

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
Project Name/Number: /

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
State: Virginia
TOI: LTC Annual Rate Report
Sub-TOI: LTCINLM
Filing Type: LTC Annual Rate Report
Date Submitted: 03/05/2022
SERFF Tr Num: AEGB-133179368
SERFF Status: Closed-Filed
State Tr Num: AEGB-133179368
State Status: Filed
Co Tr Num: HI376

Effective: On Approval
Date Requested:
Author(s): Suzanne Schaake, Doug Simino, Laura Aleman, Daniel Anderson
Reviewer(s): Bill Dismore (primary)
Disposition Date: 04/07/2022
Disposition Status: Filed
Effective Date:

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 04/07/2022
State Status Changed: 04/07/2022
Deemer Date: Created By: Laura Aleman
Submitted By: Laura Aleman Corresponding Filing Tracking Number:
State TOI: LTC Annual Rate Report 2022

Filing Description:

Individual Long Term Care Annual Rate Reports Required by 14 VAC 5-200-125
Policy forms previously filed under Life Investors Insurance Company of America:
GCPRO-III TQ (VA) 197 As Protector III TQ

Policy forms previously filed under Transamerica Occidental Life Insurance Company:
LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA As TransCare TQ

Policy forms previously filed under Transamerica Premier Life Insurance Company:
FTQ (VA) 197 As Flex 2 TQ

For details, refer to the actuarial filing letter attached to the supporting documentation tab.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions, please feel free to contact the undersigned at 972-881-6332.

Sincerely,
Laura Aleman, FLMI, AIRC, LTCP, HIA, AIAA, ARC
Senior Product Manager
Laura.Aleman@transamerica.com

Company and Contact

Filing Contact Information

Laura Aleman, Senior Product Manager Laura.Aleman@transamerica.com
6400 C Street SW 972-881-6332 [Phone]
Cedar Rapids, IA 52499

State: Virginia

Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM

Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number: /

Filing Company Information

Transamerica Life Insurance
Company
6400 C Street SW
Cedar Rapids, IA 52499
(319) 355-8511 ext. [Phone]

CoCode: 86231
Group Code: 468
Group Name:
FEIN Number: 39-0989781

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

State: Virginia

Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM

Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS

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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

AEGB-133179368

State Tracking #:

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Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

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Product Name:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Bill Dismore	04/07/2022	04/07/2022

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Disapproved	Bill Dismore	03/08/2022	03/08/2022

Response Letters

Responded By	Created On	Date Submitted
Laura Aleman	04/07/2022	04/07/2022

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Administrative Letter 2016-02, Amended 5/12/2020	Note To Filer	Bill Dismore	03/08/2022	03/08/2022

SERFF Tracking #:

AEGB-133179368

State Tracking #:

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Company Tracking #:

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State: Virginia

Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM

Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number: /

Disposition

Disposition Date: 04/07/2022

Effective Date:

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Transamerica Life Insurance Company	%	%	\$35,671	19		%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	LTCINLM	Filed	Yes
Rate	LTCINLM	Withdrawn	No
Supporting Document (revised)	Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document	LTC Annual Report Instructions		No
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	Response 4-7-22	Received & Acknowledged	Yes
Supporting Document	Actuarial Memorandum	Withdrawn	No

State: Virginia Filing Company: Transamerica Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
Project Name/Number: /

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	03/08/2022
Submitted Date	03/08/2022
Respond By Date	04/07/2022

Dear Laura Aleman,

Introduction:

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

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

Objection 1

- LTCINLM, [GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197] (Rate)
Comments: Please explain why this annual report is for a two year period.

Objection 2

- LTCINLM, [GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197] (Rate)
Comments: In accordance with 14VAC5-200-125 1. b. please provide, "A description of the review performed that led to the statement the premium rate schedule may no longer be sufficient.

Objection 3

- LTCINLM, [GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197] (Rate)
Comments: 1) In accordance with 14VAC5-200-125 1. c. please provide;

c. At least once every three years, an actuarial memorandum dated and signed by a qualified actuary that supports the actuarial certification and provides at least the following information:

- (1) A detailed explanation of the data sources and review performed by the actuary prior to making the statement in subdivision 1 a (1) of this subsection;
- (2) A complete description of experience assumptions and their relationship to the initial pricing assumptions;
- (3) A description of the credibility of the experience data; and
- (4) An explanation of the analysis and testing performed in determining the current presence of margins.

Objection 4

- LTCINLM, [GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197] (Rate)
Comments: In accordance with 14VAC5-200-125 A., Every insurer shall report to the commission annually by June 30 premium rates for all long-term care insurance policies. Per the attached Administrative Letter, the annual report must be filed by October 1st.

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
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Please provide the SERFF Tracking #'s for the last LTCI Annual Report filing for the following companies for the following forms GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197.

- Life Investors Insurance Company of America
- Transamerica Occidental Life Insurance Company
- Monumental Life Insurance Company
- Transamerica Premier Life Insurance Company
- Transamerica Life Insurance Company

Objection 5

- Cover Letter (Supporting Document)

Comments: Please provide the documentation to support that Transamerica Life Insurance Company is the sole survivor in the merger with the following companies:

- Life Investors Insurance Company of America
- Transamerica Occidental Life Insurance Company
- Monumental Life Insurance Company
- Transamerica Premier Life Insurance Company

Objection 6

Comments: Rate/Rule Schedule

Please provide the following information under "Company Rate Information"

- a) Number of Policy Holders Affected for this Program:
- b) Written Premium for this Program

Objection 7

Comments: Rate/Rule Schedule

The "Rate Action" for Item No. 1 should be "Other" instead of "New".

Objection 8

Comments: Rate/Rule Schedule

The SERFF Tracking Number of Last Filing are not annual reports but instead are rate increase request filings. Please provide the SERFF Tracking Number of the Last LTC Annual Rate Report.

Conclusion:

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

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

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

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be

State: Virginia

Filing Company: Transamerica Life Insurance Company

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done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Bill Dismore*

SERFF Tracking #:

AEGB-133179368

State Tracking #:

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Company Tracking #:

HI376

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/07/2022
Submitted Date	04/07/2022

Dear Bill Dismore,

Introduction:

Thank you for your letter dated 3/8/22.

Response 1

Comments:

See actuarial response letter.

Related Objection 1

Applies To:

- LTCINLM, [GCPR0-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197] (Rate)

Comments: Please explain why this annual report is for a two year period.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf

Response 2

Comments:

See actuarial response letter and actuarial memorandum.

SERFF Tracking #:

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Company Tracking #:

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State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number:

/

Related Objection 2

Applies To:

- LTCINLM, [GCPR0-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197] (Rate)

Comments: In accordance with 14VAC5-200-125 1. b. please provide, "A description of the review performed that led to the statement the premium rate schedule may no longer be sufficient.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	VA TLIC PreRS Legacy Act Memo 2020.pdf
<i>Previous Version</i>	
Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	An actuarial memorandum will not be provided this time, due to the fact that a rate increase on this block will be filed in 2022. An actuarial memorandum will be included in the rate increase filing, which includes a complete analysis and review of the premium rates, a description of the analysis, the date on which the analysis was completed.
Attachment(s):	

SERFF Tracking #:

AEGB-133179368

State Tracking #:

AEGB-133179368

Company Tracking #:

HI376

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number:

/

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	VA TLIC PreRS Legacy Act Memo 2020.pdf
<i>Previous Version</i>	
Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	An actuarial memorandum will not be provided this time, due to the fact that a rate increase on this block will be filed in 2022. An actuarial memorandum will be included in the rate increase filing, which includes a complete analysis and review of the premium rates, a description of the analysis, the date on which the analysis was completed.
Attachment(s):	

Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf

Response 3

Comments:

See actuarial response letter.

Related Objection 3

Applies To:

- LTCINLM, [GCPR0-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197] (Rate)

State: Virginia Filing Company: Transamerica Life Insurance Company
 TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
 Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
 Project Name/Number: /

Comments: 1) In accordance with 14VAC5-200-125 1. c. please provide;

c. At least once every three years, an actuarial memorandum dated and signed by a qualified actuary that supports the actuarial certification and provides at least the following information:

- (1) A detailed explanation of the data sources and review performed by the actuary prior to making the statement in subdivision 1 a (1) of this subsection;
- (2) A complete description of experience assumptions and their relationship to the initial pricing assumptions;
- (3) A description of the credibility of the experience data; and
- (4) An explanation of the analysis and testing performed in determining the current presence of margins.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf

Response 4

Comments:

See actuarial response letter.

Related Objection 4

Applies To:

- LTCINLM, [GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197] (Rate)

State: Virginia Filing Company: Transamerica Life Insurance Company
 TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
 Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
 Project Name/Number: /

Comments: In accordance with 14VAC5-200-125 A., Every insurer shall report to the commission annually by June 30 premium rates for all long-term care insurance policies. Per the attached Administrative Letter, the annual report must be filed by October 1st.

Please provide the SERFF Tracking #'s for the last LTCI Annual Report filing for the following companies for the following forms GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197.

- Life Investors Insurance Company of America
- Transamerica Occidental Life Insurance Company
- Monumental Life Insurance Company
- Transamerica Premier Life Insurance Company
- Transamerica Life Insurance Company

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf

Response 5

Comments:

See actuarial response letter and SERFF Filings.

Related Objection 5

Applies To:

- Cover Letter (Supporting Document)

SERFF Tracking #:

AEGB-133179368

State Tracking #:

AEGB-133179368

Company Tracking #:

HI376

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number:

/

Comments: Please provide the documentation to support that Transamerica Life Insurance Company is the sole survivor in the merger with the following companies:

- Life Investors Insurance Company of America
- Transamerica Occidental Life Insurance Company
- Monumental Life Insurance Company
- Transamerica Premier Life Insurance Company

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf

Response 6

Comments:

Rate/Rule Schedule has been updated through a post submission update. See actuarial response letter.

Related Objection 6

Comments: Rate/Rule Schedule

Please provide the following information under "Company Rate Information"

a) Number of Policy Holders Affected for this Program:

b) Written Premium for this Program

Changed Items:

No Form Schedule items changed.

State: Virginia Filing Company: Transamerica Life Insurance Company
 TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
 Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
 Project Name/Number: /

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf

Response 7

Comments:

See actuarial response letter and revised rate row.

Related Objection 7

Comments: Rate/Rule Schedule

The "Rate Action" for Item No. 1 should be "Other" instead of "New".

Changed Items:

No Form Schedule items changed.

SERFF Tracking #:

AEGB-133179368

State Tracking #:

AEGB-133179368

Company Tracking #:

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State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number:

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Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LTCINLM	GCPR0-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197	Other	Previous State Filing Number: AEGB-132623693, AEGB-132622734 Rate Action Other Explanation: Annual Report	VA TLICI Legacy ARC- RS LTCINLM.pdf,	04/07/2022 By: Laura Aleman
<i>Previous Version</i>						
1	LTCINLM	GCPR0-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197	New		VA TLICI Legacy ARC- RS LTCINLM.pdf,	03/05/2022 By: Laura Aleman

Supporting Document Schedule Item Changes

Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf

Response 8**Comments:**

See actuarial response letter. A Post Submission Update was also submitted.

Related Objection 8

Comments: Rate/Rule Schedule

The SERFF Tracking Number of Last Filing are not annual reports but instead are rate increase request filings. Please provide the SERFF Tracking Number of the Last LTC Annual Rate Report.

State: Virginia Filing Company: Transamerica Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
Project Name/Number: /

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf

Conclusion:

Let me know if you have any further questions. Thanks!

Sincerely,

Laura Aleman

State: Virginia

Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM

Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 03/08/2022 02:29 PM

Last Edited By:

Bill Dismore

Submitted On:

04/07/2022 12:01 PM

Subject:

Administrative Letter 2016-02, Amended 5/12/2020

Comments:

Please find the attached administrative letter pertaining to LTC Annual Report filing date.

COMMONWEALTH OF VIRGINIA

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
www.scc.virginia.gov/boi

March 23, 2016

Administrative Letter 2016-02

(REVISED 5-12-20)*

TO: All Carriers with in force Long Term Care Insurance Policies in Virginia and All Interested Parties

**RE: Rules Governing Long Term Care Insurance
14VAC5-200-125 Annual Rate Reports**

This Administrative Letter serves to remind carriers with Long Term Care Insurance (LTCI) coverage in force in Virginia of new reporting requirements beginning in 2016.

In accordance with the Rules Governing Long Term Care Insurance (Rules) at 14 VAC 5-200-125 (amended), insurers must report premium rates for all LTCI policies to the Commission by October 1, 2020, and annually thereafter.

The Rules identify different reporting requirements depending upon when the policies were issued and whether or not the policies are currently being marketed. Insurers are responsible for consulting the Rules for more specific information concerning the information to be reported.

To facilitate and standardize the completion and submission of the annual rate reports, we strongly encourage insurers to use the annual rate reporting forms developed by the Bureau and to submit the annual rate reports and any accompanying documentation via the System for Electronic Rate and Form Filings (SERFF). The annual rate reporting forms, which vary depending upon the dates of issue of the policies and by their marketing status, may be found on the Bureau's website at:

<https://scc.virginia.gov/pages/Long-Term-Care-Forms-Reports>

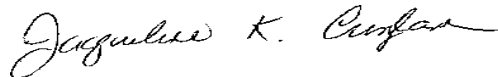
Any policy forms that have or will be combined for purposes of rate increases must also be combined in the annual rate report.

An annual rate report is not required for non-cancellable LTCI policies. An insurer may also request an exemption from future annual rate reports for any form or forms for which it provides written certification that it will not increase premiums in the future.

Questions or requests for clarification should be directed to:

Greg Smith
Supervisor, Rates Section
Life and Health Division
Bureau of Insurance
804-371-9348
Greg.Smith@scc.virginia.gov

Sincerely,



Jacqueline K. Cunningham
Commissioner of Insurance

JKC

***This revision was necessary to reflect the new due date for the LTCI rate report of Oct 1, 2020, and annually thereafter.**

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
Project Name/Number: /

Post Submission Update Request Processed On 04/07/2022

Status: Allowed
Created By: Laura Aleman
Processed By: Bill Dismore
Comments:

Rate Information:

Field Name	Requested Change	Prior Value
Overall Pct. of Last Revision		92.000%
Effective Date of Last revision		06/18/2020
SERFF Tracking Number of Last Filing	AEGB-132623693, AEGB-132622734	AEGJ-130321041, AEGB-131271280

Company Rate Information:

Company Name: Transamerica Life Insurance Company

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	\$35671	
Number of Policy Holders Affected for this Program	19	

State: Virginia Filing Company: Transamerica Life Insurance Company
 TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
 Product Name: HI376 VA ARC - TLIC INDIVIDUAL Post RS
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Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Neutral
 Overall Percentage of Last Rate Revision: %
 Effective Date of Last Rate Revision:
 Filing Method of Last Filing: SERFF
 SERFF Tracking Number of Last Filing: AEGB-132623693, AEGB-132622734

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Transamerica Life Insurance Company	%	%	\$35,671	19		%	%

SERFF Tracking #:

AEGB-133179368

State Tracking #:

AEGB-133179368

Company Tracking #:

HI376

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

HI376 VA ARC - TLIC INDIVIDUAL Post RS

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		LTCINLM	GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197	Other	Previous State Filing Number: AEGB-132623693, AEGB-132622734 Rate Action Other Explanation: Annual Report	VA TLICI Legacy ARC-RS LTCINLM.pdf,

**Annual Rate Report for Long-Term Care Insurance Policies
Issued On or After October 1, 2003 that are No Longer Marketed**

[14 VAC 5-200-125 A 1 a. \(2\)](#)

	Reporting Period	1/1/2020- 12/31/2021
Company Name	Transamerica Life Insurance Company	
Company NAIC Number	86231	
Form Number(s)	GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197	
Issue Date(s)	October 2003 – February 2004	
SERFF Filing Number	AEGB-133179368	
Prior SERFF Filing Number(s)	AEGB-132622734 AEGB-131271280 approved 6/18/20 AEGB-132623693 AEGJ-130321041	

I, Dan Anderson, am a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing and reviewing long-term care insurance premiums.

In my opinion the premium rate schedule is not sufficient to cover anticipated costs under best estimate assumptions and the premium rate schedule may not be reasonably expected to be sustainable over the life of the policies with no future premium increases anticipated. Based on my review of recent experience of the policies, in my opinion, a rate action is necessary at this time as a result of this analysis. The company plans to file for a rate increase in 2022 to rectify the premium rate schedule deficiency.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. The details of my review will be included in the actuarial memorandum in the rate increase request filing to be filed in 2022 that will provide the historical experience and the expected future and lifetime loss ratios based on the current best-estimate assumptions; and a detailed description and actuarial support for each assumption used in the projections.



Dan Anderson, ASA, MAAA
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972-881-6712
March 4, 2022

SERFF Tracking #:

AEGB-133179368

State Tracking #:

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Company Tracking #:

HI376

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

HI376 VA ARC - TLIC INDIVIDUAL Post RS

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	VA TLIC PreRS Legacy Act Memo 2020.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	lhindivdltc TLIC Legacy Post RS.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA TLICI Legacy ARC-RS Cvr Ltr.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022
Satisfied - Item:	Response 4-7-22
Comments:	
Attachment(s):	VA TLIC PostRS Legacy Response 20220308.pdf VA TLIC PreRS Legacy A2_2020E Exhibits.pdf AEGA-125771622.pdf AEGA-125771710.pdf AEGB-129626769.pdf AEGB-132803371.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022



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**Actuarial Memorandum
PolicyForms:**

**IP-70-VA-494, IP-71-VA-494, IP-72-VA-494, IP-73-VA-494 as Flex Series,
FLEX 2 (VA) 196 as Flex 2 Series,
FTQ (VA) 197 as Flex 2 TQ Series,
LTC 3 (VA) 1091, LTC 3R (VA) 1091 as LTC 3 / 4 Series,
LTC 5 (VA) 196, LTC 5 (VA) 196 (FO-1) Facility Only Module as LTC 5 Series,
LTC 5 TQ (VA) 1096, LTC 5 TQ (VA) 1096 Facility Only Module as LTC 5 TQ Series,
GCPRO 193 (VA) as Protector Series,
GCPRO-II (VA) 794 as Protector II Series,
GCPRO-III TQ (VA) 197 as Protector III TQ Series,
LI-LTCP (VA) 192 as Future Care 2 NTQ Series,
LI-LTCP TQ (VA) 197 as Future Care 2 TQ Series,
LI-LTCP TQ (VA) 898 as Future Care Pool TQ Series,
ML-LTCP TQ (VA) 197 As ML1,
ML-LTCP COM TQ (VA) 898 As MLPool,
FTQ (VA) 197 As TPLIC Flex 2 TQ,
LTC 5 TQ (VA) 600 As TPLIC LTC 5 TQ and
P-0001 (VA) 4/98, P-0001 (VA) 1/01 as PCI
Long Term Care Coverage**

Applicable to All Policies Issued Prior to October 1, 2003

1) Scope and Purpose

This rate filing is a request for a 30% increase in premium, effective upon approval by the state, on the base policy and all associated riders for all policies issued before October 1, 2003. The referenced policy form series subject to this filing do not comprise all the of LTCI policy forms for which the company will be requesting a rate increase at this time (hereafter, "the entire block"). See Attachment C of the actuarial memorandum for a complete list of policy form series referred to as "the entire block" for the purpose of this filing. Even though some policy forms of the entire block will be filed separately, the company would still prefer to manage the entire block collectively as one in terms of the rate increase requested and the associated justification thereof. This premium rate increase is needed due to claim levels that produce unacceptable lifetime loss ratios above the statutorily required minimum loss ratio. If the requested rate increase is approved and implemented as proposed, the company does not expect to request additional rate increases based on current expectations of future experience. However, if actual future experience were to deteriorate further, additional rate action may become necessary even if the requested rate increase is approved and implemented as proposed.

The requested rate increase will be implemented upon approval but would not become effective for any given policyholder until all statutory requirements are satisfied, and if applicable, a period of one year has elapsed since the effective date of the previously approved rate increase.

The purpose of this memorandum is to file revised premium rates in this state and demonstrate that the anticipated loss ratio meets the minimum requirements of this state. This memorandum is not to be used for other purposes.

Benefit Reduction and Cost Sharing Option (with Rate Guarantee)

The Company would also like to make available to all policyholders a Benefit Reduction and Cost Sharing option to help the customer avoid some or all of the cost of the premium rate increase and receive a premium rate guarantee for a set number of years as outlined in Appendix A. The Company is filing a Benefit Reduction and Cost Sharing Endorsement that will be issued to the policyholder if they choose this option.

The Benefit Reduction and Cost Sharing option affects both:

- 1) The policy/certificate benefit limits available under the policy/certificate (by reducing all of the policy benefit limits available by the Cost Sharing Percentage), and
- 2) Amounts that the policyholder/certificate holder and the Company are responsible for with respect to each claim (by reducing the amounts that the Company will pay for claims by the Cost Sharing Percentage). If inflation protection coverage is included in the policy/certificate, all future benefit amount increases will be based on the new revised benefit amounts. The Benefit Reduction and Cost Sharing option also applies to all policy/certificate benefit provisions, including any benefit provision added by rider or endorsement. The Benefit Reduction and Cost Sharing option also applies to benefits for covered care or services received by another covered person who is covered under the policy/certificate.

Benefit Reduction and Cost Sharing percentages were determined to be actuarially equivalent to the requested rate increase - which includes the cost of the Rate Guarantee. Policyholders and certificate holders selecting the Benefit Reduction and Cost Sharing option will generally be able to completely or partially offset the requested rate increase and receive the Rate Guarantee. Some policyholders or certificate holders electing the Benefit Reduction and Cost Sharing option may not be able to completely offset the requested rate increase but would be able to mitigate it. The Benefit Reduction and Cost Sharing percentages are shown in Appendix A.

Policyholders who elect the Benefit Reduction and Cost Sharing Option may still be subject to future rate increases after the Rate Guarantee period has expired if additional rate increases become justified due to further deterioration of experience not currently anticipated.

Buyback Offer

This filing is also a request to allow the Company to offer policyholders the option to cancel their long-term care insurance policy in exchange for a one-time, lump-sum, policy cancellation payment in an amount to be determined based on the formula set forth below. The policyholder will be given the option to cancel their policy as an alternative to the premium increase.

The policy cancellation payment amount will be the greater of:

- x% of Transamerica's estimate of the value of the policy, and
- \$2,000

Transamerica's estimate of the value of the policy is based on the gross premium reserve (present value of future benefits and expenses less the present value of future premiums) utilizing the Company's best estimate assumptions as of the close of the second quarter of 2020. More details about the buyback offer are displayed in Appendix B.

2) **Benefits ***

Flex, Flex 2, Flex 2 TQ and TPLIC Flex 2 TQ Series

A. Nursing Home Benefit

After satisfaction of the Nursing Home Elimination Period, the company will pay actual charges up to the Nursing Home Maximum Daily Benefit for each day during a Period of Confinement that an Insured Person requires Nursing Home Confinement. Benefits are payable up to the Nursing Home Lifetime Maximum Benefit. For the Flex 2 TQ Series, the confinement must be due to being Chronically Ill.

Note: There are two sets of Flex 2 rate sheets included with this memorandum. The first set corresponds to the originally-filed Flex 2 product. At the time, standard rates (previously referred to as Select) were the basis for calculating rates of other risk classes and therefore standard rates are displayed. The second set corresponds to the same Flex 2 rates as before but with enhanced benefit limits and options that were subsequently filed. Among the enhancements made to the product was the added availability of an Assisted Living Facility Benefit pooled with the Nursing Home benefit offered with the revised Flex 2 Series and the Flex 2 TQ Series (Form(s): ACFR 897 and ACFR TQ 897). In addition to the enhancements, the second set displays preferred rates because these became the new basis for calculating rates of other risk classes. The overall preferred and standard rates themselves did not change nor did the underwriting standards that classified applicants as preferred or standard. This note is applicable to the remaining Flex 2 benefits described below as well.

B. Home Health Care Benefit – Form(s): IP-71-VA-494, IP-73-VA-494 of Flex Series

After satisfaction of the Home Health Care Elimination Period, the company will pay charges up to the Home Health Care Maximum Daily Benefit for each day services are provided by a Home Health Aide or pay up to 200% of the Home Health Care Maximum Daily Benefit for each day Skilled Services are received. Benefits are payable up to the Home Health Care Lifetime Maximum Benefit amount.

C. Home Health Care Optional Riders

Rider Form(s): FLEX 2 HHR (VA) 196, FHHRTQ 197 of Flex 2 & Flex 2 TQ Series

After satisfaction of the Home Health Care Elimination Period, the company will pay charges up to the Home Health Care Maximum Daily Benefit for each day Home Health Care or Adult Day Care services are provided. Benefits are payable up to the Home Health Care Lifetime Maximum Benefit amount.

Rider Form(s): FLEX 2 HCCR (VA) 196, FHCCRTQ 197 of Flex 2 & Flex 2 TQ Series

After satisfaction of the Home Health Care Elimination Period, the company will pay charges up to the Home Health Care Maximum Daily Benefit for each day Home Health Care, Adult Day Care, Alternative Care Facility, Hospice Care or Care Coordination services are provided. Benefits are payable up to the Home Health Care Lifetime Maximum Benefit amount.

* This is not intended to be a comprehensive listing of all benefits available.

D. Benefit Increase Option (BIO) Riders:

Compound Increase Option Rider Form(s): IR-74-VA-494 of Flex Series and CBIOR 196 of Flex 2 & Flex 2 TQ Series:

This rider will increase the Nursing Home Benefit and, if applicable, the Maximum Skilled Home Health Care and Home Health Care Benefits by 5% of the current amount on each policy anniversary.

Simple Increase Option Rider Form(s): IR-74-VA-494 of Flex Series and SBIOR 196 of Flex 2 & Flex 2 TQ Series:

This rider will increase the Nursing Home Benefit and, if applicable, the Maximum Skilled Home Health Care and Home Health Care Benefits by 5% of the original amount on each policy anniversary until the later of the 10th policy anniversary or attainment of age 85.

E. Return Of Premium: Embedded in Base Form(s): IP-72-VA-494 & IP-73-VA-494 of Flex Series

Returns all premium less any benefits paid, or benefits to be paid, multiplied by the applicable percentage at the lapse of the policy or upon the death of the last insured person. The applicable percentage varies by policy duration from 0% in durations 1-3 to 100% beginning in duration 16.

LTC 3 / 4 Series

A. Nursing Home

Pays the maximum daily benefit for each day skilled, intermediate, or custodial care is provided up to the Lifetime Maximum Benefit Amount.

B. Home Health Care Benefit Rider - Forms: HHR 3 1091 & HHR 3 PLUS 0592 :

Pays expenses incurred up to the maximum daily benefit for each day Home Health Care services are provided up to the Lifetime Maximum Benefit Amount. The Lifetime Maximum Benefit Amount is the same as for Convalescent Care.

C. Simple Benefit Increase Option (BIO) -

Rider Form(s) SBIR(P) 3 1091 & SBIR(P) 3 1091 (REV.594) : Increases the benefit by 5% of the original amount on each anniversary for the latter of 10 years or attainment of age 85.

D. Compound Benefit Increase Option (BIO) -

Rider Forms CBIR(P) 3 1091 & CBIR(P) 3 1091 (REV.594) : Increases the benefit by 5% of the current amount on each policy anniversary.

E. Return of Premium -

Form LTC 3R (VA) 1091 of LTC 3 / 4 Series:

This benefit will be the sum of all premiums paid times the applicable percent as defined in the Policy Schedule less the amount of any claims paid for the policy payable upon: 1) voluntary lapse, 2) the death of a spouse, or 3) the death of the last spouse.

LTC 5, LTC 5 TQ, and TPLIC LTC5 TQ Series

A. Nursing Home Benefit

Pays the daily Nursing Home benefit for each day of confinement in a Nursing Home up to the Lifetime Maximum Benefit. For the LTC 5 TQ Series, the confinement must be due to being Chronically Ill.

Note: There are two sets of LTC 5 TQ rate sheets included with this memorandum. The first set corresponds to the originally-filed LTC 5 TQ. At the time, standard rates (previously referred to as Select) were the basis for calculating rates of other risk classes and therefore standard rates are displayed. The second set corresponds to the same LTC 5 TQ rates as before but with enhanced benefit limits and options that were subsequently filed, including the addition of a Facilities Only Policy (Form(s): LTC 5 TQ (VA) 1096 Facility Only Module). In addition to the enhancements, the second set displays preferred rates because these became the new basis for calculating rates of other risk classes. The overall preferred and standard rates themselves did not change nor did the underwriting standards that classified applicants as preferred or standard. This note is applicable to the remaining LTC 5 TQ benefits described below as well.

- B. Home and Community Care Forms: LTC 5 (VA) 196 of the LTC 5 Series and LTC 5 TQ (VA) 1096 of the LTC 5 TQ Series:*
Pays expenses incurred up to the maximum daily benefit for each day Home Health Care, Assisted Living Facility, Adult Day Care, or Hospice services are provided up to the Lifetime Maximum Benefit Amount.
- C. Simple Benefit Increase Option (BIO) –*
Increases the benefit by 5% of the original amount on each anniversary for the latter of 10 years or attainment of age 85.
- D. Compound Benefit Increase Option (BIO) –*
Increases the benefit by 5% of the current amount on each policy anniversary.

Protector Series

- A. Nursing Home*
Pays actual charges up to the Maximum Daily Benefit Amount for each day of a covered stay in a licensed Nursing Facility. Full benefits are payable for three levels of nursing care – skilled, intermediate and medically necessary custodial care.
- B. Home Health and Community Care Rider - Form (s): HHCCR 193*
Home Health Care and Assisted Living Facility benefits are payable if the Home Health and Community Care Rider is selected. Pays actual charges up to the maximum daily professional services benefit or the maximum daily basic services benefit selected.
- C. Compound Benefit Increase Option (BIO)- Rider Form (s): BIOR 193*
This rider increases the Nursing Facility Benefit (and Home Health Care Benefits if selected) by 5% of the current amount on each policy anniversary.
- D. Simple Benefit Increase Option (BIO)- Rider Form (s): BIOR 193*
This rider increases the Nursing Facility Benefit (and Home Health Care Benefit if selected) by 5% of the original amount on each policy anniversary.
- E. Return of Premium Rider- Form (s): ROPR 193*
This benefit will be the sum of all premiums paid less the amount of any claims paid for the policy including this rider and any other attached rider(s), from the effective date of this rider up to the date of death.

Protector II Series

A. *Nursing Home*

Pays actual charges up to the Maximum Daily Benefit Amount for each day of a covered stay in a licensed Nursing Facility. Full benefits are payable for three levels of nursing care – skilled, intermediate and medically necessary custodial care.

B. *Home Health Care Rider - Form (s): HHCR-II 794*

If selected, pays actual charges for Home Health Services up to the maximum daily professional services benefit or maximum daily basic services benefit selected. It covers Adult Day Care, Professional Services, Basic Services and Therapeutic Devices.

C. *Compound Benefit Increase Option (BIO)- Rider Form (s): BIOR-II 794*

This rider increases the Nursing Facility Benefit (and Home Health Care Benefits if selected) by 5% of the current amount on each policy anniversary.

D. *Simple Benefit Increase Option (BIO)- Rider Form (s): BIOR-II 794*

This rider increases the Nursing Facility Benefit (and Home Health Care Benefit if selected) by 5% of the original amount on each policy anniversary.

