Requested Percentage Rate Change Per Member:**

**Number of Policy Holders Affected :**

**Plans Affected**

**(The Form Number and "Product Name")**

**Form#**

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

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

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

The company's long term care ("LTC") pool of policies has deteriorated rapidly since in the last few years and this deterioration has accelerated in 2013. Due to this adverse claims experience, a rate increase is necessary for the company and the long term viability of its pool of LTC policies. While the number of new claims has increased, a key driver in the deteriorating experience is materially lower-than-expected claims terminations. That is, while some LTC claims will continue for years, many last a relatively short time period and the company's LTC premiums were determined assuming typical lengths on claim; however, the company has experience materially longer lengths of claim.