E. *Return of Premium Rider- Rider Form (s): ROPR 193*

This benefit will be the sum of all premiums paid less the amount of any claims paid for the policy including this rider and any other attached rider(s), from the effective date of this rider up to the date of death.

Protector III TQ Series

A. *Nursing Home*

Pays actual charges up to the Nursing Home Maximum Daily Benefit for each day of confinement required in a Nursing Home. Benefits are payable up to the Nursing Home Lifetime Maximum Benefit.

B. *Assisted Living Facility- Form (s): GCPRO-III TQ (VA) 197*

Pays actual charges up to the Assisted Living Facility Maximum Daily Benefit for each day of confinement in an Assisted Living Facility.

C. *Home Health Care- Form (s): GCPRO-III TQ (VA) 197*

Pays actual charges for each day Home Health Care Professional, Basic, or Adult Day Care service benefits are received up to the respective Maximum Daily Benefit corresponding to each type of service. Additional benefits are Hospice, Therapeutic Devices, Home Modifications, Medical Alert System, and Caregiver Training.

D. *Compound Benefit Increase Option (BIO)- Form: GCPRO-III TQ (VA) 197*

This benefit increases the Nursing Facility Benefit (and Home Health Care Benefits if selected) by 5% of the current amount on each policy anniversary.

E. *Simple Benefit Increase Option (BIO)- Form: GCPRO-III TQ (VA) 197*

This benefit increases the Nursing Facility Benefit (and Home Health Care Benefit if selected) by 5% of the original amount on each policy anniversary.

F. PLUS Benefits-

Bed Reservation Benefit-

During the elimination period, gives credit toward the elimination period for days Nursing Home room is reserved while insured is hospitalized. After satisfaction of the elimination period, pays for the reservation of Nursing Home room up to the Maximum Daily Benefit while insured is hospitalized. Limited to 21 calendar days per year.

Ambulance Benefit-

Pays actual charges up to \$250 for ambulance service to or from a Nursing Home up to 4 trips per year.

Respite Care Benefit-

Pays actual charges up to the Maximum Daily Benefit for each day confined in a Nursing Home up to 21 calendar days per year in order to provide a respite to a primary caregiver. This benefit is neither subject to nor satisfies the elimination period.

Survivorship Waiver of Premium (Married Couples Only)-

If a husband and wife both have a policy and one spouse dies while both policies are still in force, then all of the survivor's remaining premiums will be waived following the later of: (a) the date of death, and (b), the tenth policy anniversary.

G. Return of Premium - Form: GCPRO-III TQ (VA) 197

This benefit will be the sum of all premiums paid, except waived premiums, less the amount of any claims paid for the policy including this benefit and any other attached rider(s), from the effective date of this benefit up to the date of death.

Future Care 2 NTQ Series

A. Nursing Home

Pays a daily benefit for all levels of care, including custodial care, for each day benefits are payable. Benefits are payable up to the Nursing Home Lifetime Maximum Benefit.

B. Home and Community Care Rider - Form (s): LI-LTCR 192

Pays actual charges up to the Home Health Care Maximum Daily Benefit that varies by type of service provided (professional, secondary, respite care, or non-professional). Benefits include Home Health, Adult Day Care, Respite Care, Equipment Purchases and Rentals, Assisted Living Facility, Bed Reservation, and Non-Professional. Some benefits under this rider are mutually exclusive with other policy benefits.

C. Simple Benefit Increase Option (BIO)

Increases benefits by 5% of the original amount on each anniversary of the policy.

D. Compound Benefit Increase Option (BIO)

Increases benefits by 5% of the current amount on each policy anniversary.

Future Care 2 TQ Series

A. Nursing Home

Pays the Nursing Home Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the end of the Benefit Period has been reached.

- B. Home and Community Care Rider - Form: LI-LTCR TQ 197*
Pays actual charges up to the Home Health Care Maximum Daily Benefit that varies by type of service provided (professional, secondary, respite care, or non-professional). Benefits include Home Health, Adult Day Care, Respite Care, Equipment Purchases and Rentals, Assisted Living Facility (company pays the Assisted Living Facility Daily Benefit instead of actual charges), Bed Reservation, and Non-Professional.
- C. Simple Benefit Increase Option (BIO)*
Increases benefits by 5% of the original amount on each anniversary of the policy.
- D. Compound Benefit Increase Option (BIO)*
Increases benefits by 5% of the current amount on each policy anniversary.

Future Care Pool TQ Series

- A. Nursing Home Benefit*
Pays the Nursing Home Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the Maximum Benefit is exhausted.
- B. Home and Community Care Rider - Form (s): LI-HCCR TQ 898*
Pays actual charges up to the Home Health Care Maximum Daily Benefit that varies by type of service provided (professional, secondary, respite care, or non-professional). Benefits include Home Health, Adult Day Care, Respite Care, Caregiver Training, Medical Alert System, Home Modification and Equipment, Assisted Living Facility, Bed Reservation, and Non-Professional.
- C. Home Health Care Rider - Form (s): LI-HCR TQ 898*
Pays actual charges up to the Home Health Care Maximum Daily Benefit that varies by type of service provided (professional, secondary, respite care, or non-professional). Benefits include Home Health, Adult Day Care, Respite Care, Caregiver Training, Medical Alert System, Medication Management, Home Modification and Equipment, and Non-Professional.
- D. Assisted Living Facility- Rider Form (s): LI-ALFR TQ 898*
Pays actual charges up to the Assisted Living Facility Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the Maximum Benefit is exhausted.
- E. Simple Benefit Increase Option (BIO)*
Increases benefits by 5% of the original amount on each anniversary of the policy.
- F. Compound Benefit Increase Option (BIO)*
Increases benefits by 5% of the current amount on each policy anniversary.

ML1 Series

- A. Nursing Home*
Pays the Nursing Home Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the end of the Benefit Period has been reached.

B. Home and Community Care – Rider Form: ML-LTCR TQ 197

Pays actual charges up to the Home Health Care Maximum Daily Benefit that varies by type of service provided (professional, secondary, respite care, or non-professional). Benefits include Home Health, Adult Day Care, Respite Care, Equipment Purchases and Rentals, Assisted Living Facility, Bed Reservation, and Non-Professional. Some benefits under this rider are mutually exclusive with other policy benefits.

C. Simple Benefit Increase Option (BIO)

Increases benefits by 5% of the original amount on each anniversary of the policy.

D. Compound Benefit Increase Option (BIO)

Increases benefits by 5% of the current amount on each policy anniversary.

MLPool Series

A. Nursing Home Benefit

Pays the Nursing Home Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the Maximum Benefit is exhausted.

B. Home and Community Care – Rider Form: ML-LTCP COM TQ (VA) 898

Pays actual charges up to the Home Health Care Maximum Daily Benefit that varies by type of service provided (professional, secondary, respite care, or non-professional). Benefits include Home Health Care, Adult Day Care, Respite Care, Caregiver Training, Medical Alert System, Home Modification and Equipment, Assisted Living Facility, Bed Reservation, and Non-Professional.

C. Assisted Living Facility

Pays actual charges up to the Assisted Living Facility Daily Benefit for all levels of care for each day benefits are payable. Benefits are payable until the Maximum Benefit is exhausted.

D. Simple Benefit Increase Option (BIO)

Increases benefits by 5% of the original amount on each anniversary of the policy.

E. Compound Benefit Increase Option (BIO)

Increases benefits by 5% of the current amount on each policy anniversary.

PC1 Series

A. Long Term Care Benefit

We will pay the actual charges for expenses incurred for Long Term Care received in accordance with the plan of care, up to the maximum daily benefit and subject to the lifetime maximum benefit.

B. Optional Joint Policy for Married Couples

Married couples can choose to purchase a joint policy. The joint policy has one deductible that can be satisfied by either one or both of the insureds. All benefit payments on the policy are applied against one Lifetime Maximum Benefit. The daily benefit is available to each insured, e.g., if both insureds are eligible for benefits, then a maximum of 2 times the daily benefit may be paid each day.

C. Compound Benefit Increase Option (BIO)

Increases benefits by 3% or 5% of the current amount on each policy anniversary.

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 for all policies issued before October 1, 2003.

5) Morbidity

Morbidity assumptions are developed using internal company experience looking across multiple variables. The assumptions for incidence, recovery, on-claim mortality, utilization, and transition generally vary on variables such as marital status, gender, implied elimination period, benefit period, benefit package, policy inflation option, issue age, attained age, issue year, and calendar year. A provision for morbidity improvement is also included.

The current morbidity assumption used in this rate increase filing is consistent with the assumption the Company has used for currently marketed policy forms.

6) Off-Claim Mortality

Off-claim, or active life, mortality assumptions are developed using internal company experience and vary based on attained age, issue year, gender and marital status. The rates are further adjusted by 15 years of improvement factors that vary by gender.

The current off-claim mortality assumption used in this rate increase filing is consistent with the assumption the Company has used for currently marketed policy forms.

7) Persistency

Voluntary lapse rates are based on Company experience and vary by duration, issue age, marital status, service group, and policy inflation option.

8) Expenses

Expenses have not been included in the requested rate increase justification. It is assumed the originally filed expense assumptions remain appropriate.

9) Marketing

These policy forms were marketed by agents to individuals in age ranges that vary by policy form.

10) Policy Design

Policy design features have been taken into consideration. Benefit provisions, exclusions, elimination periods, benefit periods, number of units, benefit growth, etc. have been accounted for either in the development of claim costs or projection model formulas.

11) Underwriting

These forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

12) Claims Adjudication Practice

No significant changes to the standard operating practices of the Claims Department have been necessary to date nor are any changes expected to be necessary in the future. The claims adjudication staff has maintained a consistently high degree of expertise, experience, and performance over the life of these policy forms and this is expected to continue in the future. Therefore, special adjustments due to claims adjudication practice have not been incorporated into the projection.

13) Premiums

Premiums vary based on original issue age, rate class and benefit options selected.

14) Issue Age Range

For the Flex Series, applicants age 18 - 84 were eligible for all elimination periods and benefit periods.

For the Flex 2, Flex 2 TQ and TPLIC Flex 2 TQ Series, applicants age 18 - 89 were eligible for all elimination periods and benefit periods.

For the LTC 3 / 4 Series, applicants age 18 - 79 were eligible for all benefit periods. Applicants age 80 - 84 were eligible for elimination periods of 30-days, 60-days and 100-days only and benefit periods of 1 or 2 years only.

For the LTC 5, LTC 5 TQ and TPLIC LTC 5 TQ Series, applicants age 18 - 79 were eligible for all elimination periods and benefit periods. Applicants age 80 - 89 were eligible for all elimination periods except for 0-day and were eligible for all benefit periods except for Lifetime.

For the Protector and Protector II Series, applicants age 18 - 79 were eligible for all benefit periods. Applicants age 80 - 84 were eligible for 2-year benefit periods only.

For the Protector III TQ Series, applicants age 18 and older were eligible for all benefit periods.

For the Future Care 2 NTQ and Future Care 2 TQ Series, applicants age 18-79 were eligible for all elimination periods and benefit periods. Applicants age 80-84 were eligible for the 100-day elimination period only and the 1-year, 2-year, 3-year and 4-year benefit periods only. Applicants age 85-99 were eligible for the 100-day elimination period and the 1-year and 2-year benefit periods only.

For the Future Care Pool TQ Series, applicants age 18-79 were eligible for all elimination periods and benefit periods. Applicants age 80-84 were eligible for all elimination periods except for 0-day, and eligible for all benefit periods. Applicants age 85 and older were eligible for all elimination periods except for 0-day, and eligible for the 1-year and 2-year benefit periods only.

For the ML1 Series, applicants age 18-79 were eligible for all elimination periods and benefit periods. Applicants age 80-84 were eligible for the 100-day elimination period only and the 1-year, 2-year, 3-year and 4-year benefit periods only. Applicants age 85-99 were eligible for the 100-day elimination period and the 1-year and 2-year benefit periods only.

For the MLPool Series, applicants age 18-79 were eligible for all elimination periods and benefit periods. Applicants age 80-84 were eligible for all elimination periods except for 0-day, and eligible for all benefit periods. Applicants age 85 and older were eligible for all elimination periods except for 0-day, and eligible for the 1-year and 2-year benefit periods only.

For the PC1 Series, applicants age 18-79 were eligible for all deductibles and lifetime maximums. Applicants age 80+ were not eligible for the \$0 deductible or any lifetime maximum greater than \$250,000.

15) Area Factors

Area factors are not used for these products.

16) Average Annual Premium

Series	Before Increase	After Increase
Flex	\$3,441	\$4,473
Flex 2	\$2,993	\$3,891
Flex 2 TQ	\$3,470	\$4,511
LTC 3/4	\$3,236	\$4,207
LTC 5	\$3,307	\$4,299
LTC 5 TQ	\$2,965	\$3,854
Protector	\$3,307	\$4,299
Protector II	\$3,161	\$4,109
Protector III TQ	\$2,865	\$3,724
Future Care 2 NTQ	\$2,544	\$3,308
Future Care 2 TQ	\$2,634	\$3,425
Future Care Pool TQ	\$2,877	\$3,740
ML1	\$2,256	\$2,933
MLPool	\$1,831	\$2,280
TPLIC Flex 2 TQ	\$2,922	\$3,798
TPLIC LTC 5 TQ	\$2,543	\$3,306
PC1	\$1,476	\$1,919

17) Premium Modalization Rules

Modal factors which are applied to the annual premium are as follows:

Premium Mode	Annual	Semi-annual	Quarterly	Monthly
Flex Series	1.000	0.520	0.270	0.080
Flex 2 Series Undiscounted	1.000	0.520	0.270	0.080
Flex 2 TQ Series Undiscounted	1.000	0.520	0.270	0.080
LTC 3/4 Series	1.000	0.520	0.270	0.080
LTC 5 Series	1.000	0.520	0.270	0.080
LTC5 TQ Series	1.000	0.520	0.270	0.080
Flex 2 Series Discounted	1.000	0.500	0.250	0.080
Flex 2 TQ Series Discounted	1.000	0.500	0.250	0.080
Protector Series	1.000	0.500	0.250	0.085
Protector II Series	1.000	0.500	0.250	0.085
Protector III TQ Series	1.000	0.500	0.250	0.085
Future Care 2 NTQ Series	1.000	0.510	0.260	0.090
Future Care 2 TQ Series	1.000	0.510	0.260	0.090
Future Care Pool TQ Series	1.000	0.510	0.260	0.090
ML1 Series	1.000	0.510	0.260	0.09
MLPool Series	1.000	0.510	0.260	0.09
TPLIC Flex 2 TQ Series	1.000	0.520	0.270	0.085
TPLIC LTC 5 TQ Series	1.000	0.52	0.270	0.085
PC1 Series	1.000	0.50	0.25	0.08333

18) Claim Liability and Reserve

The present value of amounts not yet due (Exhibit 6) is calculated for all open claims using termination rates derived from company experience. The resulting reserve is adjusted by factors based on age at incurral, sex, and benefit period developed from company experience. The interest rate varies by year of incurral. The incurred but not reported and in course of settlement reserves (Exhibit 8) are calculated based on the development of incurred claims by month of incurral, based on internal Company data. The claim reserves underlying the incurred claims in the projection are consistent with the reserves reported in Exhibits 6 and 8 of the Company's financial statement.

19) Active Life Reserve

Active life reserves may have been used in the original pricing of the captioned forms to demonstrate compliance with the minimum 60% loss ratio. However, active life reserves have not been used in this premium rate increase filing to demonstrate compliance with the 60% loss ratio requirement. As a result, we are requesting a lesser increase than would have been necessary had we included the cost of the active life reserves.

20) Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

21) Minimum Required Loss Ratio

The Statutorily Required Minimum Loss Ratio for these forms is 60%.

22) Anticipated Loss Ratio

The anticipated lifetime loss ratio for the entire block of business is shown in Exhibit I

23) Distribution of Business

See Attachment A.

24) Contingency and Risk Margins

Contingency and risk margins have not been included in the justification for this rate increase.

25) Experience on the Form

See Exhibit I for nationwide calendar year historical experience through March 31, 2020, as well as projected experience thereafter both with and without the proposed rate increase associated with the company's entire block of policy forms*, which include but are not limited to the captioned policy forms subject to this filing and includes the experience of all policies regardless of issue date. See Exhibit II for nationwide policy year actual-to-expected experience, associated with the same entire block of policy forms as Exhibit I, where 'actual' experience includes historical experience through March 31, 2020, combined with current-assumption projected experience thereafter. See Exhibit III for nationwide calendar year historical and projected experience associated with only the referenced policy forms subject to this filing in the same format as Exhibit I. In all three exhibits, nationwide earned premium has been adjusted to reflect the timing and magnitude of approved pre-rate stability rate increase history of this state. Historical incurred claims in all three exhibits reflect claim payment runoff through June 30, 2020, plus the claim reserve estimate as of June 30, 2020 (as described in Section 18 above).

*See Attachment C of this memorandum for a complete list of the policy forms referred to as the 'entire block' for the purpose of this filing.

26) History of Rate Adjustments

A rate decrease reducing the rates for the Future Care 2 NTQ Series by approximately 15% in the aggregate was approved in 1995 (Reduced Set of Rates). An additional rate decrease for 0-day elimination period rates only was approved in 1996 (Revised Set of Rates). The 1996 decrease varied by benefit period for an average of 2.7%. Elimination period premium rates other than 0-day remained unchanged for the 1996 filing. The overall average 1996 rate decrease was 0.2%.

The magnitude of rate increases approved for each product discussed herein is displayed in Attachment B.

The PC1 form series has had no prior rate increase history.

27) Number of Insureds

As of October 2021, the number of insureds that will be affected by this increase is:

	Insureds	Annualized Premium
Virginia (Issued prior to October 1, 2003):	1,383	\$4,576,874
Nationwide:	78,709	\$229,953,330

28) Proposed Effective Date

The proposed rate increase will be implemented following approval and after fulfillment of all statutory and contractual requirements. The increase for any policyholder will not become effective until a period of one year has elapsed since the previously approved rate increase effective date, if applicable.

29) Actuarial Certification

I certify that to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of this state and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No 8. I certify that benefits are reasonable in relation to premium at the requested rate schedule. 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.



Brad Rokosh, ASA, MAAA
Director, Actuarial, Individual Solutions | Inforce Management | LTC

November 12, 2021

Attachment A

Transamerica Life Insurance Company

Distribution of Business

By Issue Age

0 to 59	60.5%
60 to 64	24.4%
65 to 69	11.7%
70 to 74	3.0%
75 to 79	0.4%
80 to 84	0.0%
85 +	0.0%

By Elimination Period

0 day	20 day	30 day	60 day	90 day	> 90 days
4.5%	6.2%	0.8%	20.1%	65.9%	2.5%

By Maximum Benefit Option

≤ 2 Yr	3 Yr	4 Yr	5 Yr	≥ 6 Yr*
9.6%	9.5%	21.3%	4.7%	54.9%

* Including Unlimited.

Attachment B
Transamerica Life Insurance Company
Rate Increase History

Policy Form	First Increase (Approved, Implemented)	Second Increase (Approved, Implemented)	Third Increase (Approved, Implemented)	Fourth Increase (Approved, Implemented)	Fifth Increase* (Approved, Implemented)	Sixth Increase (Approved, Implemented)	Seventh Increase (Approved, Implemented)	Eighth Increase (Approved, Implemented)
Flex (BP < 6 years)		35% (2003,2003)	35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Flex (BP ≥ 6 years)		35% (2003,2003)	35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
Flex 2 (BP < 6 years)		35% (2003,2003)	35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Flex 2 (BP ≥ 6 years)		35% (2003,2003)	35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
Flex 2 TQ (BP < 6 years)			35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Flex 2 TQ (BP ≥ 6 years)			35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
LTC 3/4 Facility Only (BP < 6 years)	20% (2001,2001)	35% (2003,2003)	35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
LTC 3/4 Facility Only (BP ≥ 6 years)	20% (2001,2001)	35% (2003,2003)	35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
LTC 3/4 Non-Facility Only (BP < 6 years)		35% (2003,2003)	35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
LTC 3/4 Non-Facility Only (BP ≥ 6 years)		35% (2003,2003)	35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
LTC 5 (BP < 6 years)		35% (2003,2003)	35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
LTC 5 (BP ≥ 6 years)		35% (2003,2003)	35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
LTC 5 TQ (BP < 6 years)			35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
LTC 5 TQ (BP ≥ 6 years)			35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
Protector (BP < 4 years)		45% (2003,2003)	35% (2006,2006)				17% (2013,2013)	56% (2020,2020)
Protector (4 ≤ BP < 6 years)		45% (2003,2003)	35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Protector (BP ≥ 6 years)		45% (2003,2003)	35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
Protector II (BP < 4 years)		45% (2003,2003)	35% (2006,2006)				17% (2013,2013)	56% (2020,2020)
Protector II (4 ≤ BP < 6 years)		45% (2003,2003)	35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Protector II (BP ≥ 6 years)		45% (2003,2003)	35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)

Policy Form	First Increase (Approved, Implemented)	Second Increase (Approved, Implemented)	Third Increase (Approved, Implemented)	Fourth Increase (Approved, Implemented)	Fifth Increase* (Approved, Implemented)	Sixth Increase (Approved, Implemented)	Seventh Increase (Approved, Implemented)	Eighth Increase (Approved, Implemented)
Protector III TQ (BP < 4 years)			35% (2006,2006)				17% (2013,2013)	56% (2020,2020)
Protector III TQ (4 ≤ BP < 6 years)			35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Protector III TQ (BP ≥ 6 years)			35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
Future Care 2 NTQ (BP < 4 years)		40% (2003,2003)	35% (2006,2006)				17% (2013,2013)	56% (2020,2020)
Future Care 2 NTQ (4 ≤ BP < 6 years)		40% (2003,2003)	35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Future Care 2 NTQ (BP ≥ 6 years)		40% (2003,2003)	35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
Future Care 2 TQ (BP < 4 years)			35% (2006,2006)				17% (2013,2013)	56% (2020,2020)
Future Care 2 TQ (4 ≤ BP < 6 years)			35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Future Care 2 TQ (BP ≥ 6 years)			35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
Future Care Pool TQ (BP < 4 years)			35% (2006,2006)				17% (2013,2013)	56% (2020,2020)
Future Care Pool TQ (4 ≤ BP < 6 years)			35% (2006,2006)	25% (2007,2007)			17% (2013,2013)	56% (2020,2020)
Future Care Pool TQ (BP ≥ 6 years)			35% (2006,2006)	25% (2007,2007)	15%/20%/25% (2009,2009)	14% (2011,2011)	17% (2013,2013)	56% (2020,2020)
ML1				20% (2007,2007)	20% (2007,2008)	20% (2007,2009)		92% (2020,2020)
MLPool				20% (2007,2007)	20% (2007,2008)	20% (2007,2009)		92% (2020,2020)
TPLIC FLEX 2 TX				20% (2007,2007)	20% (2007,2008)	20% (2007,2009)		92% (2020,2020)
TPLIC LTC 5 TQ				20% (2007,2007)	20% (2007,2008)	20% (2007,2009)		92% (2020,2020)

* Rate Increase applies to policies with a base benefit period ≥ 6 years and varies by Benefit Increase Option (“BIO”), No BIO, Simple BIO and Compound BIO, respectively.

Attachment C

Transamerica Life Insurance Company

List of Policy Form Series Included in “The Entire Block”

Policy forms filed under Transamerica Life Insurance Company (“TLIC”):

IP-70-VA-494, IP-71-VA-494, IP-72-VA-494, IP-73-VA-494 As Flex; FLEX 2 (VA) 196 As Flex 2; FTQ (VA) 197 As Flex 2 TQ; LTC 3 (VA) 1091, LTC 3R (VA) 1091 As LTC 3 / 4; LTC 5 (VA) 196, LTC5 TQ (VA) 1096 Facility Only Module As LTC 5; LTC 5 TQ (VA) 1096, LTC 5 TQ (VA) 1096 Facility Only Module As LTC 5 TQ

Policy forms previously filed under Bankers United Life Assurance Company (“BULAC”):

GCPRO 193 (VA) As Protector; GCPRO-II (VA) 794 As Protector II; GCPRO-III TQ (VA) 197 As Protector III TQ

Policy forms previously filed under Life Investors Insurance Company of America (“LIICA”):

LI-LTCP (VA) 192 As Future Care 2 NTQ; LI-LTCP TQ (VA) 197As Future Care 2 TQ; LI-LTCP TQ (VA) 898 As Future Care Pool TQ; GP001 796 (GC001 796) As NEA Group

Policy forms filed under Transamerica Premier Life Insurance Company beginning in 2014 (“TPLIC”):

ML-LTCP TQ (VA) 197 As ML1, ML-LTCP COM TQ (VA) 898 As MLPool, FTQ (VA) 197 As TPLIC Flex 2 TQ, LTC 5 TQ (VA) 600 As TPLIC LTC 5 TQ and P-0001 (VA) 4/98, P-0001 (VA) 1/01 As PC1

Policy forms previously filed under Transamerica Occidental Life Insurance Company (“TOLIC”):

1-820 53-191, 1-822 53-191 As TransCare 2; LTC-104-194-VA, LTC-105-194-VA, LTC-106-194-VA As TransCare Companion; LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA As TransCare TQ; LTC 304-198-VA, LTC 305-198-VA As TransGenerations

Appendix A

Benefit Reduction and Cost Sharing Option (with Rate Guarantee)

The Benefit Reduction and Cost Sharing Endorsement (the "Endorsement") consists of three components:

1. Reduction to all policy or certificate benefit amounts, including but not limited to the Maximum Daily Benefit, Maximum Monthly Benefit and the policy or certificate Maximum Amount

All policy or certificate benefit amounts (including, but not limited to, all Maximum Daily/Monthly Benefit amounts and the policy or certificate Maximum Amount) in effect immediately prior to the Endorsement effective date will be reduced by an amount equal to the Cost Sharing Percentage as shown below.

For example:

If the policy or certificate Maximum Amount is \$100,000 and the Cost Sharing Percentage is 20%, the policy/certificate Maximum Amount will be reduced to \$80,000. The Company will not be responsible for any costs that exceed the reduced policy/certificate Maximum Amount.

If the Maximum Daily Benefit amount is \$100, and the Cost Sharing Percentage is 20%, the Maximum Daily Benefit amount will be reduced to \$80. The Company will not be responsible for any daily costs that exceed the reduced Maximum Daily Benefit.

The dollar amount and percentages used in these examples may be different from the actual dollar amounts and percentages that apply to the policy/certificate.

2. Application of Cost Sharing to Claim Payments

As long as all policy/certificate provisions and conditions are satisfied, for any benefit for which a claim is made under the policy/certificate, the Company will pay its Cost Sharing Percentage of such benefit, but the Company will pay no more than the applicable Maximum Daily/Monthly Benefit amounts as shown on the Endorsement. The policyholder/certificate holder will be responsible for paying the remaining portion of the applicable long term care expenses associated with such claim. Note that only amounts paid by the Company will be deducted from the revised policy/certificate Maximum Amount.

For example: If the revised Maximum Daily Benefit for a covered Long Term Care Facility is \$80 and the Company's Cost Sharing Percentage is 80%, the Company will pay 80% of the Long Term Care Facility charges, but no more than \$80. Using the same formula:

- If the Long Term Care Facility charges are \$80, the Company will pay \$64 and the policyholder/certificate holder will be responsible for \$16.
- If the Long Term Care Facility charges are \$100, the Company will pay \$80 and the policyholder/certificate holder will be responsible for \$20.
- If the Long Term Care Facility charges are \$200, the Company will pay \$80 and the policyholder/certificate holder will be responsible for \$120.

3. Rate Guarantee

Premium rates for the policy will be guaranteed from the effective date of the Endorsement for 10 years. The policy will be excluded from any future increases until after the Rate Guarantee has expired. Any benefits added to the policy after the effective date of the Endorsement will not be covered by the Rate Guarantee.

See "Appendix A: Cost Sharing Percentages Table" for the Benefit Reduction and Cost Sharing Agreement Percentages by Company (or Former Company), Benefit Increase Option, and Benefit Period.

Appendix A - Cost Sharing Percentages Table

Company (or Former Company*)	Benefit Increase Option	Benefit Period	Cost Sharing%	Required Remaining RINC
LIICA	Compound	2-year	7%	
	Compound	4-year	7%	
	Compound	Lifetime	10%	
	No Bio	2-year	17%	
	No Bio	4-year	18%	
	No Bio	Lifetime	24%	
	Simple	2-year	7%	
	Simple	4-year	8%	
	Simple	Lifetime	11%	
BULAC	Compound	2-year	7%	
	Compound	4-year	9%	
	Compound	Lifetime	11%	
	No Bio	2-year	17%	
	No Bio	4-year	19%	
	No Bio	Lifetime	23%	
	Simple	2-year	8%	
	Simple	4-year	9%	
	Simple	Lifetime	12%	
TPLIC	Compound	2-year	12%	
	Compound	4-year	11%	
	Compound	Lifetime	11%	
	No Bio	2-year	23%	
	No Bio	4-year	22%	
	No Bio	Lifetime	23%	
	Simple	2-year	13%	
	Simple	4-year	12%	
	Simple	Lifetime	11%	
PC1**	Compound	2-year	4%	
	Compound	4-year	3%	
	Compound	Lifetime	4%	
	No Bio	2-year	7%	
	No Bio	4-year	6%	
	No Bio	Lifetime	5%	
	Simple	4-year	6%	
Simple	Lifetime	3%		
TLIC	Compound	2-year	8%	
	Compound	4-year	8%	
	Compound	Lifetime	12%	
	No Bio	2-year	20%	
	No Bio	4-year	17%	
	No Bio	Lifetime	21%	
	Simple	2-year	12%	
	Simple	4-year	10%	
	Simple	Lifetime	13%	

* For Company (or Former Company), please refer to the cover letter for the complete mapping of policy forms.

** The PC1 form series has its own set of cost sharing factors separate from TPLIC. Please see cover letter for the applicable forms.

Appendix B

In conjunction with the pending rate increase filing, Transamerica would like to offer policyholders the option to cancel their long-term care insurance policy in exchange for a one-time, lump-sum, policy cancellation payment in an amount to be determined based on the formula set forth below. The policyholder will be given the option to cancel their policy as an alternative to the premium increase. The idea behind the policy cancellation is to provide policyholders with an additional choice, which is different from the range of benefit reduction options that is routinely offered in connection with premium increases. All of the available options – including the policy cancellation offer and benefit reduction options – will be explained more fully in the rate increase notification package. Any policyholder who expresses interest in the policy cancellation offer will also receive a policy cancellation agreement (included with this filing) that the policyholder will be required to sign and return before the policy is cancelled and the policy cancellation payment is issued to the policyholder.

The policyholder will be advised that they do not have to cancel their policy and that they should carefully consider whether or not it is the right option for them. The policyholder will be advised that if they choose to cancel their policy, it will terminate and they will not be able to reinstate it under any circumstances. Once the policyholder completes the policy cancellation there will never be any benefits available – including, for example, any return of premium benefit. We will strongly encourage the policyholder to consult with their family members and tax, legal and financial advisors before making the decision on whether or not to cancel their policy.

The policy cancellation payment amount will be the greater of:

- x% of Transamerica's estimate of the value of the policy, and
- \$2,000

Transamerica's estimate of the value ("Value") of the policy is based on the gross premium reserve (present value of future benefits and expenses less the present value of future premiums) utilizing the Company's best estimate assumptions as of the close of the second quarter of 2020. Our estimate of the Value of the policy is only an estimate – the actual benefit payments a policyholder could receive if they choose to keep their policy in force and later become eligible for benefits under the policy may be higher or lower than our estimate. Our estimate of the Value of each policy will vary depending on numerous characteristics, including issue age, issue date, gender, marital status at the time of issue, policy benefit characteristics and other factors. Our estimate of the Value of one policy will likely be different from our estimate of the Value of other policies, even between spouses who have paid similar premium amounts. Because the Company's estimate of the policy's Value is consistent with how the Company calculates reserves and is intended to capture all significant differences in experience across many variables, we believe that this formula does not unfairly discriminate between policyholders, but we ask the Department of Insurance to formally approve the policy cancellation payment calculation method. The same methodology will be used to calculate the Value for each policyholder subject to this rate increase filing, including policyholders that may currently be on claim. The same methodology and the same fixed percentage of the policy's Value will be used to calculate the policy cancellation payment that is being offered to every policyholder in the state.

The policyholder will be told that we cannot provide advice regarding the tax consequences associated with cancelling their policy. The tax treatment of each individual's policy cancellation payment could be affected by whether the policyholder previously deducted or excluded premiums from their taxable income or whether the policyholder's premiums were paid by their employer. We will advise the policyholder that before choosing the policy cancellation option, they should consult with their own personal tax advisor regarding the tax treatment of the transaction, including the tax treatment of the policy cancellation payment that would be made if they cancel their policy. The policyholder will also be advised that we may send to the Internal Revenue Service and the policyholder an IRS Form 1099 reporting taxable income with respect to the policy cancellation payment. In some circumstances the amount of taxable income the policyholder realizes from the policy cancellation payment could exceed the amount that we report on IRS Form 1099.

Exhibit I
Transamerica Life Insurance Company

TPLIC Flex 2 TQ, TPLIC LTC 5 TQ, ML1, MLPOOL, PC1, Future Care 2 NTQ, Future Care 2 TQ, Future Care Pool TQ, NEA Group, Protector, Protector II, Protector III TQ, Flex, Flex 2, Flex 2 TQ, LTC 3 / 4, LTC 5, LTC 5 TQ, TransCare 2, TransCare Companion, TransCare TQ and TransGenerations

Nationwide Experience Adjusted to Virginia-Specific Pre Rate Stability Rate Increase History
Includes experience of all policies regardless of issue date

Year	Earned Premium		Incurred Claims	Loss Ratios Excluding Change in ALR			
	Actual Past & Projected Future w/o Proposed Rate Increase	Actual Past & Projected Future w/ Proposed Rate Increase	Actual Past & Projected Future	Actual w/o Rate Increase	Actual w/ Rate Increase	PV Actual Cumulative w/o Rate Increase	PV Actual Cumulative w/ Rate Increase
1988-1992	6,108,986	6,108,986	521,824	8.5%	8.5%	8.4%	8.4%
1993	16,355,722	16,355,722	855,580	5.2%	5.2%	6.1%	6.1%
1994	34,455,784	34,455,784	3,017,291	8.8%	8.8%	7.7%	7.7%
1995	59,923,481	59,923,481	7,125,580	11.9%	11.9%	9.8%	9.8%
1996	93,965,892	93,965,892	12,287,575	13.1%	13.1%	11.2%	11.2%
1997	138,389,596	138,389,596	24,563,138	17.7%	17.7%	13.6%	13.6%
1998	178,250,569	178,250,569	35,805,613	20.1%	20.1%	15.7%	15.7%
1999	222,839,441	222,839,441	57,125,590	25.6%	25.6%	18.4%	18.4%
2000	269,218,245	269,218,245	71,173,638	26.4%	26.4%	20.3%	20.3%
2001	315,909,148	315,909,148	95,936,812	30.4%	30.4%	22.5%	22.5%
2002	358,922,588	358,922,588	112,573,373	31.4%	31.4%	24.2%	24.2%
2003	384,094,980	384,094,980	135,026,422	35.2%	35.2%	25.9%	25.9%
2004	409,875,026	409,875,026	148,084,875	36.1%	36.1%	27.4%	27.4%
2005	403,592,212	403,592,212	182,882,632	45.3%	45.3%	29.5%	29.5%
2006	395,225,756	395,225,756	201,630,564	51.0%	51.0%	31.6%	31.6%
2007	438,831,456	438,831,456	231,514,976	52.8%	52.8%	33.6%	33.6%
2008	477,727,778	477,727,778	235,575,095	49.3%	49.3%	35.1%	35.1%
2009	477,944,474	477,944,474	271,728,424	56.9%	56.9%	36.8%	36.8%
2010	482,239,278	482,239,278	299,693,928	62.1%	62.1%	38.6%	38.6%
2011	462,001,837	462,001,837	305,119,074	66.0%	66.0%	40.3%	40.3%
2012	465,304,063	465,304,063	343,297,042	73.8%	73.8%	42.2%	42.2%
2013	453,568,749	453,568,749	389,165,121	85.8%	85.8%	44.3%	44.3%
2014	465,269,610	465,269,610	397,331,552	85.4%	85.4%	46.2%	46.2%
2015	456,376,612	456,376,612	430,439,406	94.3%	94.3%	48.2%	48.2%
2016	425,446,878	425,446,878	438,302,484	103.0%	103.0%	50.2%	50.2%
2017	393,898,014	393,898,014	469,807,194	119.3%	119.3%	52.3%	52.3%
2018	361,246,758	361,246,758	482,950,143	133.7%	133.7%	54.5%	54.5%
2019	333,706,235	333,706,235	501,433,131	150.3%	150.3%	56.7%	56.7%
2020Q1	105,948,130	105,948,130	119,572,231	112.9%	112.9%	57.1%	57.1%
2020Q234	231,985,375	231,985,375	480,705,050	207.2%	207.2%	59.3%	59.3%
2021	407,546,012	410,575,893	648,245,080	159.1%	159.9%	61.7%	61.7%
2022	401,972,713	495,311,949	657,658,084	163.6%	132.8%	64.0%	63.6%
2023	363,311,078	472,304,401	672,189,765	185.0%	142.3%	66.3%	65.6%
2024	329,745,922	428,669,698	684,285,798	207.5%	159.6%	68.6%	67.5%
2025	300,337,149	390,438,293	694,076,287	231.1%	177.8%	70.9%	69.5%
2026	272,921,959	354,798,546	701,434,625	257.0%	197.7%	73.1%	71.4%
2027	247,267,707	321,448,020	706,178,197	285.6%	219.7%	75.3%	73.4%
2028	223,357,633	290,364,923	707,188,827	316.6%	243.6%	77.4%	75.3%
2029	201,094,346	261,422,650	703,994,985	350.1%	269.3%	79.5%	77.1%
2030	180,380,060	234,494,078	696,963,321	386.4%	297.2%	81.4%	78.9%
2031	161,163,765	209,512,895	686,343,549	425.9%	327.6%	83.3%	80.6%
2032	143,409,725	186,432,643	672,197,422	468.7%	360.6%	85.1%	82.2%
2033	127,057,589	165,174,866	653,700,629	514.5%	395.8%	86.8%	83.8%
2034	112,047,334	145,661,534	630,871,716	563.0%	433.1%	88.4%	85.2%
2035	98,321,368	127,817,778	608,033,903	618.4%	475.7%	89.8%	86.6%
2036	85,836,060	111,586,878	581,580,720	677.5%	521.2%	91.2%	87.8%
2037	74,537,532	96,898,792	551,904,931	740.4%	569.6%	92.4%	89.0%
2038	64,367,201	83,677,361	519,149,477	806.5%	620.4%	93.5%	90.0%
2039	55,256,016	71,832,821	483,853,235	875.7%	673.6%	94.5%	91.0%
2040	47,160,479	61,308,622	446,483,045	946.7%	728.3%	95.4%	91.8%
2041	40,012,306	52,015,998	408,180,991	1020.1%	784.7%	96.2%	92.5%
2042	33,748,583	43,873,158	370,048,096	1096.5%	843.4%	96.9%	93.2%
2043	28,301,674	36,792,176	333,007,924	1176.6%	905.1%	97.5%	93.8%
2044	23,600,597	30,680,776	297,282,094	1259.6%	969.0%	98.0%	94.2%
2045	19,573,260	25,445,238	263,203,367	1344.7%	1034.4%	98.5%	94.6%
2046	16,148,409	20,992,931	231,247,128	1432.0%	1101.5%	98.8%	95.0%
2047	13,256,535	17,233,495	201,936,183	1523.3%	1171.8%	99.1%	95.3%
2048	10,831,082	14,080,407	175,466,292	1620.0%	1246.2%	99.4%	95.5%
2049	8,809,768	11,452,699	151,670,984	1721.6%	1324.3%	99.6%	95.7%
2050	7,135,594	9,276,273	130,311,415	1826.2%	1404.8%	99.8%	95.9%
2051	5,756,993	7,484,091	111,308,895	1933.5%	1487.3%	99.9%	96.0%
2052	4,627,990	6,016,387	94,643,145	2045.0%	1573.1%	100.0%	96.1%
2053	3,707,896	4,820,265	80,185,971	2162.6%	1663.5%	100.1%	96.2%
2054	2,961,235	3,849,605	67,723,111	2287.0%	1759.2%	100.2%	96.3%
2055	2,357,659	3,064,957	56,946,549	2415.4%	1858.0%	100.3%	96.4%
2056	1,871,618	2,433,104	47,661,321	2546.5%	1958.9%	100.3%	96.4%
2057	1,481,579	1,926,053	39,708,529	2680.1%	2061.7%	100.4%	96.5%
2058	1,169,481	1,520,326	32,977,015	2819.8%	2169.1%	100.4%	96.5%
2059	920,338	1,196,440	27,303,772	2966.7%	2282.1%	100.4%	96.5%
2060	721,946	938,530	22,525,542	3120.1%	2400.1%	100.5%	96.5%
2061	564,391	733,708	18,493,604	3276.7%	2520.6%	100.5%	96.5%
2062	439,661	571,559	15,104,888	3435.6%	2642.8%	100.5%	96.6%
2063	341,221	443,587	12,281,366	3599.2%	2768.7%	100.5%	96.6%
2064	263,750	342,875	9,936,519	3767.4%	2898.0%	100.5%	96.6%
PV Past	3,610,703,039	3,610,703,039	2,060,259,503	57.1%	57.1%		
PV Future	753,263,325	930,423,982	2,325,391,205	308.7%	249.9%		
PV Lifetime	4,363,966,364	4,541,127,021	4,385,650,708	100.5%	96.6%		

Exhibit II

Transamerica Life Insurance Company

TPLIC Flex 2 TQ, TPLIC LTC 5 TQ, ML1, MLPOOL, PC1, Future Care 2 NTQ, Future Care 2 TQ, Future Care Pool TQ, NEA Group, Protector, Protector II, Protector III TQ, Flex, Flex 2, Flex 2 TQ, LTC 3 / 4, LTC 5, LTC 5 TQ, TransCare 2, TransCare Companion, TransCare TQ and TransGenerations

Actual Nationwide Experience through 3/31/2020 and Projected Thereafter Adjusted to Virginia-Specific Pre Rate Stability Rate Increase History

Actual To Expected Lifetime Experience

Includes experience of all policies regardless of issue date

Duration	Actual				Expected			Actual to Expected		
	A	B	C	D	E	F	G	H=A/E	I=C/F	J=D/G
	Earned Premium @ Original Rate Level	Earned Premium Adjusted To Approved Virginia Rate History	Incurred Claims Excluding ALR Increase	Cumulative Loss Ratio Excluding ALR Increase	Earned Premium @ Original Rate Level	Incurred Claims Excluding ALR Increase	Cumulative Loss Ratio Excluding ALR Increase	Actual to Expected Earned Premium	Actual to Expected Incurred Claims Excluding ALR Increase	Cumulative Loss Ratio Excluding ALR Increase
1	462,951,850	462,965,200	25,686,377	5.5%	462,882,054	27,153,060	5.9%	100.0%	94.6%	94.6%
2	436,395,876	436,550,545	49,486,316	8.3%	401,997,278	39,189,734	7.6%	108.6%	126.3%	108.7%
3	417,923,175	418,832,501	59,284,643	10.1%	364,634,404	52,851,728	9.6%	114.6%	112.2%	105.3%
4	404,987,369	409,047,588	93,013,825	12.9%	333,112,034	66,435,096	11.6%	121.6%	140.0%	110.7%
5	391,731,983	404,832,451	120,840,469	15.8%	305,835,772	74,159,609	13.5%	128.1%	162.9%	117.1%
6	377,924,329	408,736,550	131,244,683	18.1%	279,996,088	82,217,594	15.3%	135.0%	159.6%	118.4%
7	363,016,077	420,115,347	158,424,532	20.6%	255,366,193	90,447,550	17.2%	142.2%	175.2%	119.9%
8	347,363,925	437,977,745	172,531,801	22.6%	232,127,559	97,421,194	19.0%	149.6%	177.1%	119.2%
9	331,646,392	457,794,352	213,731,079	25.0%	210,407,934	102,309,209	20.8%	157.6%	208.9%	120.5%
10	312,082,799	468,393,517	238,774,046	27.3%	190,243,763	105,975,992	22.5%	164.0%	225.3%	121.4%
11	288,840,282	469,977,638	268,664,933	29.6%	169,574,435	108,457,601	24.1%	170.3%	247.7%	122.7%
12	270,578,724	476,709,024	295,418,283	31.9%	152,640,677	115,268,005	25.9%	177.3%	256.3%	123.3%
13	255,922,924	484,079,898	321,480,226	34.1%	137,119,250	120,516,206	27.6%	186.6%	266.8%	123.6%
14	241,030,923	484,471,613	365,116,280	36.5%	122,866,505	125,522,341	29.4%	196.2%	290.9%	124.3%
15	225,543,763	477,398,675	406,685,668	39.0%	109,805,453	128,753,482	31.1%	205.4%	315.9%	125.5%
16	211,482,509	465,691,671	443,015,035	41.6%	97,742,690	131,888,285	32.8%	216.4%	335.9%	126.8%
17	198,605,587	452,534,227	438,424,170	43.9%	86,529,945	134,103,525	34.5%	229.5%	326.9%	127.2%
18	185,919,497	442,760,384	489,277,474	46.3%	76,277,340	135,317,741	36.1%	243.7%	361.6%	128.2%
19	172,562,398	439,392,737	536,001,120	48.9%	66,934,633	135,275,836	37.7%	257.8%	396.2%	129.7%
20	158,357,560	434,408,809	595,502,812	51.7%	58,527,112	134,277,962	39.2%	270.6%	443.5%	131.6%
21	141,187,818	412,055,022	626,057,825	54.4%	49,164,520	131,067,439	40.7%	287.2%	477.7%	133.7%
22	128,600,410	397,896,704	675,068,307	57.3%	42,646,309	131,723,591	42.1%	301.6%	512.5%	136.0%
23	117,003,701	380,207,615	711,987,141	60.1%	36,837,578	130,638,241	43.4%	317.6%	545.0%	138.5%
24	106,455,292	359,907,166	738,819,859	63.0%	31,664,859	130,534,589	44.7%	336.2%	566.0%	140.8%
25	96,309,989	337,300,527	763,269,822	65.8%	27,205,534	127,649,383	46.0%	354.0%	597.9%	143.2%
26	87,107,469	314,066,089	778,730,063	68.6%	23,271,489	124,982,204	47.1%	374.3%	623.1%	145.5%
27	78,502,269	287,764,525	787,923,003	71.3%	19,809,370	119,789,431	48.2%	396.3%	657.8%	147.9%
28	70,483,881	260,330,177	790,431,077	73.9%	16,776,693	114,362,955	49.2%	420.1%	691.2%	150.3%
29	63,084,633	233,727,618	784,302,458	76.4%	14,131,258	108,463,646	50.1%	446.4%	723.1%	152.6%
30	56,240,984	208,340,334	773,812,205	78.8%	11,834,004	102,375,927	50.9%	475.2%	755.9%	154.8%
31	49,921,064	184,566,760	764,407,785	81.1%	9,907,367	95,330,750	51.6%	503.9%	801.8%	157.1%
32	44,111,174	162,680,868	748,200,252	83.3%	8,236,048	89,816,933	52.3%	535.6%	833.0%	159.2%
33	38,793,986	142,706,836	724,665,722	85.3%	6,803,288	83,321,275	52.9%	570.2%	869.7%	161.3%
34	33,947,695	124,572,427	695,264,298	87.2%	5,535,017	78,718,486	53.4%	613.3%	883.2%	163.2%
35	29,556,654	108,209,883	662,688,022	88.9%	4,595,552	73,036,943	53.9%	643.2%	907.3%	165.0%
36	25,597,035	93,513,131	631,286,558	90.5%	3,790,447	67,816,725	54.3%	675.3%	930.9%	166.6%
37	22,045,030	80,377,887	596,460,886	92.0%	3,108,273	61,119,168	54.7%	709.2%	975.9%	168.1%
38	18,874,693	68,694,909	557,144,913	93.3%	2,533,314	54,938,051	55.0%	745.1%	1014.1%	169.5%
39	16,064,130	58,370,287	514,122,763	94.4%	2,051,515	49,168,847	55.3%	783.0%	1045.6%	170.8%
40	13,591,228	49,311,520	469,096,848	95.5%	1,647,743	43,810,227	55.5%	824.8%	1070.7%	171.9%
41	11,430,419	41,416,053	426,418,105	96.4%	1,315,707	38,602,956	55.7%	868.8%	1104.6%	172.9%
42	9,555,907	34,582,311	384,258,130	97.1%	1,038,226	33,928,166	55.9%	920.4%	1132.6%	173.8%
43	7,941,603	28,709,171	343,072,119	97.8%	813,161	29,290,191	56.0%	976.6%	1171.3%	174.6%
44	6,562,247	23,699,723	303,349,574	98.4%	618,745	25,954,269	56.1%	1060.6%	1168.8%	175.2%
45	5,392,943	19,459,777	265,221,996	98.9%	495,042	23,069,537	56.2%	1089.4%	1149.7%	175.8%
46	4,409,233	15,897,722	231,216,951	99.2%	290,987	15,673,028	56.3%	1515.3%	1475.3%	176.3%
47	3,587,305	12,925,096	200,455,493	99.6%	229,428	13,293,295	56.4%	1563.6%	1507.9%	176.7%
48	2,904,893	10,459,678	172,832,046	99.9%	178,941	11,169,570	56.4%	1623.4%	1547.3%	177.0%
49	2,341,907	8,427,587	147,933,896	100.1%	138,328	9,321,940	56.4%	1693.0%	1586.9%	177.3%
50	1,880,369	6,763,005	125,410,484	100.3%	105,977	7,744,792	56.5%	1774.3%	1619.3%	177.6%
51	1,504,192	5,407,261	106,084,940	100.4%	79,245	6,245,479	56.5%	1898.2%	1698.6%	177.8%
52	1,199,099	4,308,454	89,374,012	100.5%	58,501	4,987,450	56.5%	2049.7%	1792.0%	177.9%
53	952,688	3,421,564	75,039,317	100.6%	42,296	3,751,382	56.5%	2252.4%	2000.3%	178.1%
54	754,511	2,708,715	62,673,802	100.7%	27,018	2,948,383	56.5%	2792.6%	2125.7%	178.2%
55	595,807	2,138,198	51,892,566	100.8%	20,868	2,523,753	56.5%	2855.2%	2056.2%	178.3%
56	469,217	1,683,388	42,893,648	100.8%	15,964	2,146,811	56.5%	2939.2%	1998.0%	178.4%
57	368,542	1,321,859	35,352,865	100.9%	11,895	1,685,236	56.5%	3098.2%	2097.8%	178.4%
58	288,665	1,035,126	29,067,267	100.9%	8,792	1,309,815	56.5%	3283.1%	2219.2%	178.5%
59	225,459	808,298	23,783,154	100.9%	6,317	981,352	56.5%	3569.3%	2423.5%	178.5%
60	175,580	629,341	19,309,506	100.9%	4,477	721,615	56.5%	3921.8%	2675.9%	178.5%
61	132,697	476,465	15,044,215	101.0%	2,933	475,902	56.5%	4523.9%	3161.2%	178.5%
62	92,919	336,679	10,692,164	101.0%	1,689	264,056	56.5%	5502.8%	4049.2%	178.6%
63	56,824	210,435	6,571,163	101.0%	664	76,803	56.5%	8564.0%	8555.9%	178.6%
64	29,618	113,501	3,424,894	101.0%	140	15,527	56.5%	21228.3%	22057.5%	178.6%
65+	25,907	107,724	3,017,767	101.0%	91	10,264	56.5%	28602.3%	29400.5%	178.6%
PV Lifetime	4,634,878,211	7,129,865,690	7,199,185,424	101.0%	3,163,629,806	1,788,882,801	56.5%	146.5%	402.4%	178.6%

Exhibit I.VA
Transamerica Life Insurance Company

TPLIC Flex 2 TQ, TPLIC LTC 5 TQ, ML1, MLPOOL, PC1, Future Care 2 NTQ, Future Care 2 TQ, Future Care Pool TQ, NEA Group, Protector, Protector II, Protector III TQ, Flex, Flex 2, Flex 2 TQ, LTC 3 / 4, LTC 5, LTC 5 TQ, TransCare 2, TransCare Companion, TransCare TQ and TransGenerations

Virginia Specific Pre Rate Stability Rate Increase History
Includes experience of all policies regardless of issue date

Year	Earned Premium		Incurred Claims	Loss Ratios Excluding Change in ALR			
	Actual Past & Projected Future w/o Proposed Rate Increase	Actual Past & Projected Future w/ Proposed Rate Increase	Actual Past & Projected Future	Actual w/o Rate Increase	Actual w/ Rate Increase	PV Actual Cumulative w/o Rate Increase	PV Actual Cumulative w/ Rate Increase
1988-1992	79,331	79,331	0	0.0%	0.0%	0.0%	0.0%
1993	324,895	324,895	0	0.0%	0.0%	0.0%	0.0%
1994	1,081,274	1,081,274	0	0.0%	0.0%	0.0%	0.0%
1995	1,991,796	1,991,796	50,890	2.6%	2.6%	1.4%	1.4%
1996	2,840,804	2,840,804	30,464	1.1%	1.1%	1.3%	1.3%
1997	3,672,323	3,672,323	394,457	10.7%	10.7%	4.6%	4.6%
1998	4,537,000	4,537,000	476,400	10.5%	10.5%	6.3%	6.3%
1999	5,555,222	5,555,222	453,639	8.2%	8.2%	6.8%	6.8%
2000	6,412,772	6,412,772	1,729,752	27.0%	27.0%	11.2%	11.2%
2001	6,951,989	6,951,989	1,403,483	20.2%	20.2%	12.9%	12.9%
2002	7,947,746	7,947,746	1,544,946	19.4%	19.4%	14.0%	14.0%
2003	8,962,874	8,962,874	1,875,013	20.9%	20.9%	15.1%	15.1%
2004	9,524,018	9,524,018	2,487,903	26.1%	26.1%	16.6%	16.6%
2005	9,502,249	9,502,249	2,231,000	23.5%	23.5%	17.3%	17.3%
2006	9,390,569	9,390,569	2,519,521	26.8%	26.8%	18.3%	18.3%
2007	10,474,280	10,474,280	4,114,932	39.3%	39.3%	20.3%	20.3%
2008	11,150,715	11,150,715	3,363,528	30.2%	30.2%	21.1%	21.1%
2009	11,213,971	11,213,971	5,309,504	47.3%	47.3%	23.2%	23.2%
2010	11,217,480	11,217,480	5,893,124	52.5%	52.5%	25.2%	25.2%
2011	10,969,698	10,969,698	6,966,364	63.5%	63.5%	27.5%	27.5%
2012	10,888,947	10,888,947	8,876,029	81.5%	81.5%	30.5%	30.5%
2013	10,674,222	10,674,222	7,690,851	72.1%	72.1%	32.5%	32.5%
2014	10,845,187	10,845,187	6,333,641	58.4%	58.4%	33.7%	33.7%
2015	10,826,816	10,826,816	7,665,116	70.8%	70.8%	35.2%	35.2%
2016	10,265,322	10,265,322	9,746,610	94.9%	94.9%	37.4%	37.4%
2017	9,671,931	9,671,931	9,472,969	97.9%	97.9%	39.3%	39.3%
2018	9,064,823	9,064,823	8,701,273	96.0%	96.0%	40.9%	40.9%
2019	8,650,265	8,650,265	12,484,719	144.3%	144.3%	43.4%	43.4%
2020Q1	2,709,793	2,709,793	2,816,376	103.9%	103.9%	43.9%	43.9%
2020Q2-34	6,033,848	6,033,848	11,472,253	190.1%	190.1%	46.2%	46.2%
2021	10,301,401	10,363,280	15,772,047	153.1%	152.2%	49.0%	49.0%
2022	10,782,038	12,952,951	16,293,159	151.1%	125.8%	51.5%	51.3%
2023	9,872,591	12,834,369	16,956,918	171.8%	132.1%	54.1%	53.5%
2024	9,102,101	11,832,731	17,549,358	192.8%	148.3%	56.7%	55.7%
2025	8,393,791	10,911,929	18,057,906	215.1%	165.5%	59.2%	58.0%
2026	7,719,553	10,035,419	18,526,038	240.0%	184.6%	61.7%	60.2%
2027	7,085,245	9,210,819	18,922,185	267.1%	205.4%	64.2%	62.4%
2028	6,487,611	8,433,895	19,219,003	296.2%	227.9%	66.7%	64.6%
2029	5,927,221	7,705,388	19,366,827	326.7%	251.3%	69.0%	66.8%
2030	5,399,260	7,019,038	19,393,890	359.2%	276.3%	71.3%	68.8%
2031	4,902,157	6,372,805	19,318,073	394.1%	303.1%	73.5%	70.8%
2032	4,435,160	5,765,708	19,124,474	431.2%	331.7%	75.6%	72.7%
2033	3,997,349	5,196,554	18,808,298	470.5%	361.9%	77.6%	74.5%
2034	3,587,841	4,664,194	18,325,842	510.8%	392.9%	79.4%	76.2%
2035	3,206,003	4,167,804	17,825,635	556.0%	427.7%	81.2%	77.8%
2036	2,851,177	3,706,530	17,184,716	602.7%	463.6%	82.8%	79.3%
2037	2,522,737	3,279,558	16,445,163	651.9%	501.4%	84.3%	80.7%
2038	2,220,269	2,886,350	15,612,206	703.2%	540.9%	85.6%	82.0%
2039	1,943,127	2,526,065	14,660,145	754.5%	580.4%	86.9%	83.1%
2040	1,690,562	2,197,730	13,631,733	806.3%	620.3%	88.0%	84.1%
2041	1,461,916	1,900,490	12,550,845	858.5%	660.4%	88.9%	85.0%
2042	1,256,415	1,633,340	11,458,789	912.0%	701.6%	89.8%	85.8%
2043	1,073,182	1,395,137	10,394,564	968.6%	745.1%	90.5%	86.5%
2044	911,085	1,184,410	9,334,106	1024.5%	788.1%	91.2%	87.1%
2045	768,740	999,363	8,308,764	1080.8%	831.4%	91.7%	87.6%
2046	644,664	838,063	7,343,773	1139.2%	876.3%	92.2%	88.1%
2047	537,385	698,600	6,456,162	1201.4%	924.2%	92.6%	88.4%
2048	445,459	579,097	5,657,085	1269.9%	976.9%	92.9%	88.7%
2049	367,350	477,555	4,928,469	1341.6%	1032.0%	93.2%	89.0%
2050	301,457	391,894	4,264,708	1414.7%	1088.2%	93.4%	89.2%
2051	246,244	320,117	3,663,388	1487.7%	1144.4%	93.6%	89.4%
2052	200,294	260,382	3,123,507	1559.5%	1199.6%	93.8%	89.6%
2053	162,310	211,003	2,653,542	1634.9%	1257.6%	93.9%	89.7%
2054	131,079	170,402	2,246,146	1713.6%	1318.1%	94.0%	89.8%
2055	105,529	137,188	1,890,404	1791.4%	1378.0%	94.1%	89.8%
2056	84,734	110,154	1,582,966	1868.2%	1437.0%	94.1%	89.9%
2057	67,889	88,256	1,319,164	1943.1%	1494.7%	94.2%	90.0%
2058	54,299	70,589	1,095,706	2017.9%	1552.2%	94.2%	90.0%
2059	43,365	56,375	910,244	2099.0%	1614.6%	94.3%	90.0%
2060	34,582	44,957	754,162	2180.8%	1677.5%	94.3%	90.1%
2061	27,545	35,808	622,309	2259.3%	1737.9%	94.3%	90.1%
2062	21,926	28,504	515,084	2349.2%	1807.1%	94.3%	90.1%
2063	17,452	22,687	426,839	2445.8%	1881.4%	94.4%	90.1%
2064	13,895	18,064	355,384	2557.6%	1967.4%	94.4%	90.1%
PV Past	86,577,568	86,577,568	38,002,503	43.9%	43.9%		
PV Future	21,420,993	26,517,787	63,912,922	298.4%	241.0%		
PV Lifetime	107,998,560	113,095,354	101,915,425	94.4%	90.1%		

**Exhibit III
Transamerica Life Insurance Company**

TPLIC Flex 2 TQ, TPLIC LTC 5 TQ, ML1, MLPOOL, PC1, Future Care 2 NTQ, Future Care 2 TQ, Future Care Pool TQ, Protector, Protector II, Protector III TQ, Flex, Flex 2, Flex 2 TQ, LTC 3 / 4, LTC 5 and LTC 5 TQ

**Nationwide Experience Adjusted to Virginia-Specific Pre Rate Stability Rate Increase History
Includes experience of all policies regardless of issue date**

Year	Earned Premium		Incurred Claims	Loss Ratios Excluding Change in ALR			
	Actual Past & Projected Future w/o Proposed Rate Increase	Actual Past & Projected Future w/ Proposed Rate Increase	Actual Past & Projected Future	Actual w/o Rate Increase	Actual w/ Rate Increase	PV Actual Cumulative w/o Rate Increase	PV Actual Cumulative w/ Rate Increase
1988-1992	5,528,593	5,528,593	520,633	9.4%	9.4%	9.3%	9.3%
1993	14,624,070	14,624,070	588,074	4.0%	4.0%	5.5%	5.5%
1994	31,425,348	31,425,348	2,574,904	8.2%	8.2%	7.1%	7.1%
1995	54,943,387	54,943,387	6,280,252	11.4%	11.4%	9.3%	9.3%
1996	80,813,859	80,813,859	10,091,066	12.5%	12.5%	10.6%	10.6%
1997	109,985,088	109,985,088	18,049,576	16.4%	16.4%	12.6%	12.6%
1998	133,467,374	133,467,374	28,319,376	21.2%	21.2%	15.1%	15.1%
1999	160,843,329	160,843,329	40,950,596	25.5%	25.5%	17.7%	17.7%
2000	192,605,784	192,605,784	47,417,333	24.6%	24.6%	19.2%	19.2%
2001	222,801,999	222,801,999	64,517,743	29.0%	29.0%	21.2%	21.2%
2002	254,932,742	254,932,742	78,806,139	30.9%	30.9%	22.9%	22.9%
2003	275,512,235	275,512,235	95,530,511	34.7%	34.7%	24.7%	24.7%
2004	300,812,185	300,812,185	110,485,075	36.7%	36.7%	26.4%	26.4%
2005	294,123,490	294,123,490	128,222,885	43.6%	43.6%	28.4%	28.4%
2006	289,745,273	289,745,273	143,954,130	49.7%	49.7%	30.5%	30.5%
2007	322,489,913	322,489,913	168,511,143	52.3%	52.3%	32.5%	32.5%
2008	352,175,579	352,175,579	169,784,881	48.2%	48.2%	34.0%	34.0%
2009	357,643,659	357,643,659	199,238,621	55.7%	55.7%	35.7%	35.7%
2010	361,654,591	361,654,591	213,221,168	59.0%	59.0%	37.4%	37.4%
2011	343,736,738	343,736,738	218,627,051	63.6%	63.6%	39.0%	39.0%
2012	347,699,763	347,699,763	244,075,579	70.2%	70.2%	40.8%	40.8%
2013	337,140,779	337,140,779	279,555,811	82.9%	82.9%	42.9%	42.9%
2014	345,588,009	345,588,009	274,690,314	79.5%	79.5%	44.6%	44.6%
2015	336,621,350	336,621,350	310,848,083	92.3%	92.3%	46.5%	46.5%
2016	312,014,791	312,014,791	307,357,595	98.5%	98.5%	48.4%	48.4%
2017	287,644,442	287,644,442	334,048,341	116.1%	116.1%	50.4%	50.4%
2018	263,116,535	263,116,535	346,464,581	131.7%	131.7%	52.5%	52.5%
2019	242,484,210	242,484,210	347,355,280	143.2%	143.2%	54.6%	54.6%
2020Q1	77,171,388	77,171,388	83,147,924	107.7%	107.7%	54.9%	54.9%
2020Q234	167,862,546	167,862,546	335,389,474	199.8%	199.8%	57.0%	57.0%
2021	308,853,950	310,758,015	451,452,887	146.2%	145.3%	59.3%	59.2%
2022	294,422,948	369,086,714	457,116,450	155.3%	123.9%	61.4%	61.0%
2023	263,805,324	342,946,921	466,273,456	176.7%	136.0%	63.5%	62.8%
2024	237,938,792	309,320,430	473,723,183	199.1%	153.1%	65.7%	64.7%
2025	215,796,074	280,534,897	479,540,028	222.2%	170.9%	67.8%	66.5%
2026	195,287,176	253,873,329	483,739,209	247.7%	190.5%	69.9%	68.3%
2027	176,201,082	229,061,407	486,308,824	276.0%	212.3%	71.9%	70.1%
2028	158,478,630	206,022,218	486,423,703	306.9%	236.1%	73.9%	71.9%
2029	142,058,688	184,676,295	483,768,383	340.5%	262.0%	75.9%	73.7%
2030	126,880,863	164,945,122	478,518,434	377.1%	290.1%	77.7%	75.3%
2031	112,891,048	146,758,363	470,948,216	417.2%	320.9%	79.5%	76.9%
2032	100,039,579	130,051,453	461,222,372	461.0%	354.6%	81.1%	78.5%
2033	88,276,034	114,758,845	448,739,589	508.3%	391.0%	82.7%	79.9%
2034	77,543,018	100,805,923	433,456,774	559.0%	430.0%	84.2%	81.3%
2035	67,789,051	88,125,766	418,283,336	617.0%	474.6%	85.6%	82.5%
2036	58,965,510	76,655,163	400,702,149	679.6%	522.7%	86.8%	83.7%
2037	51,024,436	66,331,767	381,022,183	746.7%	574.4%	88.0%	84.8%
2038	43,915,676	57,090,378	359,323,054	818.2%	629.4%	89.1%	85.8%
2039	37,586,738	48,862,760	335,970,105	893.9%	687.6%	90.0%	86.7%
2040	31,986,522	41,582,479	311,168,903	972.8%	748.3%	90.9%	87.5%
2041	27,064,876	35,184,339	285,571,989	1055.1%	811.6%	91.6%	88.2%
2042	22,771,178	29,602,531	259,952,671	1141.6%	878.1%	92.3%	88.8%
2043	19,052,439	24,768,171	235,008,789	1233.5%	948.8%	92.9%	89.4%
2044	15,854,669	20,611,070	210,870,831	1330.0%	1023.1%	93.4%	89.8%
2045	13,124,464	17,061,803	187,721,109	1430.3%	1100.2%	93.8%	90.2%
2046	10,810,093	14,053,121	165,838,416	1534.1%	1180.1%	94.2%	90.6%
2047	8,861,668	11,520,169	145,672,522	1643.8%	1264.5%	94.5%	90.9%
2048	7,231,800	9,401,340	127,361,846	1761.1%	1354.7%	94.7%	91.1%
2049	5,876,655	7,639,652	110,829,642	1885.9%	1450.7%	94.9%	91.3%
2050	4,756,541	6,183,503	95,902,387	2016.2%	1550.9%	95.1%	91.5%
2051	3,835,809	4,986,551	82,510,033	2151.0%	1654.7%	95.3%	91.6%
2052	3,082,849	4,007,704	70,695,701	2293.2%	1764.0%	95.4%	91.7%
2053	2,469,859	3,210,817	60,361,191	2443.9%	1879.9%	95.5%	91.8%
2054	1,972,790	2,564,627	51,364,880	2603.7%	2002.8%	95.6%	91.9%
2055	1,571,150	2,042,495	43,517,622	2769.8%	2130.6%	95.6%	92.0%
2056	1,247,778	1,622,111	36,686,161	2940.1%	2261.6%	95.7%	92.0%
2057	988,233	1,284,703	30,777,610	3114.4%	2395.7%	95.7%	92.1%
2058	780,457	1,014,594	25,718,934	3295.4%	2534.9%	95.7%	92.1%
2059	614,496	798,845	21,408,135	3483.9%	2679.9%	95.8%	92.1%
2060	482,261	626,939	17,752,505	3681.1%	2831.6%	95.8%	92.1%
2061	377,183	490,338	14,634,402	3879.9%	2984.6%	95.8%	92.2%
2062	293,942	382,125	11,991,008	4079.4%	3138.0%	95.8%	92.2%
2063	228,212	296,675	9,772,676	4282.3%	3294.1%	95.8%	92.2%
2064	176,464	229,403	7,924,312	4490.6%	3454.3%	95.8%	92.2%
PV Past	2,673,464,017	2,673,464,017	1,468,896,158	54.9%	54.9%		
PV Future	541,516,505	668,942,545	1,612,531,980	297.8%	241.1%		
PV Lifetime	3,214,980,522	3,342,406,562	3,081,428,138	95.8%	92.2%		

Exhibit IV

Transamerica Life Insurance Company

TPLIC Flex 2 TQ, TPLIC LTC 5 TQ, ML1, MLPOOL, PC1, Future Care 2 NTQ, Future Care 2 TQ, Future Care Pool TQ, NEA Group, Protector, Protector II, Protector III TQ, Flex, Flex 2, Flex 2 TQ, LTC 3 / 4, LTC 5, LTC 5 TQ, TransCare 2, TransCare Companion, TransCare TQ and TransGenerations

Blended If-Knew / Make-Up Approach (Minnesota method)*

% of Active Policyholders Remaining	34.9%
If-Knew Increase	155.2%
Make-Up Increase	2072.5%
Blended Increase	824.9%
Cost-Sharing Increase	
0-15%	15.00%
15-50%	31.50%
50-100%	37.50%
100-150%	32.50%
>150%	337.46%
Maximum Allowable Rate Increase	52.7%

* Based off of Exhibit I

Exhibit V
Transamerica Life Insurance Company

TPLIC Flex 2 TQ, TPLIC LTC 5 TQ, ML1, MLPOOL, PC1, Future Care 2 NTQ, Future Care 2 TQ, Future Care Pool TQ, NEA Group, Protector, Protector II, Protector III TQ, Flex, Flex 2, Flex 2 TQ, LTC 3 / 4, LTC 5, LTC 5 TQ, TransCare 2, TransCare Companion, TransCare TQ and TransGenerations

Prospective Present Value Approach (Texas Method)*

Input		
A	Cumulative Rate Increase	242.0%
B	PV Future Incurred Claims (Current Assumption)	2,048,889,073
C	PV Future Earned Premium Adjusted To Approved Virginia Rate History (Current Assumption)	753,263,325
D	PV Future Effective Earned Premium Adjusted To Approved Virginia Rate History (Current Assumption)	590,535,523
E	PV Future Incurred Claims (Prior Assumption)	1,904,953,848
F	PV Future Earned Premium Adjusted To Approved Virginia Rate History (Prior Assumption)	760,201,929
Calculation		
$G = B - E$	Change in PV Future Incurred Claims	143,935,225
$H = C - F$	Change in PV Future Earned Premium	(6,938,604)
$I = \frac{G - (0.6 + 0.8 \times A)}{1 + A} \times H$	Maximum Allowable Rate Increase	31.6%

* Only premium paying policies of the referenced policy form series are included in Texas Method calculation.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

NOTICE: This checklist must be completed in its entirety and included with each submitted form. Failure to provide a completed checklist will result in a delay of the review of the submission and may result in rejection of the filing.

This document is intended to assist carriers in preparing form filings 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 submitted forms comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are paraphrased. Please review the applicable citation for the full text of the requirement.

You can find out more about related laws, rules and orders from the [Administration of Insurance Regulation section](#) of our site.

The Forms and Rates Section of the Life and Health Division will review submissions based on the requirements noted in this checklist. Please contact this Section at (804) 371-9532 if you have questions or need additional information about these requirements.

Company Name: Transamerica Life Insurance Company
Third Party Filer:
SERFF Tracking Number: AEGB-133179368
Form Number(s): N/A

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
General Filing Requirements			
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF or submitted in writing to the Commission. If filed by a third-party, filing authorization must be included.	we comply
Filing Description	14 VAC 5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; intentions to concentrate on a specialized market should be noted.	we comply
	14 VAC 5-101-50 C 2	Filing description must include the form number of each form that is being filed.	n/a
	14 VAC 5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, and the exact changes that are intended.	we comply
	14 VAC 5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	n/a
	14 VAC 5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	n/a
	14 VAC 5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	we comply
	14 VAC 5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	n/a
HELP TIP:		If a form filing is submitted as new in Virginia, but was previously disapproved, withdrawn, or rejected in Virginia, please provide details such as the SERFF or State tracking information, form number, and the date that the form filing was disapproved, withdrawn, or rejected if available.	n/a
Forms			
Form Number	14 VAC 5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	n/a
Company Name and Address	14 VAC 5-101-60 2	The full licensed name of the company, including the address of the home office, shall appear in prominent print at the top of the cover page of any policy, application, or enrollment form. The full licensed name of the company shall appear in prominent print on all other forms.	n/a
Marketing Name or Logo	14 VAC 5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the filing company.	n/a

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
	14 VAC 5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy, if different from the home office, a company telephone number, and company website address.	n/a
Final Form – John Doe	14 VAC 5-101-60 5	Form must be submitted in “final form” and in “John Doe fashion” to indicate its intended use.	n/a
Electronic Version	14 VAC 5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	n/a
Readability	14 VAC 5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, printed in a legible format and understandable to a person of average intelligence without special insurance knowledge or training.	n/a
	14 VAC 5-101-70 B	A policy of more than three pages shall include a table of contents listing the principal sections and provisions and the pages on which they are found.	n/a
	14 VAC 5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	n/a
	14 VAC 5-101-70 D	A policy shall be divided into logically arranged sections with an appropriately named caption or heading for ease in locating desired content. Captions and headings shall be clearly set apart from the general text.	n/a
Type size	14 VAC 5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	n/a
	14 VAC 5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	n/a
Variability	14 VAC 5-101-80	Use of variable bracketed information shall be limited. Use of brackets within brackets is not permitted. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form. Additional guidance is attached to SERFF General Instructions.	n/a
Certificate of Compliance	14 VAC 5-101-110	Each form filing shall contain a Certificate of Compliance signed by an officer of the company certifying the Flesch reading ease score of at least 50; that a review of the form has been conducted and is consistent and complies with the requirements of Title 38.2 and applicable rules and regulations; and a statement that failure to comply with these requirements will result in disapproval of the filing.	n/a

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
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.	n/a
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.	n/a
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.	n/a
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.	n/a
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.	n/a
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.	n/a
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.	n/a
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.	n/a
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.	n/a
30-Day Free Look	§ 38.2-5208		n/a

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
General Provisions			
Entire Contract	§ 38.2-3503 A 1	The provision defines the contents of the entire contract.	n/a
Grace Period	§ 38.2-3503 A 3	The provision defines the grace period and length of the various acceptable grace periods.	n/a
Reinstatement	§ 38.2-3503 A 4 14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.	n/a
Notice of Claim	§ 38.2-3503 A 5		n/a
Claim Forms	§ 38.2-3503 A 6		n/a
Proof of Loss	§ 38.2-3503 A 7		n/a
Time of Payment of Claims	§ 38.2-3503 A 8	The provision specifies when benefits will be paid.	n/a
Payment of Claims	§ 38.2-3503 A 9	The provision specifies to whom benefits will be paid.	n/a
Physical Examinations and Autopsy	§ 38.2-3503 A 10		n/a
Legal Actions	§ 38.2-3503 A 11		n/a
Change of Beneficiary	§ 38.2-3503 A 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9).	n/a
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.	n/a
Age Misstated	§ 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.	n/a
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.	n/a
Unintentional Lapse	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.	n/a
Optional Provisions			
Change of Occupation	§ 38.2-3504 1		n/a
Misstatement of Age	§ 38.2-3504 2		n/a
Other Insurance in this Company	§ 38.2-3504 3		n/a

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Insurance with Other Companies	§ 38.2-3504 4		n/a
Insurance with Other Companies	§ 38.2-3504 5		n/a
Unpaid Premium	§ 38.2-3504 7		n/a
Conformity with State Statutes	§ 38.2-3504 9	Must use “resides” language.	n/a
Illegal Occupation	§ 38.2-3504 10		n/a
Intoxicants and Narcotics	§ 38.2-3504 11	Intoxicants and Narcotics	n/a
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.	n/a
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.	n/a
Workers’ Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers’ compensation.	n/a
Prohibited Provisions	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.	n/a
Prior Institutionalization	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.	n/a
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.	n/a
Replacement Prohibitions	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.	n/a
LTC Policy Requirements			
Limitations and Exclusions	14 VAC 5-200-60 B	Limitations and Exclusions	n/a
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.	n/a
Policy Definitions	§ 38.2-5200 14 VAC 5-200-50	Certain terms defined.	n/a
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.	n/a
Preexisting Conditions	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.	n/a
Preexisting Condition Limitations	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as “Preexisting Condition Limitations.”	n/a
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.	n/a

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)


REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Outline of Coverage	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.	n/a
Nonforfeiture Benefit Requirement	§ 38.2-5210 14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.	n/a
Contingent Benefit Upon Lapse	§ 38.2-5210 14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.	n/a
Definitions	14 VAC 5-200-40		n/a
Extension of Benefits	14 VAC 5-200-60 C		n/a
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 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.	n/a
Usual, Customary, and Reasonable Defined	14 VAC 5-200-70 C	The term must be defined if benefits are based on usual, reasonable and customary charges.	n/a
Required to Offer Inflation Protection	14 VAC 5-200-100 A		n/a
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.	n/a
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.	n/a
Disclosures			
Tax-qualified LTCI	§ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such and prominently disclosed.	n/a
Nonqualified LTCI	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.	n/a
Applies to policies where premiums can be revised	14 VAC 5-200-70 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.	n/a
Notice of premium rate increase	14 VAC 5-200-75 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.	n/a

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE (LTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.	n/a
Rates			
	§ 38.2-316	Complete one of the following checklists as indicated:	n/a
		FOR NEW LONG-TERM CARE INSURANCE (LTCI) RATES	n/a
		FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES	n/a

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: Laura Aleman  Digitally signed by Laura Aleman
Date: 2022.03.04 18:05:15 -06'00'

Name (please print): Laura Aleman

Company Name: Transamerica Life Insurance Company

Date: 3/5/2022 Phone No: (972) 881-6332 FAX No: ()

E-Mail Address: Laura.Aleman@transamerica.com

Home Office: Cedar Rapids, Iowa
Long Term Care Administrative Services
P.O. Box 869090
Plano, TX 75086-9090
1-800-227-3740



March 4, 2022

Re: Virginia Department of Insurance

Annual Rate Reports Required by 14 VAC 5-200-125

Policy forms previously filed under Life Investors Insurance Company of America:
GCPRO-III TQ (VA) 197 As Protector III TQ

Policy forms previously filed under Transamerica Occidental Life Insurance Company:
LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA As TransCare TQ

Policy forms previously filed under Transamerica Premier Life Insurance Company:
FTQ (VA) 197 As Flex 2 TQ

Policies Issued On or After October 1, 2003 that are No Longer Marketed

This filing is intended to comply with the annual rate reports required by 14 VAC 5-200-125 A 1 a.(2) of the Virginia insurance code for all policies with issue dates on or after October 1, 2003 that are no longer marketed and associated with the above captioned forms. While this filing does not include rate increase request on the on the referenced policy form series, a review of updated experience on this block of business indicated a premium rate increase is in fact necessary. The company plans to file a premium rate increase request on the captioned policy form series in 2022.

The policy forms indicated above as previously filed under Life Investors Insurance Company of America as well as the policy forms indicated above as previously filed under Transamerica Occidental Life Insurance Company are now associated with Transamerica Life Insurance Company. The Life Investors Insurance Company of America and Transamerica Occidental Life Insurance Company were both merged into Transamerica Life Insurance Company in October 2008. As a result, the Life Investors and Transamerica Occidental companies no longer exist as separate statutory entities. The policy forms listed above were previously filed under Monumental Life Insurance Company. In 2014, the name of Monumental Life was changed to Transamerica Premier Life Insurance Company. The policy forms previously filed under Transamerica Premier Life Insurance Company are now associated with Transamerica Life Insurance Company, because Transamerica Premier Life Insurance Company was merged into Transamerica Life Insurance Company in October 2020. Therefore, all of the policy forms shown above are being included in this one filing for Transamerica Life Insurance Company.

An actuarial memorandum will not be provided this time, due to the fact that a rate increase on this block will be filed in 2022. An actuarial memorandum will be included in the rate increase filing, which includes a complete analysis and review of the premium rates, a description of the analysis, the date on which the analysis was completed

Please do not hesitate to contact me with questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Dan Anderson". The signature is written in a cursive, flowing style.

Dan Anderson, ASA, MAAA
Actuary



P.O. Box 159 | Cedar Rapids, IA 52406 | transamerica.com

April 7, 2022

Mr. Bill Dismore
Virginia Insurance Division

Re: Virginia Department of Insurance

Annual Rate Reports Required by 14 VAC 5-200-125, SERFF# AEGB-133179368

Policy forms previously filed under Life Investors Insurance Company of America:
GCPRO-III TQ (VA) 197 As Protector III TQ

Policy forms previously filed under Transamerica Occidental Life Insurance Company:
LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA As TransCare TQ

Policy forms previously filed under Transamerica Premier Life Insurance Company:
FTQ (VA) 197 As Flex 2 TQ

Policies Issued On or After October 1, 2003 that are No Longer Marketed

Dear Mr. Dismore,

Thank you for your letter dated March 8, 2022, regarding the referenced filing. See the following for responses to the requests you made therein.

1. Please explain why this annual report is for a two year period.

In the last ARC filing on the referenced policy forms, SERFF#s AEGB-132623693, and AEGB-132622734, approved in March 2021, the Department required the reporting period to be 1/1/2019-12/31/2019. Since this filing was submitted in March 2022, the company made the reporting period 1/1/2020-12/31/2021 to account for the time since the last reporting period through the end of the year immediately prior to submission of this filing.

The company realizes 14VAC5-200-125.B specifies that annual rate reports shall be based on the previous calendar year's data but it's not clear to the company how that applies to LTCI where of premium rate adequacy is not based on one year of data. This certification was based on lifetime loss ratio experience compiled and reviewed in 2020 that identified the need for rate action, and in turn, triggered the rate increase filing round the company began in late 2020 and remains ongoing.

2. In accordance with 14VAC5-200-125 1. b. please provide, "A description of the review performed that led to the statement the premium rate schedule may no longer be sufficient."

The update of company's LTC assumptions in 2020 resulted in an overall deterioration of projected experience relative to prior assumptions material enough to support a 30% rate increase based on the Prospective Present Value Approach (a.k.a., "Texas Method"). See Exhibit V of the attached actuarial memorandum.

3. In accordance with 14VAC5-200-125 1. c. please provide;

c. At least once every three years, an actuarial memorandum dated and signed by a qualified actuary that supports the actuarial certification and provides at least the following information:

The company has already taken, or will soon take, rate action on the portion of its LTCI block that includes but is not limited to the lives subject to this ARC where justified and appropriate. The company would prefer to manage its pre-rate stability ("PreRS") LTCI block policy forms as one, including the relative few number of policies issued

on or after October 1, 2003 (“PostRS”) under the same forms - which are predominantly associated with PreRS business, such as the referenced forms subject to this ARC filing. Even though a rate filing has not yet been submitted on the specific block policies subject to this PostRS ARC, the company expects to file one later in 2022 which will be substantially similar to the rate filing that has already been submitted on the PreRS block, AEGB-133074852, and based on the same aggregation of experience. The associated actuarial memorandum, experience exhibits, and supplementary exhibits of this currently open rate filing provide support for the actuarial certification of this ARC filing.

(1) A detailed explanation of the data sources and review performed by the actuary prior to making the statement in subdivision 1 a (1) of this subsection;

The projection assumptions used in this filing were developed based exclusively on the company’s own robust body of recent nationwide experience. The assumptions underlying the projection used in this filing have been reviewed internally by both and internal LTC Actuarial team as well as an internal assumption governance committee. They were also subjected to external review by auditors at PwC. The reviewed projection assumptions underlie the experience exhibits this certification was based on that are included with the actuarial memorandum provided with this response.

(2) A complete description of experience assumptions and their relationship to the initial pricing assumptions;

Please note that in 2014 Transamerica implemented a new projection modeling system (AXIS) for its LTC block and updated and changed assumptions to recognize incidence on a first site of claim basis rather than the existing current site of claim basis in the previous system. In the previous model, benefits were determined based on current site of claim using a claim cost methodology. The new model platform is consistent with leading industry practice where claims are determined using a first-site, first-principles approach. The previous model claim cost methodology used an assumption for the total claim cost once a policy entered claim status. Once it was known that a policyholder was on claim, the previous model applied an average dollar amount based on defined factors. The new, first-principle model is a more precise methodology that uses explicit assumptions and probabilities for claim termination, utilization and blending to forecast expected claim costs. The previous model used a current site methodology where incidence was measured upon entry into a site of care; a transition to another site of care resulted in a recovery. The new model uses a first site methodology where incidence is measured upon entering the first of site of care, and transition between sites of care does not count as a recovery. Because of these differences, a direct comparison of the previous morbidity table to the proposed morbidity assumption would be extremely difficult, if not impossible other than comparing resulting cash flows.

(3) A description of the credibility of the experience data; and

Projection assumptions used in this filing were developed based exclusively on the company’s own robust body of nationwide experience over the period 2008-2018 including over 7.3M exposed lives and 55K claims. The underlying experience in the exhibits included in the attached actuarial memorandum on which the certification of this filing was based is likewise the nationwide experience of the majority of the company’s aggregated PreRS block of business.

The company uses the limited-fluctuation credibility formula commonly used in the LTCI industry for frequency-rate type assumptions, such as voluntary lapses, active-life mortality, claim incidence, claim recoveries, etc., as well as for incurred claims which is the following:

$$\text{Credibility} = Z = \min[1, \sqrt{(n/n_f)}]$$

Where n = #data observations

n_f = #data observations benchmark for full-credibility

Please note that the count of data observations needed for full-credibility is less for frequency rate assumptions than for incurred claims. Furthermore, the type of data count observed is assumption-specific (#lapses for lapse rates, #deaths for mortality rates, #claims for claim incidence, etc.). The company does not use #morbidity claims to develop lapse rates or mortality rates.

For the number of data observations needed for full-credibility of frequency-rate type assumptions, the company uses the “rule-of-thumb” count which is 1,082 where full-credibility is defined as a 90% chance the actual average frequency rate falls within $\pm 5\%$ of the mean.

For incurred claims, the number of observations needed for full-credibility is greater due to n_f including a non-zero claim amount variance component. While the multiplier applied to the benchmark for full-credibility of frequency rates is subject to professional judgment, a common multiplier is 3, which makes n_f for incurred claims $3,246 = 3 \times 1,082$.

(4) An explanation of the analysis and testing performed in determining the current presence of margins.

The conclusion rate action on the subject block was necessary was based on best-estimate assumptions. While the inclusion of margins is technically allowed on PostRS business, doing so would increase the amount of rate increase above the amount justified and would be inconsistent with how the company is managing its overall PreRS block as described above.

4. In accordance with 14VAC5-200-125 A., Every insurer shall report to the commission annually by June 30 premium rates for all long-term care insurance policies. Per the attached Administrative Letter, the annual report must be filed by October 1st.

Please provide the SERFF Tracking #'s for the last LTCI Annual Report filing for the following companies for the following forms GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197.

- Life Investors Insurance Company of America
- Transamerica Occidental Life Insurance Company
- Monumental Life Insurance Company
- Transamerica Premier Life Insurance Company
- Transamerica Life Insurance Company

Please note that Life Investors Insurance Company of America and Transamerica Occidental Life Insurance Company were merged into Transamerica Life Insurance Company ("TLIC") in 2008. Monumental Life Insurance Company was renamed as Transamerica Premier Life Company ("TPLIC") in 2014 and then TPLIC was merged into TLIC in 2021. See the response to #5 for more details.

The last annual report filings that include the policy forms you indicated are as follows:

Company	Issue Date	Policy Forms	Policy Form Series	SERFF#	Submit Date
TLIC	< 10/1/2003	GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA, FTQ (VA) 197, et al	PRO3TQ, TCTQ, FLEX2TQ et al	AEGB-132623706	11/25/2020
TLIC	≥ 10/1/2003	GCPRO-III TQ (VA) 197, LTC 124-197-VA, LTC 125-197-VA, LTC 126-197-VA	PRO3TQ and TCTQ exclusively	AEGB-132623693	11/25/2020
TPLIC	< 10/1/2003	FTQ (VA) 197, et al	FLEX2TQ, et all	AEGB-132623699	11/25/2020
TPLIC	≥ 10/1/2003	FTQ (VA) 197	FLEX2TQ exclusively	AEGB-132622734	11/25/2020

5. Please provide the documentation to support that Transamerica Life Insurance Company is the sole survivor in the merger with the following companies:

- Life Investors Insurance Company of America
- Transamerica Occidental Life Insurance Company
- Monumental Life Insurance Company
- Transamerica Premier Life Insurance Company

The mergers were documented in the following filings:

- Life Investors Insurance Company of America merged into Transamerica Life Insurance Company - see AEGA-125771622 approved 10/29/2008
- Transamerica Occidental Life Insurance Company merged into Transamerica Life Insurance Company - see AEGA-125771710 approved 10/24/2008
- Monumental Life Insurance Company changed its name to Transamerica Premier Life Insurance Company - see SERFF Tracking # AEGB-129626769 approved 8/7/2014

- [Transamerica Premier Life Insurance Company merged into Transamerica Life Insurance Company - see SERFF Tracking # AEGB-132803371 approved 4/19/21](#)

6. Rate/Rule Schedule:

Please provide the following information under "Company Rate Information"

a) Number of Policy Holders Affected for this Program: [19](#)

b) Written Premium for this Program: [35,671](#)

[This information has been added in SERFF.](#)

7. Rate/Rule Schedule:

The "Rate Action" for Item No. 1 should be "Other" instead of "New".

[These items have been addressed in SERFF.](#)

8. Rate/Rule Schedule:

The SERFF Tracking Number of Last Filing are not annual reports but instead are rate increase request filings. Please provide the SERFF Tracking Number of the Last LTC Annual Rate Report.

[These items have been addressed in SERFF.](#)

I look forward to your continued review of the proposed premium rate increase. Please do not hesitate to contact me with questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Dan Anderson". The signature is fluid and cursive, with a large initial "D" and "A".

Dan Anderson, ASA, MAAA
Actuary

Transamerica Life Insurance Company
Actual to Expected Experience - Lapse
2020 Assumptions

Year	Exposed Lives	Actual Lapses*	Currently Expected Lapses**	A/E Lapses*
2008	216,698	3,410	2,768	123.2%
2009	218,078	3,306	2,608	126.8%
2010	200,731	2,649	2,270	116.7%
2011	196,197	2,402	2,233	107.6%
2012	210,811	2,659	2,541	104.6%
2013	198,643	2,799	2,763	101.3%
2014	196,938	2,678	2,765	96.9%
2015	212,563	3,081	3,066	100.5%
2016	207,719	3,178	3,138	101.3%
2017	182,474	2,939	2,964	99.2%
2018	166,269	2,653	2,789	95.1%

*Please note the financial crisis of the later 2000's caused a spike in actual lapses which were not reflected in the update of current lapse assumptions. The financial crisis was considered a one-off aberration from the normal lapse rate pattern not expected to continue going forward. That said, A/E lapse ratios associated with the later 2000's materially exceed 100% due to the excess actual lapses caused by that event that peaked over those calendar years. Please note A/E lapses by calendar year trend back much closer to 100% by the early teens' and stabilize thereafter.

**Per 2020 assumptions, not pricing

Transamerica Life Insurance Company
 Actual to Expected Experience - Mortality
 2020 Assumptions

Year	Exposed Lives	Actual Deaths	Currently Expected Deaths*	A/E Deaths
2009	292,568	5,007	5,073	98.7%
2010	282,062	5,274	5,132	102.8%
2011	274,654	5,301	5,171	102.5%
2012	272,141	5,137	5,204	98.7%
2013	270,797	5,211	5,215	99.9%
2014	265,262	5,159	5,227	98.7%
2015	263,032	5,254	5,210	100.8%
2016	259,178	5,067	5,207	97.3%
2017	253,856	5,171	5,187	99.7%
1H2018	124,374	2,618	2,569	101.9%
Total	2,557,924	49,198	49,196	100.0%

*Per 2020 assumptions, not pricing

Transamerica Life Insurance Company
Actual to Expected Experience - Claim Incidence
2020 Assumptions
Includes Experience Years 2008-2018

Policy Year	Exposed Lives	Actual Claim Count	Currently Expected Claim	A/E Claim Count
1-8	2,077,026	1,525	1,639	93.1%
9	385,356	920	937	98.2%
10	435,515	1,382	1,399	98.8%
11	471,692	1,935	1,931	100.2%
12	502,160	2,545	2,593	98.2%
13	512,740	3,287	3,243	101.3%
14	510,709	3,838	3,874	99.1%
15	491,646	4,413	4,359	101.2%
16	449,063	4,785	4,753	100.7%
17	384,531	4,908	4,939	99.4%
18	313,570	4,742	4,885	97.1%
19	244,345	4,510	4,564	98.8%
20	182,114	4,050	4,050	100.0%
21	129,632	3,401	3,444	98.7%
22	89,079	2,690	2,786	96.6%
23	55,373	2050	2109	97.2%
24	34,256	1567	1543	101.5%
25+	44,338	2459	2511	97.9%
Total	7,313,145	55,007	55,559	99.0%

*Per 2020 assumptions, not pricing

Transamerica Life Insurance Company
Actual to Expected Experience - Claim Termination
2020 Assumptions
Includes Experience Years 2008Q3-2018Q2

Claim Year	Exposed Lives	Actual On-Claim Deaths	Actual Recoveries	Currently Expected On-Claim Deaths*	Currently Expected Recoveries*	A/E On-Claim Deaths	A/E Recoveries
1	310,476	7,390	4,262	7,331	4,093	100.8%	104.1%
2	251,581	4,746	1,120	4,795	1,052	99.0%	106.4%
3	171,317	3,427	442	3,524	434	97.2%	101.8%
4	112,160	2,398	280	2,351	239	102.0%	116.9%
5+	194,594	4,349	324	4,511	364	96.4%	89.1%
Total	1,040,127	22,310	6,428	22,512	6,182	99.1%	104.0%

*Per 2020 assumptions, not pricing

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge LI-TLIC 10/08
Project Name/Number: LIICA to TLIC merger endorsement filing/Merge LI-TLIC 10/08

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: Merge LI-TLIC 10/08
State: Virginia
TOI: A10 Annuities - Other
Sub-TOI: A10.000 Annuities - Other
Filing Type: Endorsement
Date Submitted: 09/29/2008
SERFF Tr Num: AEGA-125771622
SERFF Status: Closed-Approved
State Tr Num: 5/8291
State Status: Approved
Co Tr Num: MERGE LI-TLIC 10/08
Co Status:
Effective: On Approval
Date Requested:
Author(s):
Reviewer(s): Debbie Seay (primary)
Disposition Date: 10/29/2008
Disposition Status: Approved
Effective Date:

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge LI-TLIC 10/08
Project Name/Number: LIICA to TLIC merger endorsement filing/Merge LI-TLIC 10/08

General Information

Project Name: LIICA to TLIC merger endorsement filing	Status of Filing in Domicile: Authorized
Project Number: Merge LI-TLIC 10/08	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/29/2008
Company Status Changed:	State Status Changed: 10/29/2008
Deemer Date: 10/29/2008	Created By: Sue Burdick
Submitted By: Sue Burdick	Corresponding Filing Tracking Number:

Filing Description:

Please find enclosed the above referenced form for your review and approval. This is a new form which is not intended to replace any form previously approved by your Department.

Life Investors Insurance Company of America will merge with Transamerica Life Insurance Company effective October 2, 2008, pending receipt of all necessary regulatory approvals. The enclosed endorsement will be sent to all existing group policy holders where the group policy was issued in your state, and to existing individual policy or certificate holders, contract owners, owners of agreements and insureds, as applicable, with Life Investors Insurance Company of America to notify them of the change. The merger received regulatory approval from the Iowa Insurance Division on July 9, 2008.

A copy of the merger approval from the financial area of the Virginia Bureau of Insurance is enclosed.

Also, enclosed you will find a list of the types of insurance this endorsement will be used with.

We would appreciate your review and approval of this form and the return of an approval for our files.

Company and Contact

Filing Contact Information

Sue Burdick, Form Filing Analyst II	sburdick@aegonusa.com
4333 Edgewood Road, NE	319-355-7876 [Phone]
MS 4280	319-355-6820 [FAX]
Cedar Rapids, IA 52499	

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 39-0989781	

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge LI-TLIC 10/08
Project Name/Number: LIICA to TLIC merger endorsement filing/Merge LI-TLIC 10/08

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge LI-TLIC 10/08
Project Name/Number: LIICA to TLIC merger endorsement filing/Merge LI-TLIC 10/08

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Debbie Seay	10/29/2008	10/29/2008

SERFF Tracking #:

AEGA-125771622

State Tracking #:

5/8291

Company Tracking #:

MERGE LI-TLIC 10/08

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

A10 Annuities - Other/A10.000 Annuities - Other

Product Name:

Merge LI-TLIC 10/08

Project Name/Number:

LIICA to TLIC merger endorsement filing/Merge LI-TLIC 10/08

Disposition

Disposition Date: 10/29/2008

Effective Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Merger Policy Endorsement	Approved	Yes
Supporting Document	Certification of Compliance	Received & Acknowledged	No
Supporting Document	L&H Policy Forms	Received & Acknowledged	No
Supporting Document	List of Types of Insurance	Received & Acknowledged	No
Supporting Document	Flesch Readability Certification	Received & Acknowledged	No
Supporting Document	Cover Letter	Received & Acknowledged	No
Supporting Document	Copy of VA Regulatory Approval	Received & Acknowledged	No

State: Virginia
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge LI-TLIC 10/08
Project Name/Number: LIICA to TLIC merger endorsement filing/Merge LI-TLIC 10/08

Filing Company: Transamerica Life Insurance Company

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 10/29/2008	Merger Policy Endorsement	Merge LI-TLIC 10/08	POLA	Initial		50.270	Merge LI-TLIC 1008 - endorsement form.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

IMPORTANT NOTICE

This Endorsement forms a part of your Life Investors Insurance Company of America policy/contract/certificate or agreement. As a policy owner, contract owner, certificate owner, agreement holder or insured (Owner), you should attach this Endorsement to your policy/contract/certificate or agreement.

MERGER ENDORSEMENT

This Is To Certify That:

**LIFE INVESTORS INSURANCE COMPANY OF AMERICA
HOME OFFICE: CEDAR RAPIDS, IOWA**

Has Merged Into:

**TRANSAMERICA LIFE INSURANCE COMPANY
HOME OFFICE: CEDAR RAPIDS, IOWA**

As of the effective date shown below, all Owners of coverage issued by Life Investors Insurance Company of America became Owners of coverage under Transamerica Life Insurance Company.

The Merger was completed upon approval of the Iowa Insurance Division.

All obligations of Life Investors Insurance Company of America are now provided by Transamerica Life Insurance Company.

All references to Life Investors Insurance Company of America are replaced with Transamerica Life Insurance Company. The terms "We", "Us", "Our" or "Company" mean Transamerica Life Insurance Company. All other benefits, terms and conditions will not change.

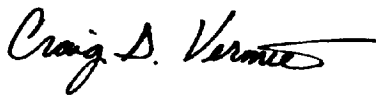
You should make any future premium payments to Transamerica Life Insurance Company and send all claims or benefit requests to Transamerica Life Insurance Company.

IN WITNESS WHEREOF, Transamerica Life Insurance Company has caused this Endorsement to be executed as of the effective date. The effective date of the merger is October 2, 2008.

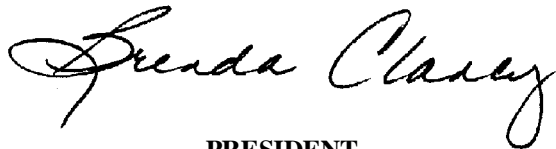
Signed for us at our Home Office:

**TRANSAMERICA LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD N.E.
CEDAR RAPIDS, IOWA 52499**

[ADMINISTRATIVE OFFICE: P.O. BOX 95302, HURST, TX 76053-2302]
[(800) 553 - 5957]



SECRETARY



PRESIDENT

State: Virginia
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge LI-TLIC 10/08
Project Name/Number: LIICA to TLIC merger endorsement filing/Merge LI-TLIC 10/08

Filing Company: Transamerica Life Insurance Company

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	Compliance Cert.pdf
Item Status:	Received & Acknowledged
Status Date:	10/29/2008

Bypassed - Item:	L&H Policy Forms
Bypass Reason:	Endorsement form is attached under Form Schedule tab.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	10/29/2008

Satisfied - Item:	List of Types of Insurance
Comments:	
Attachment(s):	TOI list - LIICA.pdf
Item Status:	Received & Acknowledged
Status Date:	10/29/2008

Satisfied - Item:	Flesch Readability Certification
Comments:	
Attachment(s):	Flesch certification.pdf
Item Status:	Received & Acknowledged
Status Date:	10/29/2008

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Submission letter - LIICA to TLIC.pdf
Item Status:	Received & Acknowledged
Status Date:	10/29/2008

Satisfied - Item:	Copy of VA Regulatory Approval
Comments:	
Attachment(s):	LIICA Regulatory Approval.pdf
Item Status:	Received & Acknowledged

SERFF Tracking #: AEGA-125771622 **State Tracking #:** 5/8291 **Company Tracking #:** MERGE LI-TLIC 10/08

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge LI-TLIC 10/08
Project Name/Number: LIICA to TLIC merger endorsement filing/Merge LI-TLIC 10/08

Status Date:	10/29/2008
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STATE OF VIRGINIA
CERTIFICATION OF COMPLIANCE

RE: Merge LI-TLIC 10/08

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.

TRANSAMERICA LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Mary Schaefer".

Mary L. Schaefer, Assistant Vice President

Date: August 6, 2008

**LIFE INVESTORS INSURANCE COMPANY OF AMERICA MERGER
TO
TRANSAMERICA LIFE INSURANCE COMPANY**

LINES OF AUTHORITY

TOI: A02I Individual Annuities-Deferred Non-Variable; Sub-TOI: A02I.002 Flexible Premium
TOI: A05I Individual Annuities-Immediate Non-Variable; Sub-TOI: A05.000 Immediate Non-Variable
TOI: A08G Group Annuities-Unallocated; Sub-TOI: A08G.001 Funding Agreement
TOI: A08G Group Annuities-Unallocated; Sub-TOI: A08G.002 GIC
TOI: L04I Individual Life-Term; Sub-TOI: L04I.103 Single Life-Fixed/Indeterminate Premium
TOI: L04I Individual Life-Term; Sub-TOI: L04I.213 Specified Age or Duration-Fixed/Indeterminate Premium-
Single Life
TOI: L06I Individual Life-Variable; Sub-TOI: L06I.002 Single Life-Flexible Premium
TOI: L06I Individual Life-Variable; Sub-TOI: L06I.202 Joint (Last to Die)-Flexible Premium
TOI: L07I Individual Life-Whole; Sub-TOI: L07I.101-Fixed/Indeterminate Premium-Single Life
TOI: L09I Individual Life-Flexible Premium Adjustable Life; Sub-TOI: L09I.001 Single Life
TOI: L09I Individual Life-Flexible Premium Adjustable Life; Sub-TOI: L09I.002 Joint (Last to Die)
TOI: L09I Individual Life-Flexible Premium Adjustable Life; Sub-TOI: L09I.101 External Indexed-Single Life

FLESCH READABILITY CERTIFICATION


Form Number

Flesch Score

Merge LI-TLIC 10/08
(with representative policy form)

50.27

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

A handwritten signature in black ink that reads "Mary Schaefer". The signature is written in a cursive style with a large initial "M" and a long, sweeping underline.

Mary L. Schaefer
Assistant Vice President



Home Office:
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499
(319)355-8511

September 29, 2008

Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218

Attn: Policy Examination Division (Life & Annuity)

RE: Transamerica Life Insurance Company
NAIC # 468- 86231
SERFF Tracking Number - AEGA-125771622
Merge LI-TLIC 10/08 – Policy Endorsement

Dear Sir:

Please find enclosed the above referenced form for your review and approval. This is a new form which is not intended to replace any form previously approved by your Department.

Life Investors Insurance Company of America will merge with Transamerica Life Insurance Company effective October 2, 2008, pending receipt of all necessary regulatory approvals. The enclosed endorsement will be sent to all existing group policy holders where the group policy was issued in your state, and to existing individual policy or certificate holders, contract owners, owners of agreements and insureds, as applicable, with Life Investors Insurance Company of America to notify them of the change. The merger received regulatory approval from the Iowa Insurance Division on July 9, 2008.

A copy of the merger approval from the financial area of the Virginia Bureau of Insurance is enclosed.

Also, enclosed you will find a list of the types of insurance this endorsement will be used with.

We would appreciate your review and approval of this form and the return of an approval for our files.

Sincerely,

Transamerica Life Insurance Company

Sue Burdick, Filing Analyst II
TCM Regulatory Filing Unit
phone (319) 355-7876
fax (319) 355-6820
sburdick@aeconusa.com

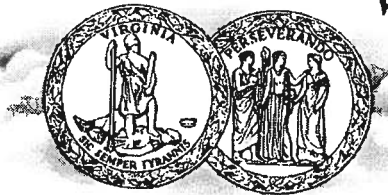
P.S. This form was approved by our home state, Iowa, on _____ or is concurrently submitted.

COMMONWEALTH OF VIRGINIA

MARK C. CHRISTIE
COMMISSIONER

JAMES C. DIMITRI
COMMISSIONER

JUDITH WILLIAMS JAGDMANN
COMMISSIONER



JOEL H. PECK
CLERK OF THE COMMISSION
P.O. BOX 1197
RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION Office of the Clerk

October 2, 2008

TODD M PERRINE
TRANSAMERICA
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

RE: Transamerica Life Insurance Company
ID: F031433 - 8
DCN: 08-07-17-0057

Dear Customer:

This is your receipt for \$25.00, covering the fees for filing a duly authenticated copy of articles of merger with this office.

The document was filed on October 2, 2008.

Each non-surviving entity:

LIFE INVESTORS INSURANCE COMPANY OF AMERICA

is merged into Transamerica Life Insurance Company.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

MERGRcpt
MERGRcpt
CIS0436

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge TOLIC-TLIC 10/08
Project Name/Number: TOLIC to TLIC merger endorsement filing/Merge TOLIC-TLIC 10/08

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: Merge TOLIC-TLIC 10/08
State: Virginia
TOI: A10 Annuities - Other
Sub-TOI: A10.000 Annuities - Other
Filing Type: Endorsement
Date Submitted: 09/23/2008
SERFF Tr Num: AEGA-125771710
SERFF Status: Closed-Approved
State Tr Num: 5/8282
State Status: Approved
Co Tr Num: MERGE TOLIC-TLIC 10/08
Co Status:
Effective: On Approval
Date Requested:
Author(s):
Reviewer(s): Debbie Seay (primary)
Disposition Date: 10/24/2008
Disposition Status: Approved
Effective Date:

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge TOLIC-TLIC 10/08
Project Name/Number: TOLIC to TLIC merger endorsement filing/Merge TOLIC-TLIC 10/08

General Information

Project Name: TOLIC to TLIC merger endorsement filing Status of Filing in Domicile: Authorized
 Project Number: Merge TOLIC-TLIC 10/08 Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 10/24/2008
 Company Status Changed: State Status Changed: 10/10/2014
 Deemer Date: 10/23/2008 Created By: Sue Burdick
 Submitted By: Sue Burdick Corresponding Filing Tracking Number:

Filing Description:

Please find enclosed the above referenced form for your review and approval. This is a new form which is not intended to replace any form previously approved by your Department.

Transamerica Occidental Life Insurance Company will merge with Transamerica Life Insurance Company effective October 1, 2008, pending receipt of all necessary regulatory approvals. The enclosed endorsement will be sent to all existing group policy holders where the group policy was issued in your state, and to existing individual policy or certificate holders, contract owners, owners of agreements and insureds, as applicable, with Transamerica Occidental Life Insurance to notify them of the change. The merger received regulatory approval from the Iowa Insurance Division on July 9, 2008.

A copy of the merger approval from the financial area of the Virginia Bureau of Insurance is enclosed.

Also, enclosed you will find a list of the types of insurance this endorsement will be used with.

We would appreciate your review and approval of this form and the return of an approval for our files.

Company and Contact

Filing Contact Information

Sue Burdick, Form Filing Analyst II sburdick@aegonusa.com
 4333 Edgewood Road, NE 319-355-7876 [Phone]
 MS 4280 319-355-6820 [FAX]
 Cedar Rapids, IA 52499

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 39-0989781	

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge TOLIC-TLIC 10/08
Project Name/Number: TOLIC to TLIC merger endorsement filing/Merge TOLIC-TLIC 10/08

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge TOLIC-TLIC 10/08
Project Name/Number: TOLIC to TLIC merger endorsement filing/Merge TOLIC-TLIC 10/08

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Debbie Seay	10/24/2008	10/24/2008

SERFF Tracking #:

AEGA-125771710

State Tracking #:

5/8282

Company Tracking #:

MERGE TOLIC-TLIC 10/08

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

A10 Annuities - Other/A10.000 Annuities - Other

Product Name:

Merge TOLIC-TLIC 10/08

Project Name/Number:

TOLIC to TLIC merger endorsement filing/Merge TOLIC-TLIC 10/08

Disposition

Disposition Date: 10/24/2008

Effective Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Policy Endorsement	Approved	Yes
Supporting Document	Certification of Compliance	Received & Acknowledged	No
Supporting Document	L&H Policy Forms	Received & Acknowledged	No
Supporting Document	List of Types of Insurance	Received & Acknowledged	No
Supporting Document	Flesch Readability Certification	Received & Acknowledged	No
Supporting Document	Cover Letter	Received & Acknowledged	No
Supporting Document	Copy of VA merger approval	Received & Acknowledged	No

SERFF Tracking #:

AEGA-125771710

State Tracking #:

5/8282

Company Tracking #:

MERGE TOLIC-TLIC 10/08

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

A10 Annuities - Other/A10.000 Annuities - Other

Product Name:

Merge TOLIC-TLIC 10/08

Project Name/Number:

TOLIC to TLIC merger endorsement filing/Merge TOLIC-TLIC 10/08

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 10/24/2008	Policy Endorsement	Merge TOLIC-TLIC 10/08	POLA	Initial		50.270	Merge TOLIC-TLIC 1008 - end. form.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

IMPORTANT NOTICE

This Endorsement forms a part of your Transamerica Occidental Life Insurance Company policy/contract/certificate or agreement. As a policy owner, contract owner, certificate owner, agreement holder or insured (Owner), you should attach this Endorsement to your policy/contract/certificate or agreement.

MERGER ENDORSEMENT

This Is To Certify That:

**TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY
HOME OFFICE: CEDAR RAPIDS, IOWA**

Has Merged Into:

**TRANSAMERICA LIFE INSURANCE COMPANY
HOME OFFICE: CEDAR RAPIDS, IOWA**

As of the effective date shown below, all Owners of coverage issued by Transamerica Occidental Life Insurance Company became Owners of coverage under Transamerica Life Insurance Company.

The Merger was completed upon approval of the Iowa Insurance Division.

All obligations of Transamerica Occidental Life Insurance Company are now provided by Transamerica Life Insurance Company.

All references to Transamerica Occidental Life Insurance Company are replaced with Transamerica Life Insurance Company. The terms "We", "Us", "Our" or "Company" mean Transamerica Life Insurance Company. All other benefits, terms and conditions will not change.

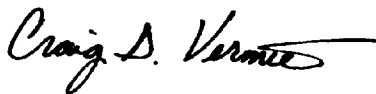
You should make any future premium payments to Transamerica Life Insurance Company and send all claims or benefit requests to Transamerica Life Insurance Company.

IN WITNESS WHEREOF, Transamerica Life Insurance Company has caused this Endorsement to be executed as of the effective date. The effective date of the merger is October 1, 2008.

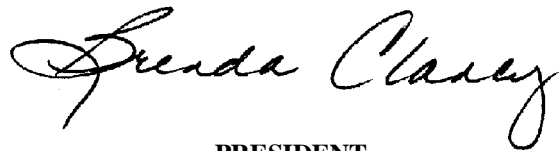
Signed for us at our Home Office:

**TRANSAMERICA LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD N.E.
CEDAR RAPIDS, IOWA 52499**

[ADMINISTRATIVE OFFICE: P.O. BOX 95302, HURST, TX 76053-2302]
[(800) 821 - 9090]



SECRETARY



PRESIDENT

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
Product Name: Merge TOLIC-TLIC 10/08
Project Name/Number: TOLIC to TLIC merger endorsement filing/Merge TOLIC-TLIC 10/08

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	Compliance Cert.pdf
Item Status:	Received & Acknowledged
Status Date:	10/24/2008

Bypassed - Item:	L&H Policy Forms
Bypass Reason:	Endorsement form is attached under Form Schedule tab.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	10/24/2008

Satisfied - Item:	List of Types of Insurance
Comments:	
Attachment(s):	TOI list - TOLIC.pdf
Item Status:	Received & Acknowledged
Status Date:	10/24/2008

Satisfied - Item:	Flesch Readability Certification
Comments:	
Attachment(s):	Flesch certification.pdf
Item Status:	Received & Acknowledged
Status Date:	10/24/2008

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Submission letter - TOLIC to TLIC.pdf
Item Status:	Received & Acknowledged
Status Date:	10/24/2008

Satisfied - Item:	Copy of VA merger approval
Comments:	
Attachment(s):	VA TOLIC regulatory approval.pdf
Item Status:	Received & Acknowledged

SERFF Tracking #:

AEGA-125771710

State Tracking #:

5/8282

Company Tracking #:

MERGE TOLIC-TLIC 10/08

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

A10 Annuities - Other/A10.000 Annuities - Other

Product Name:

Merge TOLIC-TLIC 10/08

Project Name/Number:

TOLIC to TLIC merger endorsement filing/Merge TOLIC-TLIC 10/08

Status Date:

10/24/2008

STATE OF VIRGINIA
CERTIFICATION OF COMPLIANCE

RE: Merge TOLIC-TLIC 10/08

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.

TRANSAMERICA LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Mary Schaefer".

Mary L. Schaefer, Assistant Vice President

Date: August 6, 2008

**TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY
TO
TRANSAMERICA LIFE INSURANCE COMPANY**

LINES OF AUTHORITY

TOI: A02I Individual Annuities-Deferred Non-Variable; Sub-TOI: A02I.002 Flexible Premium
TOI: A05I Individual Annuities-Immediate Non-Variable; Sub-TOI: A05.000 Immediate Non-Variable
TOI: H02I Individual Health-Accident Only; Sub-TOI: H02I.000 Health-Accident Only
TOI: L06I Individual Life-Variable; Sub-TOI: L06I.002 Single Life-Flexible Premium
TOI: L09I Individual Life-Flexible Premium Adjustable Life; Sub-TOI: L09I.001 Single Life
TOI: CR02G Group Credit-Credit Disability; Sub-TOI: CR02G.001 Monthly Premium-Open-End
TOI: CR02G Group Credit-Credit Disability; Sub-TOI: CR02G.002 Monthly Premium-Closed-End
TOI: CR02G Group Credit-Credit Disability; Sub-TOI: CR02G.003 Single Premium
TOI: CR02G Group Credit-Credit Disability; Sub-TOI: CR02G.004 Full Term
TOI: CR02G Group Credit-Credit Disability; Sub-TOI: CR02G.005 Critical Period
TOI: CR02G Group Credit-Credit Disability; Sub-TOI: CR02G.006 Truncated
TOI: CR02G Group Credit-Credit Disability; Sub-TOI: CR02G.007 Other
TOI: CR02I Individual Credit-Credit Disability; Sub-TOI: CR02I.001 Monthly Premium-Open-End
TOI: CR02I Individual Credit-Credit Disability; Sub-TOI: CR02I.002 Monthly Premium-Closed-End
TOI: CR02I Individual Credit-Credit Disability; Sub-TOI: CR02I.003 Single Premium
TOI: CR02I Individual Credit-Credit Disability; Sub-TOI: CR02I.004 Full Term
TOI: CR02I Individual Credit-Credit Disability; Sub-TOI: CR02I.005 Critical Period
TOI: CR02I Individual Credit-Credit Disability; Sub-TOI: CR02I.006 Truncated
TOI: CR02I Individual Credit-Credit Disability; Sub-TOI: CR02I.007 Other
TOI: CR03G Group Credit-FMLA; Sub-TOI: CR03G.002 Monthly Premium-Closed-End
TOI: CR04G Group Credit-Life; Sub-TOI: CR04G.001 Monthly Premium-Open-End
TOI: CR04G Group Credit-Life; Sub-TOI: CR04G.002 Monthly Premium-Closed-End
TOI: CR04G Group Credit-Life; Sub-TOI: CR04G.003 Single Premium
TOI: CR04G Group Credit-Life; Sub-TOI: CR04G.004 Gross
TOI: CR04G Group Credit-Life; Sub-TOI: CR04G.005 Net
TOI: CR04G Group Credit-Life; Sub-TOI: CR04G.006 Truncated
TOI: CR04I Individual Credit-Life; Sub-TOI: CR04I.001 Monthly Premium-Open-End
TOI: CR04I Individual Credit-Life; Sub-TOI: CR04I.002 Monthly Premium-Closed-End
TOI: CR04I Individual Credit-Life; Sub-TOI: CR04I.003 Single Premium
TOI: CR04I Individual Credit-Life; Sub-TOI: CR04I.004 Gross
TOI: CR04I Individual Credit-Life; Sub-TOI: CR04I.005 Net
TOI: CR04I Individual Credit-Life; Sub-TOI: CR04I.006 Truncated
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.001 Plan A
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.002 Plan B
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.003 Plan C
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.004 Plan D
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.005 Plan E
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.006 Plan F (Basic)
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.007 Plan F (High)
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.008 Plan G
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.009 Plan H
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.010 Plan I
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.011 Plan J (Basic)
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.012 Plan J (High)
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.013 Plan K
TOI: MS05G Group Medicare Supplement-Standard Plans; Sub-TOI: MS05G.014 Plan L

FLESCH READABILITY CERTIFICATION

Form Number

Flesch Score

Merge TOLIC-TLIC 10/08
(with representative policy form)

50.27

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

A handwritten signature in black ink that reads "Mary Schaefer". The signature is written in a cursive style with a large initial "M" and a long, sweeping underline.

Mary L. Schaefer
Assistant Vice President



Home Office:
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499
(319)355-8511

September 23, 2008

Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218

Attn: Policy Examination Division (Life & Annuity)

RE: Transamerica Life Insurance Company
NAIC # 468- 86231
SERFF Tracking Number - AEGA-125771710
Merge TOLIC-TLIC 10/08 – Policy Endorsement

Dear Sir:

Please find enclosed the above referenced form for your review and approval. This is a new form which is not intended to replace any form previously approved by your Department.

Transamerica Occidental Life Insurance Company will merge with Transamerica Life Insurance Company effective October 1, 2008, pending receipt of all necessary regulatory approvals. The enclosed endorsement will be sent to all existing group policy holders where the group policy was issued in your state, and to existing individual policy or certificate holders, contract owners, owners of agreements and insureds, as applicable, with Transamerica Occidental Life Insurance to notify them of the change. The merger received regulatory approval from the Iowa Insurance Division on July 9, 2008.

A copy of the merger approval from the financial area of the Virginia Bureau of Insurance is enclosed.

Also, enclosed you will find a list of the types of insurance this endorsement will be used with.

We would appreciate your review and approval of this form and the return of an approval for our files.

Sincerely,

Transamerica Life Insurance Company

Sue Burdick, Filing Analyst II
TCM Regulatory Filing Unit
phone (319) 355-7876
fax (319) 355-6820
sburdick@aegonusa.com

P.S. This form was approved by our home state, Iowa, on _____ or is concurrently submitted.

COMMONWEALTH OF VIRGINIA

MARK C. CHRISTIE
COMMISSIONER

JAMES C. DIMITRI
COMMISSIONER

JUDITH WILLIAMS JAGDMANN
COMMISSIONER



JOEL H. PECK
CLERK OF THE COMMISSION
P.O. BOX 1197
RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION Office of the Clerk

October 1, 2008

TODD M PERRINE
TRANSAMERICA LIFE INSURANCE CO
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

RE: Transamerica Life Insurance Company
ID: F031433 - 8
DCN: 08-07-21-4133

Dear Customer:

This is your receipt for \$25.00, covering the fees for filing a duly authenticated copy of articles of merger with this office.

The document was filed on October 1, 2008.

Each non-surviving entity:

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

is merged into Transamerica Life Insurance Company.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

MERGRcpt
MERGRcpt
CIS0436

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Company Name Change Endorsement Multi Line
Project Name/Number: E-09614 - MLIC to TPLIC Name Change/A001-E

Filing at a Glance

Company: Transamerica Premier Life Insurance Company
Product Name: Company Name Change Endorsement – Multi Line
State: Virginia
TOI: ML02 Multi-Line - Other
Sub-TOI: ML02.000 Multi-Line - Other
Filing Type: Endorsement
Date Submitted: 07/08/2014
SERFF Tr Num: AEGB-129626769
SERFF Status: Closed-Approved
State Tr Num: AEGB-129626769
State Status: Approved
Co Tr Num: MLIC TO TPLIC
Co Status:
Effective On Approval
Date Requested:
Author(s): Veronique Harris
Reviewer(s): Cara Alvis (primary)
Disposition Date: 08/07/2014
Disposition Status: Approved
Effective Date:

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Company Name Change Endorsement Multi Line
Project Name/Number: E-09614 - MLIC to TPLIC Name Change/A001-E

General Information

Project Name: E-09614 - MLIC to TPLIC Name Change Status of Filing in Domicile:
Project Number: A001-E Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Iowa is the home state
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 09/16/2015 Company Status Changed:
State Status Changed: 08/07/2014 Deemer Date: 08/07/2014
Created By: Nancy French Submitted By: Nancy French
Corresponding Filing Tracking Number:

Filing Description:

RE: Form MLIC-TPLIC 0714

The above-referenced form is enclosed for your review and approval. It is a new form, and does not replace any existing form. This submission does not contain any unusual or possibly controversial items from normal industry standards.

Effective July 31, 2014, Monumental Life Insurance Company, NAIC #468-66281 will change its name to Transamerica Premier Life Insurance Company, pending receipt of all necessary regulatory approvals. The enclosed endorsement will be sent to all existing group policy holders where the group policy was issued in your state, and to existing individual policy or certificate holders, contract owners, owners of agreements and insureds, as applicable, to notify them of the change.

We are enclosing a list of the types of insurance and policy forms that will continue to be used under our new company name, Transamerica Premier Life Insurance Company. The list includes the dates the forms were originally approved by your Department, the SERFF Filing number, and in the event they are pending approval, the status of the filing.

Beginning on the date we obtain approval of both the Name Change Endorsement and the UCAA Corporate Amendments application, we intend to update the text of the forms included on the listing as described in the Endorsement; or as an alternative, to attach the Endorsement to any form that has not been updated. We have enclosed a certification signed by a company officer indicating that the only changes to the forms are those described in the Endorsement, a Statement of Variables and Authorization for Compliance Research Services, LLC to perform this filing on the Company's behalf.

The Endorsement was written in understandable language and achieved a score of 50 under a Flesch Scale Analysis.

We have sent to the Department, under separate cover, an UCAA Corporate Amendments application, which requests approval of the company name change.

Thank you for your attention to this matter. If you have any questions please feel free to call me at 513-984-6050 or e-mail me at nfrench@crssolutionsgroup.com.

Sincerely,

Company and Contact

Filing Contact Information

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Company Name Change Endorsement Multi Line
Project Name/Number: E-09614 - MLIC to TPLIC Name Change/A001-E

Nancy French, nfrench@crssolutionsgroup.com
10921 Reed Hartman Highway 513-984-6050 [Phone]
Suite 334
Cincinnati, OH 45242

Filing Company Information

Transamerica Premier Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road NE	Group Code: 468	Company Type: Life & Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-7888 ext. [Phone]	FEIN Number: 52-0419790	

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Company Name Change Endorsement Multi Line
Project Name/Number: E-09614 - MLIC to TPLIC Name Change/A001-E

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

AEGB-129626769

State Tracking #:

AEGB-129626769

Company Tracking #:

MLIC TO TPLIC

State:

Virginia

Filing Company:

Transamerica Premier Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

Company Name Change Endorsement Multi Line

Project Name/Number:

E-09614 - MLIC to TPLIC Name Change/A001-E

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Cara Alvis	09/16/2015	09/16/2015
Approved	Cara Alvis	08/07/2014	08/07/2014

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Forms List - Annuities	Nancy French	09/15/2015	09/15/2015

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-open	Note To Filer	Cara Alvis	09/14/2015	09/14/2015

SERFF Tracking #:

AEGB-129626769

State Tracking #:

AEGB-129626769

Company Tracking #:

MLIC TO TPLIC

State:

Virginia

Filing Company:

Transamerica Premier Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

Company Name Change Endorsement Multi Line

Project Name/Number:

E-09614 - MLIC to TPLIC Name Change/A001-E

Disposition

Disposition Date: 08/07/2014

Effective Date:

Status: Approved

Comment: The original approval date of 08-07-14 will remain the same.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	COMPANY NAME CHANGE ENDORSEMENT	Approved	Yes
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Certification	Received & Acknowledged	Yes
Supporting Document	Explanation of Variables	Received & Acknowledged	Yes
Supporting Document	Forms List	Received & Acknowledged	Yes
Supporting Document	Authorization	Received & Acknowledged	Yes
Supporting Document	Readability	Received & Acknowledged	Yes
Supporting Document	Forms List - Annuities	Received & Acknowledged	Yes

SERFF Tracking #:

AEGB-129626769

State Tracking #:

AEGB-129626769

Company Tracking #:

MLIC TO TPLIC

State:

Virginia

Filing Company:

Transamerica Premier Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

Company Name Change Endorsement Multi Line

Project Name/Number:

E-09614 - MLIC to TPLIC Name Change/A001-E

Disposition

Disposition Date: 08/07/2014

Effective Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	COMPANY NAME CHANGE ENDORSEMENT	Approved	Yes
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Certification	Received & Acknowledged	Yes
Supporting Document	Explanation of Variables	Received & Acknowledged	Yes
Supporting Document	Forms List	Received & Acknowledged	Yes
Supporting Document	Authorization	Received & Acknowledged	Yes
Supporting Document	Readability	Received & Acknowledged	Yes
Supporting Document	Forms List - Annuities	Received & Acknowledged	Yes

SERFF Tracking #:

AEGB-129626769

State Tracking #:

AEGB-129626769

Company Tracking #:

MLIC TO TPLIC

State:

Virginia

Filing Company:

Transamerica Premier Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

Company Name Change Endorsement Multi Line

Project Name/Number:

E-09614 - MLIC to TPLIC Name Change/A001-E

Amendment Letter

Submitted Date: 09/15/2015

Comments:

Thank you for re-opening this filing. When we submitted the information for the Monumental Life Insurance Company name change to Transamerica Premier Life Insurance Company, we included lists of previously approved Monumental Life forms that would be endorsed or updated to show the new name.

It has come to our attention that the lists did not include previously approved Monumental Life annuities. The list is attached. We ask that it be added to the previously approved submission to assure that the filing record is complete.

Thank you for your assistance.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Forms List - Annuities
Comments:	
Attachment(s):	MLIC Forms List - Virginia Annuities.pdf

State: Virginia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Company Name Change Endorsement Multi Line
Project Name/Number: E-09614 - MLIC to TPLIC Name Change/A001-E

Note To Filer

Created By:

Cara Alvis on 09/14/2015 01:15 PM

Last Edited By:

Cara Alvis

Submitted On:

09/14/2015 01:15 PM

Subject:

Re-open

Comments:

Mr. Simon, Per your telephone request, we have re-opened this filing. Sep 14, 2015.

SERFF Tracking #:

AEGB-129626769

State Tracking #:

AEGB-129626769

Company Tracking #:

MLIC TO TPLIC

State:

Virginia

Filing Company:

Transamerica Premier Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

Company Name Change Endorsement Multi Line

Project Name/Number:

E-09614 - MLIC to TPLIC Name Change/A001-E

Form Schedule

Lead Form Number: MLIC-TPLIC 0714

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 08/07/2014	COMPANY NAME CHANGE ENDORSEMENT	MLIC-TPLIC 0714	POLA	Initial		50.000	MLIC-TPLIC 0714.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

IMPORTANT NOTICE

This Endorsement forms a part of and should be attached to your Policy, Certificate, Contract or Agreement.

COMPANY NAME CHANGE ENDORSEMENT

This Is To Certify That

Monumental Life Insurance Company

Has Changed Its Name To

Transamerica Premier Life Insurance Company

Home Office – Cedar Rapids, Iowa

[Administrative Office: 4333 Edgewood Road NE

Cedar Rapids, Iowa 52499

1-800-555-1234]

As a result of the name change, your Policy, Certificate, Contract, or Agreement is amended as follows:

All references to Monumental Life Insurance Company are changed to Transamerica Premier Life Insurance Company.

All contractual obligations of Monumental Life Insurance Company under the Policy, Certificate, Contract or Agreement are now provided by Transamerica Premier Life Insurance Company. The terms "We," "Us," "Our," and "Company" mean Transamerica Premier Life Insurance Company.

In all other respects, the coverage under your Policy, Certificate, Contract or Agreement remains the same.


[You should make any future premiums or loan repayment checks payable to Transamerica Premier Life Insurance Company. You should send future correspondence, premium payments, loan repayments, claims or benefit requests to Transamerica Premier Life Insurance Company at the following Service Center or Administrative Office address:

**[4333 Edgewood Road NE
Cedar Rapids, Iowa 52499
1-800-555-1234]**

The effective date of the Company name change is July 31, 2014.

This Endorsement is signed by the President and Secretary of Transamerica Premier Life Insurance Company at our Home Office:

Transamerica Premier Life Insurance Company



Secretary

State: Virginia
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Company Name Change Endorsement Multi Line
Project Name/Number: E-09614 - MLIC to TPLIC Name Change/A001-E

Filing Company: Transamerica Premier Life Insurance Company

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	Virginia Certification.pdf
Item Status:	Received & Acknowledged
Status Date:	08/07/2014

Satisfied - Item:	Certification
Comments:	
Attachment(s):	TPLIC Name Change-Certification cbvpi.pdf
Item Status:	Received & Acknowledged
Status Date:	08/07/2014

Satisfied - Item:	Explanation of Variables
Comments:	
Attachment(s):	MLIC-TPLIC Endorsement EOV.pdf
Item Status:	Received & Acknowledged
Status Date:	08/07/2014

Satisfied - Item:	Forms List
Comments:	
Attachment(s):	MLIC FORMS LIST - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	08/07/2014

Satisfied - Item:	Authorization
Comments:	
Attachment(s):	TPL Authorization - States 6-2014.pdf
Item Status:	Received & Acknowledged
Status Date:	08/07/2014

Satisfied - Item:	Readability
Comments:	
Attachment(s):	READABILITY CERTIFICATION ML-TP CB.pdf
Item Status:	Received & Acknowledged

State: Virginia Filing Company: Transamerica Premier Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Company Name Change Endorsement Multi Line
Project Name/Number: E-09614 - MLIC to TPLIC Name Change/A001-E

Status Date:	08/07/2014
Satisfied - Item:	Forms List - Annuities
Comments:	
Attachment(s):	MLIC Forms List - Virginia Annuities.pdf
Item Status:	Received & Acknowledged
Status Date:	09/16/2015

Virginia Certification

Transamerica Premier Life Insurance Company

Form: MLIC-TPLIC 0714

I hereby certify that 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.

Cheryl Bock

Signed:

Name: Cheryl Bock

Title: Vice President, Product Implementation

Company Name: Transamerica Premier Life Insurance Company

Date: 7-8-2014 Phone No: 319-355-4240 FAX No: 319-355-2501

E-Mail Address: Cheryl.Bock@Transamerica.com

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

Certification Statement

I hereby certify that the only changes that will be made to currently marketed forms shown on the attached lists are the company updates – company name, address and officer's signatures.

Cheryl Bock

Cheryl Bock
Vice President, Product Implementation

**TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY**

June 11, 2014

MLIC-TPLIC 0714

The information appearing within brackets will be variable. Any changes will be applied as described below, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below.

Administrative Address: To allow this form to be used by all of our operating divisions impacted by this change, our Administrative Office address and telephone number are bracketed to allow disclosure of the applicable address and telephone number that applies to the various divisions and for each specific block of business.

Instructions for future Correspondence: The fifth paragraph that provides direction for the mailing of future premium payments or mailing future correspondence will appear as shown in brackets. The Administrative Address will vary as described in the explanation above.

1. When this paragraph prints, the Administrative Address that appears at the top of the page will not print.
2. This paragraph will not print for programs of insurance where the insured receives monthly billing statements and/or other periodic correspondence from us or our business partners, third party administrators, or managing general underwriters.

**List of Approved Forms
Actively Marketed - Credit**

Virginia

LOI-TOI	Form Type	Form Number	Form Name-Description	Approval Date	SERFF or State Tracking No
CR04G Group Credit - Life	Certificate	ML-C 1805 TBJ (VA)	Group Single Premium Certificate	1/26/2007	AEGH-125043327
CR04G Group Credit - Life	Certificate	ML-C 1805 TBS (VA)	Group Single Premium Certificate	1/26/2007	AEGH-125043327
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P 1805 TB (VA)	Group Single Premium Policy	1/26/2007	AEGH-125043327
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1826 T (VA)	Debtor's Application	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1826L T (VA)	Debtor's Application	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Certificate	ML-C 1826-1 T (VA)	Group Monthly Premium Policy	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Certificate	ML-C 1826-2 T (VA)	Group Monthly Premium Certificate	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Certificate	ML-C 1826-3 T (VA)	Group Monthly Premium Certificate	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Certificate	ML-C 1826L T (VA)	Group Monthly Premium Policy	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P 1826 T (VA)	Group Monthly Premium Policy	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1826 T (VA)	Debtor's Application	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1826L T (VA)	Debtor's Application	10/18/2007	AEGX-125215602
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1826 (VA)	Debtor's Application	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1826L (VA)	Debtor's Application	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Certificate	ML-C 1825L (VA)	Group Monthly Premium Certificate	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Certificate	ML-C 1826-1 (VA)	Group Monthly Premium Certificate	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Certificate	ML-C 1826-2 (VA)	Group Monthly Premium Certificate	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Certificate	ML-C 1826-3 (VA)	Group Monthly Premium Certificate	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P 1826 (VA)	Group Monthly Premium Policy	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1826 (VA)	Debtor's Application	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1826L (VA)	Debtor's Application	10/30/2007	AEGX-125215557
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1825 (VA)	Debtor's Application	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1825L (VA)	Debtor's Application	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Application/Enrollment Form	ML-AA 1805 (VA)	Group Policyholder Application	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Certificate	ML-C 1825-1 (VA)	Group Monthly Premium Credit Life and Disability Certificate	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Certificate	ML-C 1825-2 (VA)	Group Monthly Premium Credit Life and Disability Certificate	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Certificate	ML-C 1825-3 (VA)	Group Monthly Premium Credit Life and Disability Certificate	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Certificate	ML-C 1825L (VA)	Group Monthly Premium Credit Life Insurance Certificate	5/28/2008	AEGX-125302485

**List of Approved Forms
Actively Marketed - Credit**

Virginia

LOI-TOI	Form Type	Form Number	Form Name-Description	Approval Date	SERFF or State Tracking No
CR04G Group Credit - Life	Other	ML-NP 1825 (VA)	Notice of Proposed Insurance	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Other	ML-NP 1825L (VA)	Notice of Proposed Insurance	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P 1825 (VA)	Group Monthly Premium Credit Life and Disability Policy	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1825 (VA)	Debtor's Application Health Questionnaire	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1825L (VA)	Debtor's Application Health Questionnaire	5/28/2008	AEGX-125302485
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1805 TBJ VA	Application for Credit Insurance	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Certificate	ML-A 1805 TBS VA	Application for Credit Insurance	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Certificate	ML-C 1805 TBJ (VA)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Certificate	ML-C 1805 TBS (VA)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Certificate	ML-C1805TBJVA(R0709)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Certificate	ML-C1805TBSVA(R0709)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P 1805 TB (VA)	Group Credit Life and Disability Insurance Policy	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P1805TBVA(R0709)	Group Credit Life and Disability Insurance Policy	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1805 TBJ VA	Application for Credit Insurance	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1805 TBS VA	Application for Credit Insurance	6/29/2009	AEGX-126152435
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1805 FJ VA	Application for Credit Insurance	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1805 FS VA	Application for Credit Insurance	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Certificate	ML-C 1805 FJ (VA)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Certificate	ML-C 1805 FS (VA)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Certificate	ML-C1805FJVA(R0709)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Certificate	ML-C1805FSVA(R0709)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P 1805 F (VA)	Group Credit Life and Disability Insurance Policy	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P1805FVA(R0709)	Group Credit Life and Disability Insurance Policy	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1805 FJ VA	Application for Credit Insurance	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1805 FS VA	Application for Credit Insurance	6/29/2009	AEGX-126152575
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1805 CJ VA	Application for Credit Insurance	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1805 CS VA	Application for Credit Insurance	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Certificate	ML-C 1805 CJ (VA)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152923

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CR04G Group Credit - Life	Certificate	ML-C 1805 CS (VA)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Certificate	ML-C1805CJVA(R0709)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Certificate	ML-C1805CSVA(R0709)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P 1805 C (VA)	Group Credit Life and Disability Insurance Policy	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P1805CVA(0709)	Group Credit Life and Disability Insurance Policy	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1805 CJ VA	Application for Credit Insurance	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1805 CS VA	Application for Credit Insurance	6/29/2009	AEGX-126152923
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1805 TJ VA	Application for Credit Insurance	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Application/Enrollment Form	ML-A 1805 TS VA	Application for Credit Insurance	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Certificate	ML-C 1805 TJ (VA)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Certificate	ML-C 1805 TS (VA)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Certificate	ML-C1805TJVA(R0709)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Certificate	ML-C1805TSVA(R0709)	Group Credit Life and Disability Insurance Certificate	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P 1805 T (VA)	Group Credit Life and Disability Insurance Policy	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P1805TVA(R0709)	Group Credit Life and Disability Insurance Policy	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1805 TJ VA	Application for Credit Insurance	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q 1805 TS VA	Application for Credit Insurance	6/29/2009	AEGX-126152993
CR04G Group Credit - Life	Application/Enrollment Form	ML-A1826LVA(R0709)	Application for Credit Life Insurance	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Application/Enrollment Form	ML-A1826VA(R0709)	Application for Credit Life and Disability Insurance	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Certificate	ML-C1826-1VA(R0709)	Credit Life and Disability Closed-end Monthly Premium Certificate	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Certificate Amendment, Insert Page, Endorsement or Rider	ML-C1826-2VA(R0709)	Credit Life and Disability Closed-end Monthly Premium Certificate	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Certificate	ML-C1826-3VA(R0709)	Credit Life and Disability Closed-end Monthly Premium Certificate	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Certificate	ML-C1826LVA(R0709)	Credit Life Closed-end Monthly Premium Certificate	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P1826VA(R0709)	Credit Life and Disability Closed-end Monthly Premium Policy	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1826LVA(R0709)	Application for Credit Life Insurance	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1826VA(R0709)	Application for Credit Life and Disability Insurance	10/5/2009	AEGX-126312659
CR04G Group Credit - Life	Application/Enrollment Form	ML-A1826LTVA(R0709)	Application for Credit Life Insurance	10/5/2009	AEGX-126313268

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CR04G Group Credit - Life	Application/Enrollment Form	ML-A1826TVA(R0709)	Application for Credit Life and Disability Insurance	10/5/2009	AEGX-126313268
CR04G Group Credit - Life	Certificate	ML-C1826-1TVA(R0709)	Credit Life and Disability Closed-end Monthly Premium Certificate	10/5/2009	AEGX-126313268
CR04G Group Credit - Life	Certificate	ML-C1826-2TVA(R0709)	Credit Life and Disability Closed-end Monthly Premium Certificate	10/5/2009	AEGX-126313268
CR04G Group Credit - Life	Certificate	ML-C1826-3TVA(R0709)	Credit Life and Disability Closed-end Monthly Premium Certificate	10/5/2009	AEGX-126313268
CR04G Group Credit - Life	Certificate	ML-C1826LTVA(R0709)	Credit Life Closed-end Monthly Premium Certificate	10/5/2009	AEGX-126313268
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P1826TVA(R0709)	Credit Life and Disability Closed-end Monthly Premium Policy	10/5/2009	AEGX-126313268
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1826LTVA(0709)	Application for Credit Life Insurance	10/5/2009	AEGX-126313268
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1826TVA(R0709)	Application for Credit Life and Disability Insurance	10/5/2009	AEGX-126313268
CR04G Group Credit - Life	Application/Enrollment Form	ML-A1825LVA(R0709)	Application for Credit Life Insurance	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-A1825VA(R0709)	Application for Credit Life and Disability Insurance	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825-1VA(R0709)	Credit Life and Disability Open-end Monthly Premium Certificate	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825-2VA(R0709)	Credit Life and Disability Open-end Monthly Premium Certificate	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825-3VA(R0709)	Credit Life and Disability Open-end Monthly Premium Certificate	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825LMT	Credit Life Open-end Monthly Premium Certificate	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825LVA(R0709)	Credit Life Open-end Monthly Premium Certificate	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1827L2VA	Credit Life Open-end Monthly Premium Certificate	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P1825VA(R0706)	Credit Life and Disability Open-end Monthly Premium Policy	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1825LMT	Application for Credit Life Insurance	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1825LVA(R0709)	Application for Credit Life Insurance	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1825VA(R0709)	Application for Credit Life and Disability Insurance	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1827L2VA	Application for Credit Life Insurance	10/6/2009	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-A1825LVA(R0709)	Application for Credit Life Insurance	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-A1825VA(R0709)	Application for Credit Life and Disability Insurance	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825-1VA(R0709)	Credit Life and Disability Open-end Monthly Premium Certificate	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825-2VA(R0709)	Credit Life and Disability Open-end Monthly Premium Certificate	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825-3VA(R0709)	Credit Life and Disability Open-end Monthly Premium Certificate	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825LMT	Credit Life Open-end Monthly Premium Certificate	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Certificate	ML-C1825LVA(R0709)	Credit Life Open-end Monthly Premium Certificate	3/4/2010	AEGX-126312329

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CR04G Group Credit - Life	Certificate	ML-C1827L2VA	Credit Life Open-end Monthly Premium Certificate	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Policy/Contract/Fraternal Certificate	ML-P1825VA(R0706)	Credit Life and Disability Open-end Monthly Premium Policy	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1825LMT	Application for Credit Life Insurance	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1825LVA(R0709)	Application for Credit Life Insurance	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1825VA(R0709)	Application for Credit Life and Disability Insurance	3/4/2010	AEGX-126312329
CR04G Group Credit - Life	Application/Enrollment Form	ML-Q1827L2VA	Application for Credit Life Insurance	3/4/2010	AEGX-126312329
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-C 1805 TJ (VA)	Group Single Premium Credit Insurance Certificate	12/15/2006	SERT-6JSKEZ443/00-00/00-00/00
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-C 1805 TS (VA)	Group Single Premium Credit Insurance Certificate	12/15/2006	SERT-6JSKEZ443/00-00/00-00/00
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-P 1805 T (VA)	Group Single Premium Credit Insurance Policy	12/15/2006	SERT-6JSKEZ443/00-00/00-00/00
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-C 1805 CJ (VA)	Group Single Premium Credit Insurance	12/18/2006	SERT-6JQSVL405/00-00/00-00/00
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-C 1805 CS (VA)	Group Single Premium Credit Insurance Certificate	12/18/2006	SERT-6JQSVL405/00-00/00-00/00
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-P 1805 C (VA)	Group Single Premium Credit Insurance Policy	12/18/2006	SERT-6JQSVL405/00-00/00-00/00
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-C 1805 FJ (VA)	Group Single Premium Credit Insurance Certificate	1/10/2007	SERT-6JQQAY132/00-00/00-00/00
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-C 1805 FS (VA)	Group Single Premium Credit Insurance Certificate	1/10/2007	SERT-6JQQAY132/00-00/00-00/00
CR04G - Group Credit	Policy/Contract/Fraternal Certificate	ML-P 1805 F (VA)	Group Single Premium Credit Insurance Policy	1/10/2007	SERT-6JQQAY132/00-00/00-00/00

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H02G Group Health - Accident Only	Certificate	GC964	Group Catastrophic Accident Disability Insurance Certificate	5/28/2002	Paper - State File # 7-18169
H02G Group Health - Accident Only	Policy	GM964	Group Catastrophic Accident Disability Insurance policy	5/28/2002	Paper - State File # 7-18169
H11G Group Health - Disability Income	Application/Enrollment Form	DI1000GAM	Application	4/16/1999	Paper Filing
H11G Group Health - Disability Income	Certificate	DI1000GCM	Disability Income Insurance Certificate	4/16/1999	Paper Filing
H11G Group Health - Disability Income	Policy	DI1000GPM	Disability Income Insurance Policy	4/16/1999	Paper Filing
H11G Group Health - Disability Income	Other	DISQML	Questionnaire	8/7/2001	Paper Filing
H02G Group Health - Accident Only	Policy	I88600	Accident Only Policy Insert Pages	5/26/1989	Paper
H02G Group Health - Accident Only	Policy	J88600VA	Accident Only Policy	5/26/1989	Paper
H02G Group Health - Accident Only	Other	O88601	Accident Outline of Coverage	5/26/1989	Paper
H02G Group Health - Accident Only	Rider	R88601	Accident Medical Treatment Rider	5/26/1989	Paper
H02G Group Health - Accident Only	Certificate	MLHAP1000GC	Group Accident Indemnity Certificate	6/16/2008	AEGX-125650988
H02G Group Health - Accident Only	Certificate	MLSA2100GBC.VA	Blanket Student Accident Only Insurance Certificate	10/19/2010	AEGX-126576173
H02G Group Health - Accident Only	Application/Enrollment Form	MLSA2100GBMA	Master Application	10/19/2010	AEGX-126576173
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate	MLSA2100GBP.VA	Blanket Student Accident Only Insurance Policy	10/19/2010	AEGX-126576173
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	MLSA2101GBER	Policy Endorsement	10/19/2010	AEGX-126576173
H02G Group Health - Accident Only	Application/Enrollment Form	1000AGM	Group Policyholder Application	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	9-025	Policy Endorsement	4/16/2013	AEGB-128908392

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H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1000AM.VA	Policy Amendment	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate	AD1000GCM.VA	Group Accidental Death Certificate	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate	AD1000GPM	Group Accidental Death Policy	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1001CRM	Accumulation Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1001PRM	Accumulation Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1002CRM	Education Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1002PRM	Education Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1003CRM	Total Disability Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1003PRM	Total Disability Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1004CRM	Accident Hospital Indemnity Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1004PRM	Accident Hospital Indemnity Benefit Policy Rider	4/16/2013	AEGB-128908392

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H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1005CRM	Common Carrier Death Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1005PRM	Common Carrier Death Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1006CRM	Military Pilot Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1006PRM	Military Pilot Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1007CRM	Dependent Child Day Care Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1007PRM	Dependent Child Day Care Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1008CRM	Special Training Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1008PRM	Special Training Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1009CRM	Coma Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1009PRM	Coma Benefit Policy Rider	4/16/2013	AEGB-128908392

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H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1010CRM	Paralysis Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1010PRM	Paralysis Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1010RM	Paralysis Benefit Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1011CRM	Seatbelt Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1011PRM	Seatbelt Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1012CRM	Motor Vehicle Death Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1012PRM	Motor Vehicle Death Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1013CRM	Dismemberment Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1013PRM	Dismemberment Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1014CRM	Repatriation Expense Benefit Certificate Rider	4/16/2013	AEGB-128908392

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H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1014PRM	Repatriation Expense Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1015CRM	Loss of Use Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1015PRM	Loss of Use Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1016CRM	Farm Accident Death Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1016PRM	Farm Accident Death Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1017CRM	Special Pilot Benefit Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1017PRM	Special Pilot Benefit Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1018CRM	Skilled Nursing Facility Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1018PRM	Skilled Nursing Facility Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1019CRM	[Emergency Room and Ambulance] Certificate Rider	4/16/2013	AEGB-128908392

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H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1019PRM	[Emergency Room and Ambulance] Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1020CRM	Intensive Care Indemnity Certificate Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1020PRM	Intensive Care Indemnity Policy Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1024RM (Rev. 7/01)	Survivor's Monthly Income Benefit	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1025RM	At-Work Indemnity Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1026RM	Loss of Use Benefit Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1050RM	Return of Premium Rider	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Application/Enrollment Form	AD1100GEM (Rev. 04/02)	Enrollment Form	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Application/Enrollment Form	AD1100GEM (Rev. 07/07)	Enrollment Form	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate	AD2000GCM	Group Non-Contributory Accidental Death Certificate	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Certificate	AD2300GCM	Group Non-Contributory Accidental Death Certificate	4/16/2013	AEGB-128908392

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H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	EA1000GCM	ERISA Amendment	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	GEN1000AM	Policy Amendment	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	GSAD1200AM	Amendment	4/16/2013	AEGB-128908392
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD2400AM	Amendment	7/15/2013	AEGB-128988604
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1000AM-AGIA	[Policy][Certificate] Amendment	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Certificate	AD1000GCM	Group Accidental Death Certificate	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1002CRM	Education Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1010RM	Paralysis Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1019CRM	[Emergency Room and Ambulance] Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1024RM (Rev. 7/01)	Survivor's Monthly Income Benefit	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1036RM	Accident Only Recuperation Benefit Rider	10/24/2013	AEGB-129190362

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H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1037RM	Physician Treatment Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1040RM	Travel Hospital Confinement Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1041RM	[Accidental][Emergency] Outpatient Care Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1042RM	Private Passenger Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1043RM	Private Transportation Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1044RM	Bonus Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1045RM	Travel [Accidental][Emergency] Outpatient Care Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1046RM	Rehabilitation Benefit Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1047RM	Travel Accident Hazards Benefit Rider	10/24/2013	AEGB-129190362

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H02G Group Health - Accident Only	Certificate Amendment, Insert Page, Endorsement or Rider	AD1050RM	Return of Premium Rider	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Application/Enrollment Form	AD1100GEM (Rev. 04/02)	Enrollment Form	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Application/Enrollment Form	AD1100GEM (Rev. 07/07)	Enrollment Form	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD2401AM	Travel Accidental Death Benefit Amendment	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD2402AM	[Policy][Certificate] Amendment	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD2403AM	Payment of Claims Amendment	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Certificate	AD2500GCM	Certificate	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Application/Enrollment Form	AD2500GEM	Activation Form	10/24/2013	AEGB-129190362
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1041RM Rev. 11-13	[Accidental][Emergency] Outpatient Care Benefit Rider	12/10/2013	AEGB-129290148
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1044RM Rev. 11-13	Bonus Benefit Rider	12/10/2013	AEGB-129290148
H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1045RM Rev. 11-13	Travel [Accidental][Emergency] Outpatient Care Benefit Rider	12/10/2013	AEGB-129290148

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H02G Group Health - Accident Only	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AD1047RM Rev. 11-13	Travel Accident Hazards Benefit Rider	12/10/2013	AEGB-129290148
H02G Group Health - Accident Only	Certificate	AD2500GCM Rev. 11-13	Non-Contributory Accidental Death and Dismemberment Certificate	12/10/2013	AEGB-129290148
H02I Individual Health - Accident Only	Policy	J88600VA	Accident Only Policy		
H03G Group Health - Accidental Death & Dismemberment	Certificate	MLAD1000GC	Group Accidental Death Certificate	6/16/2008	AEGX-125650279
H03G Group Health - Accidental Death & Dismemberment	Certificate	MLAD1100GC	Group Accidental Death Certificate	6/16/2008	AEGX-125650972
H05 Health - Champus/Tricare Supplement	Application/Enrollment Form	MLTRC1000GA	Group Application	5/25/2010	AEGX-126207306
H05 Health - Champus/Tricare Supplement	Certificate	MLTRC1000GC.VA	Group Tricare Supplement Certificate of Insurance	5/25/2010	AEGX-126207306
H05 Health - Champus/Tricare Supplement	Application/Enrollment Form	MLTRC1000GE	Enrollment Form	5/25/2010	AEGX-126207306
H05 Health - Champus/Tricare Supplement	Certificate Amendment, Insert Page, Endorsement or Rider	MLTRC1000GEND	Endorsement	5/25/2010	AEGX-126207306
H05 Health - Champus/Tricare Supplement	Policy/Contract/Fraternal Certificate	MLTRC1000GP.VA	Group Tricare Supplement Insurance Policy	5/25/2010	AEGX-126207306
H05 Health - Champus/Tricare Supplement	Application/Enrollment Form	MLTRC1001GE	Tricare Enrollment Form	3/25/2014	AEGB-129363038
H05 Health - Champus/Tricare Supplement	Application/Enrollment Form	MLTRC1001GE VA	Tricare Enrollment Form	3/25/2014	AEGB-129363038
H07G Group Health - Specified Disease - Limited Benefit	Application/Enrollment Form	1000AGM	Group Policyholder Application	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1000AM (3/95)	Amendment	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1000AM-AGIA	Amendment	8/26/2013	AEGB-128953093

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H07G Group Health - Specified Disease - Limited Benefit	Certificate	CA1000GCM	Group Indemnity Cancer Certificate	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Application/Enrollment Form	CA1000GEM(Rev. 4-95)	Application	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1001CRM	Ambulance Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1002CRM	Attending Physician Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1003CRM	Blood and Plasma Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1004CRM	Cancer Diagnostic Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1005RM	Cancer Intensive Care Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1006CRM	Second Opinion Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1007CRM	Death Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1008CRM	Extended Hospital Expenses Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1009CRM	First Occurrence Benefit Rider	8/26/2013	AEGB-128953093

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H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1010CRM	Home Hospice Care Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1011CRM	Hospice Care Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1012CRM	Hospital Confinement Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1012RM	Hospital Confinement Compensation Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1013CRM	Miscellaneous Hospital Expense Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1014CRM	Private Duty Nurse Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1015CRM	Radiology and Chemotherapy Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1016CRM	Skilled Nursing Facility Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1017CRM(4/93)	Skin Cancer Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1018CRM	Surgical and Anesthesia Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1019CRM	Transportation Expense Benefit Rider	8/26/2013	AEGB-128953093

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H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1020CRM	Cancer Treatment Monitoring Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1021CRM	Outpatient Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1022RM.DC (Rev. 06/01)	Wellness Care Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1026RM	Home Nursing Care Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1027RM	At Home Private Duty Nurse Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1028RM	Veterans Administration Daily Hospital Confinement Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1029RM	First Diagnosis Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1030RM	Health and Wellness Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1031RM	Outpatient Preventive Care Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1032RM	Experimental Cancer/Trial Treatment Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1033RM	Inpatient Drugs and Medicine Benefit Rider	8/26/2013	AEGB-128953093

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H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1034RM	Increased Cancer Care Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1050CEM	Military Hospital Certificate Amendment	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1100CEM	Specified Disease Policy Amendment	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate Amendment, Insert Page, Endorsement or Rider	CA1100RM	Specified Disease Benefit Rider	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Application/Enrollment Form	CA1200GAM	Application	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Application/Enrollment Form	CA3000GAM	Group Cancer Application	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Application/Enrollment Form	CA4000GAM (Rev. 04-11)	Application	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Application/Enrollment Form	CA4000GAM(Rev. 6-07)	Application	8/26/2013	AEGB-128953093
H07G Group Health - Specified Disease - Limited Benefit	Certificate	LB2000GCM	Non-Contributory Limited Duration [Preventative] Benefit Indemnity Certificate	8/26/2013	AEGB-128953093
H07I Individual Health - Specified Disease - Limited Benefit	Application/Enrollment Form	A09101VA	APPLICATION FOR LIFE/HEALTH INSURANCE PART 2 – CANCER	3/6/2009	AEGF-125781529
H07I Individual Health - Specified Disease - Limited Benefit	Application/Enrollment Form	A09111VA	PART 3 – AGREEMENT /AUTHORIZATION	3/6/2009	AEGF-125781529
H07I Individual Health - Specified Disease - Limited Benefit	Application/Enrollment Form	A09265CANVA	APPLICATION FOR POLICY CHANGE AFTER ISSUE PART 2	3/6/2009	AEGF-125781529
H07I Individual Health - Specified Disease - Limited Benefit	Application/Enrollment Form	A09265VA	APPLICATION FOR POLICY CHANGE AFTER ISSUE PART 1	3/6/2009	AEGF-125781529

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H071 Individual Health - Specified Disease - Limited Benefit	Policy/Contract/Fraternal Certificate	J08P01VA	Cancer Insurance Policy	3/6/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	R08P01VA	Insured Spouse Rider	3/6/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	R08P02VA	Insured Child Rider	3/6/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	R08P03VA	Cancer Increase Benefit Rider	3/6/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Schedule Pages	S08P01VA	Policy Specifications Page	3/6/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Application/Enrollment Form	A09101VA	APPLICATION FOR LIFE/HEALTH INSURANCE PART 2 – CANCER	6/25/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Application/Enrollment Form	A09111VA	PART 3 – AGREEMENT /AUTHORIZATION	6/25/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Application/Enrollment Form	A09265CANVA	APPLICATION FOR POLICY CHANGE AFTER ISSUE PART 2	6/25/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Application/Enrollment Form	A09265VA	APPLICATION FOR POLICY CHANGE AFTER ISSUE PART 1	6/25/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Policy/Contract/Fraternal Certificate	J08P01VA	Cancer Insurance Policy	6/25/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	R08P01VA	Insured Spouse Rider	6/25/2009	AEGF-125781529

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H071 Individual Health - Specified Disease - Limited Benefit	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	R08P02VA	Insured Child Rider	6/25/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	R08P03VA	Cancer Increase Benefit Rider	6/25/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Schedule Pages	S08P01VA	Policy Specifications Page	6/25/2009	AEGF-125781529
H071 Individual Health - Specified Disease - Limited Benefit	Other	EOB11001	Explanation of Benefits	8/22/2011	AEGF-127076078
H071 Individual Health - Specified Disease - Limited Benefit	Other	Form No. EOB11001	Explanation of Benefits	8/22/2011	AEGF-127076078
H071 Individual Health - Specified Disease - Limited Benefit	Policy	J97P16VA	Cancer Expense Policy/Cancer Expense		
H071 Individual Health - Specified Disease - Limited Benefit	Rider	R97P01VA	Cancer Check Spouse Rider		
H071 Individual Health - Specified Disease - Limited Benefit	Rider	R97P05VA	Children's Cancer Expense Benefit Rider		
H071 Individual Health - Specified Disease - Limited Benefit	Rider	R97P06VA	Hospice Care Expense Benefit Rider – VA mandated benefit		
H071 Individual Health - Specified Disease - Limited Benefit	Rider	R97P07VA	Home Recovery Benefit Rider		
H071 Individual Health - Specified Disease - Limited Benefit	Rider	R97P08VA	First Occurrence Benefit Rider		
H12 Health - Excess/Stop Loss	Application/Enrollment Form	SL40A (3/07)	Application for Excess Loss Insurance	8/20/2007	AEGG-125144455
H12 Health - Excess/Stop Loss	Policy/Contract/Fraternal Certificate	SL40C (3/07)	Excess Loss Insurance Policy	8/20/2007	AEGG-125144455
H12 Health - Excess/Stop Loss	Other	SL50A (3/07)	Amendment	8/20/2007	AEGG-125144455

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H12 Health - Excess/Stop Loss	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	HCRA-1	HCRA Endorsement	10/24/2007	AEGG-125313133
H12 Health - Excess/Stop Loss	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SPECRETRO-1	Specific Excess Loss Retro Endorsement	10/24/2007	AEGG-125313133
H14G Group Health - Hospital Indemnity	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MLHI5100GAR.VA	Amendment - VA residents	4/29/2013	AEGB-128934403
H14G Group Health - Hospital Indemnity	Certificate	MLHI5100GC	Group Hospital Indemnity Insurance Certificate	4/29/2013	AEGB-128934403
H14G Group Health - Hospital Indemnity	Application/Enrollment Form	MLHI5100GE	Enrollment Form	4/29/2013	AEGB-128934403
H14G Group Health - Hospital Indemnity	Policy/Contract/Fraternal Certificate	MLHI5100GP	Group Hospital Indemnity Insurance Policy	4/29/2013	AEGB-128934403
H14G Group Health - Hospital Indemnity	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MLHI5101GR	AD&D Rider	4/29/2013	AEGB-128934403
H14G Group Health - Hospital Indemnity	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MLHI5102GR	Pregnancy Indemnity Benefit Rider	4/29/2013	AEGB-128934403
H14G Group Health - Hospital Indemnity	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MLHI5103GR	Recuperation Benefit Rider	4/29/2013	AEGB-128934403
H14G Group Health - Hospital Indemnity	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MLHI5104GR	Inpatient Surgical and Anesthesia Benefit Rider	4/29/2013	AEGB-128934403
H14G Group Health - Hospital Indemnity	Certificate	HI1000GCM	Group Hospital Indemnity Certificate	7/11/2013	AEGB-128971670

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H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	HI1001CRM	Accident Certificate Rider	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	HI1002CRM	Accidental Death [and Dismemberment] Certificate Rider	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	HI1005CRM	Intensive Care Indemnity Certificate Rider	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	HI1008CRM	Pregnancy Indemnity Benefit Certificate Rider	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	HI1009CRM	[Emergency Room] [and] [Ambulance] Certificate Rider	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	HI1010AM	Amendment	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	HI1010CRM	Foreign Country Travel Certificate Rider	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	HI1011RM	Recuperation Benefit Rider	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Application/Enrollment Form	HI1100GAM	Application	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate	HI2000GCM	Group Accident Only Hospital Indemnity Certificate	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Application/Enrollment Form	HI2000GEM	Enrollment Form/Activation Form	7/11/2013	AEGB-128971670
H14G Group Health - Hospital Indemnity	Certificate - Amendment, Insert Page, Endorsement or Rider	ACA_DISCLS	Standard Disclosure Notice	9/9/2013	AEGB-129120662

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H14G Group Health - Hospital Indemnity	Certificate Amendment, Insert Page, Endorsement or Rider	HI_PPACA2014AM	Amendment	9/9/2013	AEGB-129120662
H14G Group Health - Hospital Indemnity	Certificate Amendment, Insert Page, Endorsement or Rider	HI1000AM-AGIA	Amendment	9/9/2013	AEGB-129120662
H14G Group Health - Hospital Indemnity	Other	HI1000GPM-APPENDIX A	Appendix A - Surgical Schedule	9/9/2013	AEGB-129120662
H14G Group Health - Hospital Indemnity	Other	HI1000GPM-APPENDIX B	Appendix B - Diagnostic X-ray and Lab Exam Schedule	9/9/2013	AEGB-129120662
H14G Group Health - Hospital Indemnity	Certificate Amendment, Insert Page, Endorsement or Rider	HI1022RM	Accidental Emergency Outpatient Care Benefit Rider	9/9/2013	AEGB-129120662
H14G Group Health - Hospital Indemnity	Certificate Amendment, Insert Page, Endorsement or Rider	HI1023RM	Extended Hospital Confinement Benefit Rider	9/9/2013	AEGB-129120662
H14G Group Health - Hospital Indemnity	Certificate Amendment, Insert Page, Endorsement or Rider	HI1024RM	Firearm Accident Benefit Rider	9/9/2013	AEGB-129120662
H14G Group Health - Hospital Indemnity	Certificate Amendment, Insert Page, Endorsement or Rider	HI1025RM	Rehabilitation Benefit Rider	9/9/2013	AEGB-129120662
H14G Group Health - Hospital Indemnity	Certificate Amendment, Insert Page, Endorsement or Rider	HI1026RM	Outpatient Surgical Facility Benefit Rider	9/9/2013	AEGB-129120662
H15G Group Health - Hospital/Surgical/Medical Expense	Certificate Amendment, Insert Page, Endorsement or Rider	SH1000AM.VA	Amendment	3/13/2008	AEGX-125460424
H15G Group Health - Hospital/Surgical/Medical Expense	Certificate Amendment, Insert Page, Endorsement or Rider	SH1000AM.VA (Rev. 11-09)	Amendment	10/27/2010	AEGX-126400812
H15G Group Health - Hospital/Surgical/Medical Expense	Certificate	SH3000GCM.VA (Rev. 10-09)	Group Student Injury and Sickness Certificate	10/27/2010	AEGX-126400812

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H15G Group Health - Hospital/Surgical/Medical Expense	Certificate	MLSH5100GC.VA	Group Student Injury and Sickness Insurance Certificate	6/13/2011	AEGX-G127023201
H15G Group Health - Hospital/Surgical/Medical Expense	Application/Enrollment Form	MLSH5100GMA.VA	Student Insurance Master Application	6/13/2011	AEGX-G127023201
H15G Group Health - Hospital/Surgical/Medical Expense	Policy/Contract/Fraternal Certificate	MLSH5100GP.VA	Group Student Injury and Sickness Insurance Policy	6/13/2011	AEGX-G127023201
H15G Group Health - Hospital/Surgical/Medical Expense	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MLSH5101GR	Accidental Death and Dismemberment Benefit Rider	6/13/2011	AEGX-G127023201
H15G Group Health - Hospital/Surgical/Medical Expense	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MLSH5102GR	Sports Benefit Rider	6/13/2011	AEGX-G127023201
H15G Group Health - Hospital/Surgical/Medical Expense	Policy/Contract/Fraternal Certificate	MLSH5100GP.VA (Rev. 9-2011)	Group Student injury and Sickness Insurance Policy	3/21/2012	AEGB-127664512
H21 Health - Other	Other	EOB-HO-MLIC	Home Office VA EOB Form	6/21/2007	AEGX-125161804
H21 Health - Other	Other	EOB-TPA-MLIC	TPA VA EOB Form	6/21/2007	AEGX-125161804
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LBIM1018RM	Supplemental Accident Expense Benefit Rider	7/3/2007	AEGX-125195699
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	EA1000GCM	Amendment	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	EA1000GCMVA	Amendment	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1000AM	Amendment	3/10/2014	AEGB-128898426
H21 Health - Other	Application/Enrollment Form	LM1000GAM	Enrollment Form	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate	LM1000GCM	Limited Benefit Medical Expense Certificate	3/10/2014	AEGB-128898426
H21 Health - Other	Policy/Contract/Fraternal Certificate	LM1000GPM	Master Policy	3/10/2014	AEGB-128898426

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H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1001RM	Ambulance Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1002AM	Amendment	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1002RM	At-Home Recover Visits Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1004RM	Foreign Country Travel Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1005RM	Part A Deductible Benefit rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1006RM	Part B Deductible Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1007RM	Part B Additional Coverage Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1008RM (Rev 01/09)	Preventive Medical Care And Physician Exam Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1009RM	Private Duty Nurse Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1010RM	Skilled Nursing Facility Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1011RM	Skilled Nursing Facility Additional Benefit Rider	3/10/2014	AEGB-128898426

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H21 Health - Other	Certificate Amendment, Insert Page, Endorsement or Rider	LM1018RM	Hospice Care Benefit Rider	3/10/2014	AEGB-128898426
H21 Health - Other	Application/Enrollment Form	RM1000GAM	Enrollment Form	3/10/2014	AEGB-128898426
H21 Health - Other	Application/Enrollment Form	RM1000GAMVA	Enrollment Form	3/10/2014	AEGB-128898426
H21 Health - Other	Application/Enrollment Form	RM2000GAM	Enrollment Form	3/10/2014	AEGB-128898426
H21 Health - Other	Application/Enrollment Form	RM2000GAMVA	Enrollment Form	3/10/2014	AEGB-128898426
H071 Individual Health - Specified Disease - Limited Benefit	Other	O97P16	Outline of Coverage	4/23/1998	Paper
H071 Individual Health - Specified Disease - Limited Benefit	Rider	R97P09	Mammography Screening Benefit Rider – TN mandated benefit	4/23/1998	Paper

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L08 Life - Other	Application/Enrollment Form	AB02100	Part B-Tobacco Certification	2/21/2003	SERT-5G4LVQ193/00-00/00-00/00
L08 Life - Other	Sky Diving Questionnaire	QUSD0804	Sky Diving Questionnaire	9/1/2004	SERT-646PGH314/00-00/00-00/00
L08 Life - Other	Conversion Application	L1070405	Conversion Application	5/13/2005	SERT-6BMNEK118/00-00/00-00/00
L08 Life - Other	Application/Enrollment Form	ART1000IAM		1/24/1992	Paper
L08 Life - Other	Application/Enrollment Form	ART1000IEM.VA		1/24/1992	Paper
L071 Individual Life - Whole	Policy	J03210, J03300	Decreasing Term Life Insurance Policy, Quality Whole Life Policy	2/24/2004	Not Available
L08 Life - Other	Endorsement	E03627	Fully Paid-Up Endorsement	2/24/2004	Paper
L041 Individual Life - Term	Policy	J03210VA	Decreasing Term Policy	2/24/2004	Paper
L071 Individual Life - Whole	Policy	J03300VA	Whole Life Policy	2/24/2004	Paper
L071 Individual Life - Whole	Rider	R03030	Whole Life Policy Rider	2/24/2004	Paper
L041 Individual Life - Term	Rider	R03210	Decreasing Term Policy Rider	2/24/2004	Paper
L071 Individual Life - Whole	Policy	J05100VA, J05103VA, J03110VA	Whole Life Policy, 3 Yr Graded Death Benefit Policy, Excess Interest Whole Life Policy	8/17/2005	Not Available
L071 Individual Life - Whole	Rider	R05101VA, R05207VA	Excess Interest Whole Life Rider, 7 Year Renewable Term Rider	11/9/2005	Not Available
L041 Individual Life - Term	Policy	J05207VA	7 Yr Renewable Term Policy	1/17/2006	Not Available
L08 Life - Other	Rider	CR01 0305 VA, WMD01 0305, WPR02 0305, ADR01 0305 VA	Children's Benefit Rider, Disability Waiver of Monthly Deductions Rider, Disability Waiver of Premium Rider, Accidental Death Benefit Rider	12/7/2006	AEGB-125038802
L08 Life - Other	Rider	R05747VA	Deposit Fund Rider		
L041 Individual Life - Term	Policy	J04212VA & R04212VA	12 Year Renewable Term Policy and Rider	10/18/2004	SERT-65AHFT214/00-00/00-00/00
L071 Individual Life - Whole	Application/Enrollment Form	A0310R	Conditional Receipt	7/9/2003	SERT-5N5N33075/00-00/00-00/00
L071 Individual Life - Whole	Application/Enrollment Form	A0330R	Conditional Receipt	9/11/2003	SERT-5N8MN9213/00-00/00-00/00
L071 Individual Life - Whole	Policy	J91300	Whole Life Policy	12/23/2003	SERT-5U4KP7707/00-00/00-00/00
L071 Individual Life - Whole	Rider	R04020	Waiver of Premium Rider	4/15/2004	SERT-5XFKT6833/00-00/00-00/00
L071 Individual Life - Whole	Certificate	0-63F, C00100, C00101	Certificate of Insurance	8/26/2004	SERT-63RN3P908/00-00/00-00/00
L04G Group Life - Term	Application/Enrollment Form	1000AGM	Group Policyholder Application	7/8/1991	Paper
L04G Group Life - Term	Application/Enrollment Form	1000AGM	Group Policyholder Application	9/29/1992	Paper
L04G Group Life - Term	Certificate	MLTL201000GC	Group Twenty Year Term Life Insurance Certificate	10/24/2007	AEGX-125302337
L04G Group Life - Term	Certificate	MLTL201000GC	Group Twenty Year Term Life Insurance Certificate	11/5/2007	AEGX-125302337

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L04G Group Life - Term	Certificate	MLTL801100GC	Group Term To Age 80 Life Insurance Certificate	11/5/2007	AEGX-125302684
L04G Group Life - Term	application	MLGA-SU-0207	Term Life Application	11/5/2007	AEGX-125302876
L04G Group Life - Term	Certificate	MLTL851200GC	Group Term To Age 85 Life Insurance Certificate	11/5/2007	AEGX-125302876
L04G Group Life - Term	Certificate	MLTL85120GC	Term Life Certificate	11/5/2007	AEGX-125302876
L04G Group Life - Term	Application/Enrollment Form	1000AGM	Group Policyholder Application	4/16/2013	Paper
L04G Group Life - Term	Other	Beneficiary Notice	Beneficiary Notice	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1000AM-AGIA	Amendment	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate	TL1000GCM	Group Term Life Certificate	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1001AM	Amendment	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1001CRM	Accidental Death and Dismemberment Benefit Certificate Rider	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1002CRM	Increase of Insurance Benefit Certificate Rider	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1003CRM	Special Conversion Certificate Rider	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1004CRM	Extended Insurance In Event Of Total Disability Certificate Rider	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1005CRM	Waiver of Premium Certificate Rider	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1007RM	Total Disability Benefit Pol & Cert Rider	10/30/2013	AEGB-129158111

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L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1008RM	Total Disability Benefit Pol & Cert Rider	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1010AM	Amendment	10/30/2013	AEGB-129158111
L04G Group Life - Term	Application/Enrollment Form	TL1010GAM (4-93)	Group Term Life Insurance Application	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1010RM	Waiver of Premium Benefit Rider	10/30/2013	AEGB-129158111
L04G Group Life - Term	Application/Enrollment Form	TL1020GEM (4-93)	Term Life Enrollment Form	10/30/2013	AEGB-129158111
L04G Group Life - Term	Application/Enrollment Form	TL1099GAM (Rev. 02-09)	Group Term Life Application	10/30/2013	AEGB-129158111
L04G Group Life - Term	Application/Enrollment Form	TL1099GAM (Rev. 11-00)	Group Term Life Application	10/30/2013	AEGB-129158111
L04G Group Life - Term	Application/Enrollment Form	TL1200GAM	Group Term Life Insurance Application	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate	TL2000GCM	Group Non-Contributory Term Life Insurance Certificate	10/30/2013	AEGB-129158111
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	GEN1000AM	Amendment	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1000AM-AGIA	Amendment	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate	TL1000GCM	Group Term Life Certificate	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1001AM.TN2	Amendment	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1001CRM	Accidental Death and Dismemberment Benefit Certificate Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1002CRM	Increase of Insurance Benefit Certificate Rider	11/11/2013	AEGB-129280688

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L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1003CRM	Special Conversion Certificate Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1004CRM	Extended Insurance In Event Of Total Disability Certificate Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1005CRM	Waiver of Premium Certificate Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1006RM	Accelerated Living Benefit Pol & Cert Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1007RM	Total Disability Benefit Pol & Cert Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1008RM	Total Disability Benefit Pol & Cert Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1009RM	Accelerated Benefits Pol & Cert Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1010AM	Amendment	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1010GAM (4/93)	Group Term Life Insurance Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1010RM	Waiver of Premium Benefit Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate Amendment, Insert Page, Endorsement or Rider	TL1011RM	Accelerated Benefit for Terminal Illness Benefit Rider	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1020GEM (4/93)	Term Life Enrollment Form	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1040GEM	Enrollment Form	11/11/2013	AEGB-129280688

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L04G Group Life - Term	Application/Enrollment Form	TL1050GAM	Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1050GEM	Group Term Life Enrollment Form	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1060GAM	Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1070GAM	Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1080GAM	Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1090GAM	Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1091GAM	Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1092GAM	Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1099GAM (Rev. 02-09)	Group Term Life Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1099GAM (Rev. 11/00)	Group Term Life Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Application/Enrollment Form	TL1200GAM	Group Term Life Insurance Application	11/11/2013	AEGB-129280688
L04G Group Life - Term	Certificate	TL2000GCM	Group Non-Contributory Term Life Insurance Certificate	11/11/2013	AEGB-129280688
L04I Individual Life - Term	Other	CR06 0906 VA	Children's Benefit Rider	11/30/2006	SERT-6TVSEQ949/00-00/00-00/00
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate	TL04 0906 VA, CR06 0906 VA, WPR06 0906	Term to Age 95 Life Insurance Policy with Policy Value Endowment Benefit, Children's Benefit Rider, Waiver of Premium Benefit Rider	11/30/2006	SERT-6TVSEQ949/00-00/00-00/00
L04I Individual Life - Term	Other	WPR06 0906	Waiver of Premium Benefit Rider	11/30/2006	SERT-6TVSEQ949/00-00/00-00/00
L04I Individual Life - Term	Schedule Pages	J03112VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	J03210VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	J04212VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	J05205VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	J05207VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	J05300VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	J92100VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	J93201	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	R03112VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	R05207VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	R05212VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070
L04I Individual Life - Term	Schedule Pages	R05300VA	TERM LIFE POLICY	8/14/2007	AEGF-125232070

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L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	ABWP0500 00 300	Waiver of Premium Benefit Rider	3/17/2009	AEGB-125867820
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AIR06 0107 VA	Additional Insured Rider	3/17/2009	AEGB-125867820
L04I Individual Life - Term	Application/Enrollment Form	L1160808MVA	Life Application	3/17/2009	AEGB-125867820
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MDI04 0107 VA	Monthly Disability Income Rider	3/17/2009	AEGB-125867820
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	RPR01 0107 VA	Return of Premium Rider	3/17/2009	AEGB-125867820
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate	TL07 0107 VA	Term to Age 95 Life Insurance Policy	3/17/2009	AEGB-125867820
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	ADR11 VA	Accident Indemnity Rider	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	APE 3-0313M	Application Amendment to Save Age	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	APE620313M	Supplemental Application for Child Rider	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	APE80313M VA	Nicotine Questionnaire	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	CONVRO3 VA	Conversion Option Endorsement	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	CR14 VA	Insurance on Children Rider	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	L124 0313M VA	Individual Life Application	8/7/2013	AEGB-129011218

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L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	MDI08 VA	Monthly Income Disability Rider	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	MPQ15 0313M VA	Sports & Hazardous Activities Questionnaire	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	MPQ16 0313M VA	Residency and Travel Questionnaire	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	MPQ17 0313M VA	Drug Usage Questionnaire	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	MPQ18 0313M VA	Alcohol Usage Questionnaire	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Application/Enrollment Form	MPQ2 0313M VA	Aviation Questionnaire	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate	TL20 VA	Term Insurance with Level Death Benefit Payable at Death before the Policy Anniversary at the Insured's Age 105	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	WPR13 VA	Waiver of Premium Benefit Rider	8/7/2013	AEGB-129011218
L04I Individual Life - Term	Schedule Pages	J13210VA	Data Pages	11/18/2013	AEGB-129169132
L04I Individual Life - Term	Schedule Pages	J05207VA	7 Year Renewable Term Policy	11/21/2013	AEGB-129244511
L04I Individual Life - Term	Schedule Pages	R05207VA	7 Year Renewable Term Rider	11/21/2013	AEGB-129244511
L04I Individual Life - Term	Application/Enrollment Form	MLWL1100IPAVA	Juvenile Term to Age 25 Life Insurance Application	3/27/2014	AEGB-129269387
L04I Individual Life - Term	Policy/Contract/Fraternal Certificate	MLWL1100IPVA	Juvenile Term to Age 25 Life Insurance Policy	3/27/2014	AEGB-129269387
L04I Individual Life - Term	Rider	R05100VA	Children's Term Rider		
L07G Group Life - Whole	Certificate	MLWLBD1000GC	Group Whole Life Insurance Certificate	11/5/2007	AEGX-125302967
L07G Group Life - Whole	Application	MLWLBD1000GCA	Whole Life Application	11/5/2007	AEGX-125303104
L07G Group Life - Whole	Certificate	MLWLSU1100GC	Whole Life Group Certificate	11/5/2007	AEGX-125303104
L07G Group Life - Whole	Certificate	MLGBL1000GC	Group Modified Whole Life Certificate	11/5/2007	AEGX-125303645
L07G Group Life - Whole	Certificate	MLFGBL1100GC	Group Modified Whole Life Insurance Certificate	11/5/2007	AEGX-125303776
L07I Individual Life - Whole	Other	E00200	Replacement Endorsement	2/1/2007	AEGF-125074399
L07I Individual Life - Whole	Schedule Pages	3yrrop.costdisclosure, 3yrrop.polspec, et al	Schedule Pages for J06201VA	7/16/2007	AEGF-125211015
L07I Individual Life - Whole	Application/Enrollment Form	A06201RVA	Application for Life Insurance	7/16/2007	AEGF-125211015
L07I Individual Life - Whole	Policy/Contract/Fraternal Certificate	J06101	Single Premium Whole Life Policy	7/16/2007	AEGF-125211015

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L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate	J06201VA	Modified Benefit Whole Life Policy	7/16/2007	AEGF-125211015
L071 Individual Life - Whole	Schedule Pages	SinglePay.costdisclosure, SinglePay.polspec, et al	Schedule Pages for J06101	7/16/2007	AEGF-125211015
L071 Individual Life - Whole	Schedule Pages	J03300VA	WHOLE LIFE POLICY	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	J05100VA	WHOLE LIFE POLICY	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	J05103VA	Whole Life Insurance	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	J05110VA	WHOLE LIFE POLICY	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	R05101VA	WHOLE LIFE POLICY	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	S03300VA	Whole Life Policy	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	S05100VA	Whole Life Policy	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	S05101VA	Whole Life Policy	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	S05103VA	Whole Life Policy	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Schedule Pages	S05110VA	Whole Life Policy	9/17/2007	AEGF-125230354
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate	ML-WLCON-0707 VA	Individual Whole Life Insurance Policy	10/12/2007	AEGX-125292941
L071 Individual Life - Whole	Application	MLWLBD1000GCA	Whole Life Application	11/5/2007	AEGX-125302967
L071 Individual Life - Whole		MLGBL1000GCA	Whole Life Application	11/5/2007	AEGX-125303645
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate	J07101VA	Single Premium Whole Life Policy	3/6/2008	AEGF-125379766
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate	R07070	Continued Insurability Rider	3/6/2008	AEGF-125379766
L071 Individual Life - Whole	Application/Enrollment Form	L120 0210 VA	LIFE APPLICATION	6/15/2010	AEGB-126550564
L071 Individual Life - Whole	Certificate Amendment, Insert Page, Endorsement or Rider	ADR08 VA	Accidental Death Benefit Rider	7/15/2010	AEGB-126568723
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate	WL08 VA	Whole Life Insurance Policy	7/15/2010	AEGB-126568723
L071 Individual Life - Whole	Policy	WL08 VA, WL09 VA	Whole Life Policy, Whole Life Policy with Graded Death Benefit	7/15/2010	AEGB-126568723
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate	WL09 VA	Whole Life Insurance Policy with Graded Death Benefit	7/15/2010	AEGB-126568723
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Form E00200B	Replacement Endorsement	8/2/2010	AEGF-126721360

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L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	E10700	Endorsement	9/29/2010	AEGF-126715324
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	E10100	Endorsement	3/29/2011	AEGF-126911792
L071 Individual Life - Whole	Application/Enrollment Form	A10105NVA	Informational Notices	5/23/2011	AEGF-126809756
L071 Individual Life - Whole	Application/Enrollment Form	A10105VA	Application for Reinstatement	5/23/2011	AEGF-126809756
L071 Individual Life - Whole	Application/Enrollment Form	A11131FW	Fraud Warning	8/17/2011	AEGF-127093786
L071 Individual Life - Whole	Application/Enrollment Form	Form A11130VA	Agreement/Authorization - Part 3	8/17/2011	AEGF-127093786
L071 Individual Life - Whole	Application/Enrollment Form	AB02100 0512	Life Application	10/4/2012	AEGB-128592435
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	R05400VA	Accelerated Death Benefit Riders	1/15/2013	AEGB-128666278
L071 Individual Life - Whole	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	R05401VA	Accelerated Death Benefit Rider	1/15/2013	AEGB-128666278
L071 Individual Life - Whole	Schedule Pages	J13300VA	Data Pages	11/18/2013	AEGB-129204472
L071 Individual Life - Whole	Schedule Pages	R13101VA	Excess Interest Whole Life Rider	12/17/2013	AEGB-129290292
L071 Individual Life - Whole	Policy	J05102VA	Whole Life Policy		
L08 Life - Other	Application	A00200VA	Medical Exam - Application for Insurance	6/26/2001	
L08 Life - Other	Application	A01295VA	Application for Policy Change/Conversion	10/24/2001	
L08 Life - Other	Application	A0129RVA	Application for Policy Change/Conversion	10/24/2001	
L08 Life - Other	Application	A03285VA	Application for Life Insurance	8/4/2003	
L08 Life - Other	Reinstatement Application	PS-89 R1004 VA	Reinstatement Application	11/1/2004	
L08 Life - Other	Application	6600-R1006	Application	11/8/2006	
L08 Life - Other	Other	ADR01 0305 VA	Accidental Death Benefit Rider	12/7/2006	AEGB-125038802
L08 Life - Other	Other	AIR02 0305	Additional Insured Rider	12/7/2006	AEGB-125038802
L08 Life - Other	Other	AIR05 0506 VA	Additional Insured Rider 20 Year Term	12/7/2006	AEGB-125038802
L08 Life - Other	Other	BIR01 0305	Base Insured Rider	12/7/2006	AEGB-125038802
L08 Life - Other	Other	BIR03 0506 VA	Base Insured Rider 20 Year Term	12/7/2006	AEGB-125038802
L08 Life - Other	Other	CR01 0305 VA	Children's Benefit Rider	12/7/2006	AEGB-125038802

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L08 Life - Other	Other	WMD01 0305	Disability Waiver of Monthly Deduction Benefit Rider	12/7/2006	AEGB-125038802
L08 Life - Other	Other	WPR02 0305	Disability Waiver of Premium Rider	12/7/2006	AEGB-125038802
L08 Life - Other	Rider	GIR02 1006	Guaranteed Insurability Benefit Rider	1/17/2007	AEGB-125054932
L08 Life - Other	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	XE100100	ENDORSEMENT	3/25/2007	AEGG-125084706
L08 Life - Other	Policy/Contract/Fraternal Certificate	CVAT Spec Page	Flexible Premium Adjustable Life Insurance Policy with an Equity Index Feature	4/24/2007	AEGB-125036936
L08 Life - Other	Policy/Contract/Fraternal Certificate	EIUL01 0305 VA	Flexible Premium Adjustable Life Insurance Policy with an Equity Index Feature	4/24/2007	AEGB-125036936
L08 Life - Other	Application/Enrollment Form	SA-EIUL 0305 VA	Supplemental Life Application	4/24/2007	AEGB-125036936
L08 Life - Other	Application/Enrollment Form	RW01 1206	Individual Life Insurance Application	6/25/2007	AEGB-125180825
L08 Life - Other	Other	ARDI0500 47 300	Monthly Disability Income Rider	7/5/2007	AEGB-125063016
L08 Life - Other	Other	SA-CI 0703 VA	Supplemental Application for Critical Illness Rider	7/5/2007	AEGB-125063016
L08 Life - Other	Application/Enrollment Form	TL03 1005 VA	Application	7/5/2007	AEGB-125063016
L08 Life - Other	Application/Enrollment Form	MLA-CON-0407 VA	Application for Conversion	7/10/2007	AEGX-125206753
L08 Life - Other	Application/Enrollment Form	MLA-MEF-0407 VA	Medical Examiner Report Form	7/10/2007	AEGX-125206753
L08 Life - Other	Application/Enrollment Form	MLA-PC-0407 VA	Policy Change Application	7/10/2007	AEGX-125206753
L08 Life - Other	Application/Enrollment Form	MLA-RA-0407 VA	Reinstatement Application	7/10/2007	AEGX-125206753
L08 Life - Other	Certificate Amendment, Insert Page, Endorsement or Rider	ML-CE-0507	Change Endorsement Form	7/10/2007	AEGX-125206753
L08 Life - Other	Other	ADR07 0807 VA	Accidental Death Benefit Rider	10/19/2007	AEGB-125270325
L08 Life - Other	Rider	ADR07 0807 VA, CR10 0807 VA, WPR12 0807, WMD03 0807 VA, GIR04 0807	Accidental Death Benefit Rider, Children's Benefit Rider, Waiver of Premium Rider, Waiver of Monthly Deduction Rider, Guaranteed Insurability Benefit Rider	10/19/2007	AEGB-125270325
L08 Life - Other	Other	CR10 0807 VA	Children's Benefit Rider	10/19/2007	AEGB-125270325
L08 Life - Other	Other	GIR04 0807	Guaranteed Insurability Benefit Rider	10/19/2007	AEGB-125270325
L08 Life - Other	Other	WMD03 0807 VA	Waiver of Monthly Deduction Rider	10/19/2007	AEGB-125270325
L08 Life - Other	Other	WPR12 0807	Waiver of Premium Rider	10/19/2007	AEGB-125270325
L08 Life - Other	Other	ECVR01 1107	Early Cash Value Rider	1/14/2008	AEGB-125380309

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L08 Life - Other	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	CRT02 0408 VA	Critical Illness Accelerated Death Benefit Rider	2/18/2009	AEGB-125651337
L08 Life - Other	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	CRT03 0408 VA	Critical Illness Accelerated Death Benefit Rider	2/18/2009	AEGB-125651337
L08 Life - Other	Application/Enrollment Form	A08100	Life & Health Application - Part 1	3/13/2009	AEGF-125969168
L08 Life - Other	Application/Enrollment Form	A08100VA	Life & Health Application - Part 1	3/13/2009	AEGF-125969168
L08 Life - Other	Application/Enrollment Form	A08101	Life & Health Application - Part 2	3/13/2009	AEGF-125969168
L08 Life - Other	Application/Enrollment Form	A08102	Cancer Application - Part 2	3/13/2009	AEGF-125969168
L08 Life - Other	Application/Enrollment Form	A08102VA	Cancer Application - Part 2	3/13/2009	AEGF-125969168
L08 Life - Other	Application/Enrollment Form	A08103	Accident Application - Part 2	3/13/2009	AEGF-125969168
L08 Life - Other	Application/Enrollment Form	A08110VA	Agreement/Authorization - Part 3	3/13/2009	AEGF-125969168
L08 Life - Other	Application/Enrollment Form	ML-AA 1829	L S group application	5/27/2009	AEGX-125766127
L08 Life - Other	Certificate Amendment, Insert Page, Endorsement or Rider	ML-END 1829 (VA)	L S Policy Endorsement	5/27/2009	AEGX-125766127
L08 Life - Other	Certificate	ML-LSC 1829 (VA)	Group L S Certificate	5/27/2009	AEGX-125766127
L08 Life - Other	Certificate Amendment, Insert Page, Endorsement or Rider	ML-LSC 1829-ADD	Cert End to add ADD	5/27/2009	AEGX-125766127
L08 Life - Other	Certificate Amendment, Insert Page, Endorsement or Rider	ML-LSC 1829-YB	Cert End to add YB	5/27/2009	AEGX-125766127
L08 Life - Other	Policy/Contract/Fraternal Certificate	ML-LSP 1829 (VA)	Group L S Policy	5/27/2009	AEGX-125766127
L08 Life - Other	Certificate Amendment, Insert Page, Endorsement or Rider	ML-LSP 1829-ADD	LS Policy End to add ADD	5/27/2009	AEGX-125766127
L08 Life - Other	Certificate Amendment, Insert Page, Endorsement or Rider	ML-LSP 1829-YB	LS Policy End to add Youth Benefit	5/27/2009	AEGX-125766127

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L08 Life - Other	Other	AUL0808	Adverse Underwriting Decision Letter	6/17/2009	AEGB-126086670
L08 Life - Other	Application/Enrollment Form	A0910R	Conditional Receipt	7/15/2009	AEGB-126191016
L08 Life - Other	Application/Enrollment Form	APE56 1109MVA	Personal Supplement to Application for Life Insurance	1/13/2010	AEGB-126396646
L08 Life - Other	Application/Enrollment Form	RW01 1009 VA	New Business Rewrite Application	3/4/2011	AEGB-126998642
L08 Life - Other	Other	AUL0808	Adverse Underwriting Decision Letter	3/8/2011	AEGB-126086670
L08 Life - Other	Application/Enrollment Form	SAIUL1208M	Supplemental Life Application	7/14/2011	AEGB-127109780
L08 Life - Other	Other	QUDIR	Disability Income Rider Questionnaire	9/17/2012	AEGB-128648469
L08 Life - Other	Application	AB02100 0512	Tobacco Certification	10/5/2012	AEGB-128592435
L08 Life - Other	Application/Enrollment Form	RW01 0612 VA	New Business Re-write Application	3/21/2013	AEGB-128660583
L08 Life - Other	Other	ADV-UW1 1007	Notice of Adverse Underwriting Decision	5/4/2013	AEGB-128947492
L08 Life - Other	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	ADR10 VA	Accidental Death Benefit Rider	7/11/2013	AEGB-128785897
L08 Life - Other	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	CR13 VA	Children and Grandchildren Benefit Rider	7/11/2013	AEGB-128785897
L08 Life - Other	Application/Enrollment Form	L122 1012M VA	Individual Life Application	7/11/2013	AEGB-128785897
L08 Life - Other	Application/Enrollment Form	L123 1012M VA	Individual Life Application	7/11/2013	AEGB-128785897
L08 Life - Other	Other	ADV-UW1 0513	Notice of Adverse Underwriting Decision	10/22/2013	AEGB-129054203
L08 Life - Other	Other	ADV-UW1 1013 VA	Notice of Adverse Underwriting Decision	10/22/2013	AEGB-129054203
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUAA0805	Avocation & Aviation Questionnaire	2/21/2006	SERT-6LTDID8269/00-00/00-01/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUAR0805	Arthritis Questionnaire	2/21/2006	SERT-6LTDID8269/00-00/00-01/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUBP0805,	Blood Pressure Questionnaire	2/21/2006	SERT-6LTDID8269/00-00/00-01/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUCTC0805	Cysts/Tumors/Cancer Questionnaire	2/21/2006	SERT-6LTDID8269/00-00/00-01/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUDB0805	Diabetes Questionnaire	2/21/2006	SERT-6LTDID8269/00-00/00-01/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUHD0805	Heart Disease Questionnaire	2/21/2006	SERT-6LTDID8269/00-00/00-01/00

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L09I Individual Life - Flexible Premium Adjustable Life	Other	QUMH0805	Mental Health Questionnaire	2/21/2006	SERT-6LTDID8269/00-00/00-01/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QURS0805	Respiratory Questionnaire	2/21/2006	SERT-6LTDID8269/00-00/00-01/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUFT0805	Foreign Travel Questionnaire	2/21/2006	
L09I Individual Life - Flexible Premium Adjustable Life	Supplemental Information Addendum	SA-ADINFO 0805	Supplemental Information Addendum	4/6/2006	
L09I Individual Life - Flexible Premium Adjustable Life	Other	ABAD0100	Accidental Death Benefit Rider	2/6/2007	AEGD-125043186
L09I Individual Life - Flexible Premium Adjustable Life	Other	ABGIR100	Guaranteed Insurability Rider	2/6/2007	AEGD-125043186
L09I Individual Life - Flexible Premium Adjustable Life	Other	ABWMD100	Waiver of Monthly Deduction Rider	2/6/2007	AEGD-125043186
L09I Individual Life - Flexible Premium Adjustable Life	Other	ABWP0100	Waiver of Premium Rider	2/6/2007	AEGD-125043186
L09I Individual Life - Flexible Premium Adjustable Life	Policy/Contract/Fraternal Certificate	APUL0714 47 0403	Flexible Premium Adjustable Life Insurance Policy	2/6/2007	AEGD-125043186
L09I Individual Life - Flexible Premium Adjustable Life	Other	ARAIR506 00 0303	Additional Insureds Level One Year Term Insurance Rider	2/6/2007	AEGD-125043186
L09I Individual Life - Flexible Premium Adjustable Life	Other	ARBIR100	Level One Year Term Insurance Rider	2/6/2007	AEGD-125043186
L09I Individual Life - Flexible Premium Adjustable Life	Other	ARCR0100	Children's Benefit Rider	2/6/2007	AEGD-125043186
L09I Individual Life - Flexible Premium Adjustable Life	Other	ADR03 0206 VA	Accidental Death Benefit Rider	7/25/2007	AEGB-125193034
L09I Individual Life - Flexible Premium Adjustable Life	Other	CR04 0206	Children's Benefit Rider	7/25/2007	AEGB-125193034
L09I Individual Life - Flexible Premium Adjustable Life	Other	GIR01 0206	Guaranteed Insurability Benefit Rider	7/25/2007	AEGB-125193034
L09I Individual Life - Flexible Premium Adjustable Life	Other	WPR04 0206	Waiver of Premium Rider	7/25/2007	AEGB-125193034
L09I Individual Life - Flexible Premium Adjustable Life	Application/Enrollment Form	L 110 0706 VA	Individual Life Application	7/26/2007	SERT-6UE5SL966/00-00/00-00/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUAL0303	Alcohol Questionnaire	7/26/2007	SERT-6UE5SL966/00-00/00-00/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	QUDR0303	Drug Questionnaire	7/26/2007	SERT-6UE5SL966/00-00/00-00/00

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L09I Individual Life - Flexible Premium Adjustable Life	Other	QUTB0303	Tobacco Questionnaire	7/26/2007	SERT-6UE5SL966/00-00/00-00/00
L09I Individual Life - Flexible Premium Adjustable Life	Other	AIR09 0607	Additional Insured Rider	9/7/2007	AEGB-125191349
L09I Individual Life - Flexible Premium Adjustable Life	Other	BIR05 0607	Base Insured Rider	9/7/2007	AEGB-125191349
L09I Individual Life - Flexible Premium Adjustable Life	Other	NHS01 0607 VA	Nursing Care Surrender Option Rider	9/7/2007	AEGB-125191349
L09I Individual Life - Flexible Premium Adjustable Life	Policy/Contract/Fraternal Certificate	UL04 0607 VA	Flexible Premium Adjustable Life Insurance Policy, Nonparticipating	9/7/2007	AEGB-125191349
L09I Individual Life - Flexible Premium Adjustable Life	Policy, Rider	UL04 0607 VA, AIR09 0607, BIR05 0607, NHS01 0607 VA	Flexible Premium Adjustable Life Insurance Policy Additional Insured Rider, Base Insured Rider, Nursing Care Surrender Option Rider	9/7/2007	AEGB-125191349
L09I Individual Life - Flexible Premium Adjustable Life	Other	AIR10 0707 VA	Additional Insured Rider	11/5/2007	AEGB-125258876
L09I Individual Life - Flexible Premium Adjustable Life	Other	BIR06 0707 VA	Base Insured Rider	11/5/2007	AEGB-125258876
L09I Individual Life - Flexible Premium Adjustable Life	Policy/Contract/Fraternal Certificate	EIUL02 0707 VA	Flexible Premium Adjustable Life Insurance Policy with an Index Feature	11/5/2007	AEGB-125258876
L09I Individual Life - Flexible Premium Adjustable Life	Application/Enrollment Form	SA-EIUL 0707 VA	Supplemental Life Application	11/5/2007	AEGB-125258876
L09I Individual Life - Flexible Premium Adjustable Life	Application/Enrollment Form	PFA10608M	Addendum to Application for Life Insurance Coverage	7/28/2008	MWSG-125713822
L09I Individual Life - Flexible Premium Adjustable Life	Policy/Contract/Fraternal Certificate	UL02 0707 VA	ADJUSTABLE LIFE INSURANCE	3/11/2009	AEGB-126067328
L09I Individual Life - Flexible Premium Adjustable Life	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	UL02 0707 VA REV	GUARANTEED MAXIMUM COI RATES TABLE	3/11/2009	AEGB-126067328
L09I Individual Life - Flexible Premium Adjustable Life	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	AIR13 VA	Additional Insured Rider	8/25/2011	AEGB-127135246
L09I Individual Life - Flexible Premium Adjustable Life	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	BIR07 VA	Base Insured Rider	8/25/2011	AEGB-127135246

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L09I Individual Life - Flexible Premium Adjustable Life	Policy, Rider	IUL04 VA, IUL05 VA, ADR10 VA, CR13 VA	Flexible Premium Adjustable Life Insurance Policy with and Index Features, Additional Insured Rider, Base Insured Rider	8/25/2011	AEGB-127135246
L09I Individual Life - Flexible Premium Adjustable Life	Riders	IPO02 VA, OPR01 VA	Income Protection Rider; Overloan Protection Rider	12/1/2011	AEGB-127621955
L09I Individual Life - Flexible Premium Adjustable Life	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	OPR01 VA	Overloan Protection Rider	12/1/2011	AEGB-127621955
L09I Individual Life - Flexible Premium Adjustable Life	Application/Enrollment Form	SA03 0911M VA	Income Protection Option Election	12/8/2011	AEGB-127733305
L09I Individual Life - Flexible Premium Adjustable Life	Application/Enrollment Form	DMF 2014 VA	Death Matchback Form	6/13/2014	AEGB-129452467
L09I Individual Life - Flexible Premium Adjustable Life	Application/Enrollment Form	DMF 2014M	Death Matchback Form	6/13/2014	AEGB-129452467
L09I Individual Life - Flexible Premium Adjustable Life	Application/Enrollment Form	RW01 0114 VA	Rewrite Application	6/13/2014	AEGB-129452467
L09I Individual Life - Flexible Premium Adjustable Life	Application/Enrollment Form	RW01 0114M	Rewrite Application	6/13/2014	AEGB-129452467



June 1, 2014

TO: All States' Department of Insurance

Re: Name Change and Merger Endorsements and Policy Forms Filings
Transamerica Premier Life Insurance Company
NAIC #: 468-66281
FEIN #: 52-0419790

Transamerica Premier Life Insurance Company authorizes Compliance Research Services, LLC. (CRS) to represent us in the submission of name change and merger endorsements and any other policies, applications, riders, certificates, notices and other forms requiring approval through use of the System for Electronic Rate and Form Filing (SERFF). We further authorize CRS to negotiate with the states' Department of Insurance for approval of said forms.

This authorization shall be valid until revoked by us.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Bock". The signature is written in a cursive, flowing style.

Cheryl Bock
Vice President, Product Implementation

READABILITY CERTIFICATION

Transamerica Premier Life Insurance Company

NAIC: 66281 * FEIN Number: 52-0419790

This is to certify that form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

Form	Form Number	Score
COMPANY NAME CHANGE ENDORSEMENT	MLIC-TPLIC 0714	50



Cheryl Bock,

Vice President Product Implementation

6-25-2014

**List of Approved Forms
Actively Marketed - Annuities**

Virginia

LOI-TOI	Form Type	Form Number	Form Name-Description	Approval Date	SERFF or State Tracking No
Fixed	Annuity	ASI232 8 298	Single Premium Annuity	2/25/1998	N/A
Fixed	Annuity Amendatory Endorsement	AE 1274 0606	Single Premium Immediate Annuity Amendatory Endorsement	8/9/2006	SERT-6RMH8J805
Fixed	Annuity Application	PIA APP 12/09 (VA)	Fixed Immediate Annuity Application	2/22/2010	AEGA-126460069
Fixed	Annuity Application	PIA APP 12/09 (DRVA)	Fixed Immediate Annuity Application	2/25/2010	AEGA-126461149
Fixed &Variable	Application Supplement	APP-SUP 05/14 (JT)	Fixed & Variable Application Supplement	4/22/2014	AEGA-129474156
Variable	Annuity	VVAP U 1101 (VA)	Flexible Premium Variable Annuity	8/7/2002	N/A
Variable	Annuity Amendatory Endorsement	AE 1169 0201	Beneficiary change form	11/12/2002	N/A
Variable	Annuity Amendatory Endorsement	AE 1194 902 (VA)	Amendatory Endorsement	11/21/2002	N/A
Variable	Amendatory Endorsement	AE 1198 1202 (VA)	Qualified Annuity (IRA) Endorsement	1/24/2003	N/A
Variable	Annuity Rider	RTP 18 0103	Additional Death Benefit Rider	3/17/2003	N/A
Variable	Annuity Rider	RTP 17 0103	Additional Death Benefit Rider	4/14/2003	N/A
Variable	Annuity	AV1083 101 182 1203	Flexible Premium Deferred Variable Annuity	2/2/2004	N/A
Variable	Annuity Rider	RGMD 13 1203	Death Benefit Rider	2/2/2004	N/A
Variable	Annuity Rider	RGMD 14 1203	Death Benefit Rider	2/2/2004	N/A
Variable	Annuity Amendatory Endorsement	AE 1225 604 (ROP)	Amendatory Endorsement	3/30/2005	N/A
Variable	Annuity	VVAP U 1101(R1/07VA)	Flexible Premium Variable Annuity	12/15/2006	SERT-6UFH5N408
Variable	Annuity Rider	RGMB 25 0207 (JT)	Guaranteed Minimum Withdrawal Benefit Rider	4/19/2007	AEGA-125132569

**List of Approved Forms
Actively Marketed - Annuities**

Virginia

LOI-TOI	Form Type	Form Number	Form Name-Description	Approval Date	SERFF or State Tracking No
Variable	Annuity Rider	RGMB 25 0207 (SI)	Guaranteed Minimum Withdrawal Benefit Rider	4/19/2007	AEGA-125132569
Variable	Amendatory Endorsement	VVA ME 0508	Endorsement	4/29/2008	AEGA-125479581
Variable	Annuity Amendatory Endorsement	AE 1285 0308 (VA)	Individual Retirement Annuity ("IRA") Endorsement	5/23/2008	AEGA-125599866
Variable	Annuity Amendatory Endorsement	AE 1287 0608 (VA)	ROTH Individual Retirement Annuity ("ROTH IRA") Endorsement	10/8/2008	AEGA-125814095
Variable	Annuity Amendatory Endorsement	AE 1293 0609 (VA)	SIMPLE Individual Retirement Annuity ("SIMPLE IRA") Endorsement	8/12/2009	AEGA-126179254
Variable	Annuity Rider	VVA RP 0811 (VA)	Return of Premium Death Benefit Rider	6/27/2011	AEGA-127166306
Variable	Annuity Rider	RGMB 43 0811 (JT) (VA)	Guaranteed Lifetime Withdrawal Benefit	11/9/2011	AEGA-127277773
Variable	Annuity Rider	RGMB 43 0811 (SI) (VA)	Guaranteed Lifetime Withdrawal Benefit	11/9/2011	AEGA-127277773
Variable	Annuity Application	VVAPP 1011 (VA)	Vanguard Variable Annuity Application	11/9/2011	AEGA-127381938
Variable	Annuity Application	VA-APP 05/12 (VA)	Variable Annuity Application	3/29/2012	AEGA-128130852
Variable	Annuity Amendatory Endorsement	NIC12 AE13050513 (VA)	Amendatory Endorsement	5/15/2013	AEGA-128938325
Variable	Annuity Application	VA-APP 05/12 (VA)	Variable Annuity Application	4/22/2014	AEGA-129421183

**List of Approved Forms
Actively Marketed - Annuities**

Virginia

LOI-TOI	Form Type	Form Number	Form Name-Description	Approval Date	SERFF or State Tracking No
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State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: U001 - TPLIC to TLIC Merger Endorsement
Project Name/Number: Transam/78/78

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: U001 - TPLIC to TLIC Merger Endorsement
State: Virginia
TOI: ML02 Multi-Line - Other
Sub-TOI: ML02.000 Multi-Line - Other
Filing Type: Endorsement
Date Submitted: 04/15/2021
SERFF Tr Num: AEGB-132803371
SERFF Status: Closed-Approved
State Tr Num: AEGB-132803371
State Status: Approved
Co Tr Num: U001
Co Status:
Effective: On Approval
Date Requested:
Author(s): Veronique Harris, Doug Simino, Marilyn Odell, Drew Malcolm, DeAnn Stead, Sean Cox, Claire Miller, Howard Henderson, Teresa Saling, Anita Dulmes, Cathy Wynn
Reviewer(s): Cara Alvis (primary)
Disposition Date: 04/19/2021
Disposition Status: Approved
Effective Date:

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: U001 - TPLIC to TLIC Merger Endorsement
Project Name/Number: Transam/78/78

General Information

Project Name: Transam/78 Status of Filing in Domicile: Authorized
Project Number: 78 Date Approved in Domicile: 08/25/2020
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: Resubmission Previous Filing Number: AEGB-132569460
Overall Rate Impact: Filing Status Changed: 04/19/2021
Company Status Changed: State Status Changed: 04/19/2021
Deemer Date: 05/15/2021 Created By: DeAnn Stead
Submitted By: DeAnn Stead Corresponding Filing Tracking Number:

Filing Description:

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: U001 - TPLIC to TLIC Merger Endorsement
Project Name/Number: Transam/78/78

We have been retained by Transamerica Life Insurance Company to file the enclosed form for approval in your state.

The form being submitted is in final print format.

No other regulatory body has withdrawn approval of these forms due to the forms containing one or more provisions that were deemed to be misleading, deceptive, or contrary to public policy.

This is a full resubmission of #AEGB-132569460.

The Endorsement form is new and will not replace any previously approved form.

Effective October 1, 2020, Transamerica Premier Life Insurance Company, NAIC #66281, merged into Transamerica Life Insurance Company, with Transamerica Life Insurance Company being the survivor. Iowa is the state of domicile for both companies and approved the merger as of its Effective Date. A UCAA Corporate Amendments application was submitted in your state under separate cover on 10/12/20 and we received confirmation that the merger was processed on 4/13/2021.

After receipt of the approval of the enclosed merger endorsement, the form will be sent to all existing group policy holders where the group policy was issued in your state, and to existing individual policy or certificate holders, contract owners, owners of agreements and insureds, as applicable, to notify them of the merger.

We are enclosing a list of forms that were previously approved under Transamerica Premier Life Insurance Company and that will continue to be used under Transamerica Life Insurance Company. Beginning on the date we obtain approval of the Merger Endorsement, the company name on these forms will be updated accordingly. The forms list includes the dates the forms were originally approved by your Department and the SERFF Filing number where available.

In addition, we are enclosing a Statement of Variability

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call (816) 391-2730. Thank you for your assistance.

Sincerely,

FIRST CONSULTING & ADMINISTRATION

Claire Miller, CPCU, AIC
Associate Consultant
E-mail: claire.miller@firstconsulting.com
(816) 391-2753

Company and Contact

Filing Contact Information

Claire Miller, Filing Unit Manager	claire.miller@firstconsulting.com
929 Walnut	816-391-2753 [Phone]
Suite 300	816-391-2755 [FAX]
Kansas City, MO 64106	

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: U001 - TPLIC to TLIC Merger Endorsement
Project Name/Number: Transam/78/78

Filing Company Information

Transamerica Life Insurance
Company
4333 Edgewood Road, NE
Cedar Rapids, IA 52499
(319) 355-8511 ext. [Phone]

CoCode: 86231
Group Code: 468
Group Name:
FEIN Number: 39-0989781

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

State: Virginia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: U001 - TPLIC to TLIC Merger Endorsement
Project Name/Number: Transam/78/78

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: Transamerica Life Insurance Company
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: U001 - TPLIC to TLIC Merger Endorsement
Project Name/Number: Transam/78/78

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Cara Alvis	04/19/2021	04/19/2021

SERFF Tracking #:

AEGB-132803371

State Tracking #:

AEGB-132803371

Company Tracking #:

U001

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

U001 - TPLIC to TLIC Merger Endorsement

Project Name/Number:

Transam/78/78

Disposition

Disposition Date: 04/19/2021

Effective Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Merger Endorsement	Approved	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document	Forms List	Received & Acknowledged	Yes
Supporting Document	Domicile Approval	Received & Acknowledged	Yes
Supporting Document	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Merger Certification	Received & Acknowledged	Yes
Supporting Document	Third Party Authorization	Received & Acknowledged	Yes
Supporting Document	VA Regulatory Approval	Received & Acknowledged	Yes

SERFF Tracking #:

AEGB-132803371

State Tracking #:

AEGB-132803371

Company Tracking #:

U001

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

U001 - TPLIC to TLIC Merger Endorsement

Project Name/Number:

Transam/78/78

Form Schedule

Lead Form Number: TEXMRG TPLIC-1020

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 04/19/2021	Merger Endorsement	TEXMRG TPLIC-1020	POLA	Initial		50.500	TEXMRG TPLIC-1020.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

IMPORTANT NOTICE

This Endorsement forms a part of and should be attached to your Transamerica Premier Life Insurance Company Policy, Contract, Certificate or Agreement.

MERGER ENDORSEMENT

This Is To Certify That

Transamerica Premier Life Insurance Company
Home Office - Cedar Rapids, Iowa

Has Merged Into

Transamerica Life Insurance Company
Home Office - Cedar Rapids, Iowa

As of the effective date shown below, all Owners of coverage issued by Transamerica Premier Life Insurance Company became Owners of coverage under Transamerica Life Insurance Company. The Merger was completed upon approval of the Insurance Division of the State of Iowa. All obligations of Transamerica Premier Life Insurance Company are now provided by Transamerica Life Insurance Company. All references to Transamerica Premier Life Insurance Company are replaced with Transamerica Life Insurance Company.

The terms "We", "Us", "Our" or "Company" mean Transamerica Life Insurance Company. All other benefits, terms and conditions will not change.

You should send future correspondence, premium payments, loan repayments, claims or benefit requests to Transamerica Life Insurance Company. If applicable, you should make any future premiums or loan repayment checks payable to Transamerica Life Insurance Company.

IN WITNESS WHEREOF, Transamerica Life Insurance Company has caused this Endorsement to be executed as of the effective date.

The effective date of the merger is October 1, 2020.

Signed for us at our Home Office:

Transamerica Life Insurance Company

4333 Edgewood Road NE
Cedar Rapids, Iowa 52499



Blake Bostwick, President



Jay Orlandi, Secretary

If you have questions, want to obtain information about coverage, or need assistance in resolving a complaint, please contact us at [1-800-525-6205].

SERFF Tracking #:

AEGB-132803371

State Tracking #:

AEGB-132803371

Company Tracking #:

U001

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

U001 - TPLIC to TLIC Merger Endorsement

Project Name/Number:

Transam/78/78

Supporting Document Schedules

Bypassed - Item:	Product Checklist
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/19/2021
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	VA Certificate of Compliance - 04-14-21.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2021
Satisfied - Item:	Forms List
Comments:	
Attachment(s):	Virginia Forms List - All Lines.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2021
Satisfied - Item:	Domicile Approval
Comments:	
Attachment(s):	IA SOS Website Udate.pdf Certified Articles of Merger_Plan of Merger.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2021
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV-TEXMRG TPLIC-1020 w-numbers - October 2020.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2021
Satisfied - Item:	Merger Certification
Comments:	
Attachment(s):	Name Change Certification - signed - TLIC - 04-14-21.pdf
Item Status:	Received & Acknowledged

SERFF Tracking #:

AEGB-132803371

State Tracking #:

AEGB-132803371

Company Tracking #:

U001

State:

Virginia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

U001 - TPLIC to TLIC Merger Endorsement

Project Name/Number:

Transam/78/78


Status Date:	04/19/2021
Satisfied - Item:	Third Party Authorization
Comments:	
Attachment(s):	Autho Letter 2020 1-4-2021.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2021
Satisfied - Item:	VA Regulatory Approval
Comments:	
Attachment(s):	VA - rcvd April 13 2021.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2021

VIRGINIA CERTIFICATE OF COMPLIANCE

14 VAC 5-101-110 - Certificate of Compliance.

The Flesch reading ease score of the filed policy form TEXMRG TPLIC-1020 is 50.5

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.



Signature of Officer

Douglas Simino

Printed Name

Vice President-Contract Development and Filing

Title

Transamerica Premier Life Insurance Company
Forms List - Virginia

Line of Business	Form Type	Form Number	Form Description	Disposition Date	Filing Tracking #
Life	Application	6600-R1006	Medical Supplement Application	11/08/2006	06028 VA
Life	Application/Enrollment Form	A10105VA	Application for Reinstatement	5/23/2011	AEGF-126809756
Life	Application	APE56 1109WVA	Personal Supplement to Application	01/13/2010	AEGB-126396647
Life	Application	DMF 2014 VA	Beneficiary Additional Insured Information	06/13/2014	AEGB-129452467
Life	Amendment/Endorsement/Rider	DWD02 VA	Waiver of Monthly Deduction Rider	03/17/2015	AEGB-129864400
Life	Amendment/Endorsement/Rider	DWP02 VA	Waiver of Premium Rider	03/17/2015	AEGB-129864400
Life	Application	EXREQ 1109 VA	Exchange/Conversion Form	05/03/2010	AEGB-126423821
Life	Amendment/Endorsement/Rider	GIR02 1006	Guaranteed Insurability Rider	01/17/2007	AEGB-125054932
Life	Amendment/Endorsement/Rider	IPO02 VA	IPO Rider	12/01/2011	AEGB-127621955
Life	Amendment/Endorsement/Rider	IPO02 VA	IPO Rider	12/01/2011	AEGB-127621956
Life	Amendment/Endorsement/Rider	OPR01 VA	Overloan Protection Rider	12/01/2011	AEGB-127621955
Life	Amendment/Endorsement/Rider	OPR01 VA	Overloan Protection Rider	12/01/2011	AEGB-127621956
Life	Amendment/Endorsement/Rider	OPR03	Overloan Rider	03/17/2015	AEGB-129864400
Life	Application	QUAA0714 REV	Avocation and Aviation Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUAL0714 VA	Alcohol Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUAR0714 REV	Arthritis Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUBP0714 REV	High Blood Pressure Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUCTC0714 REV	Cyst, Tumors, Cancer Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUDB0714 REV	Diabetes Questionnaire	06/26/2015	AEGB-129982806

Transamerica Premier Life Insurance Company
Forms List - Virginia

Line of Business	Form Type	Form Number	Form Description	Disposition Date	Filing Tracking #
Life	Application	QUDIR0714 REV	Disability Income Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUDR0714 VA	Drug Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUFT0714 REV	Foreign Travel Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUHD0714 VA	Heart Disease Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUMH0714 REV	Mental Health, Depression, Anxiety Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QURS0714 VA	Respiratory Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUST0714 REV	Stroke, Transient Ischemic Attack (TIA) Questionnaire	06/26/2015	AEGB-129982806
Life	Application	QUTB0714 REV	Tobacco Questionnaire	06/26/2015	AEGB-129982806
Life	Application	SA03 0911M	Income Protection Option Supplement	12/08/2011	AEGB-127733305
Life	Application	SA-ADINFO 0805	Supplemental Application	04/05/2006	SA-ADINFO 0805 Paper Virginia
Life	Amendment/Endorsement/Rider	SA-AMEND 0904	Amendment of Application	10/25/2004	SA-AMEND 0904 Paper Virginia
Life	Amendment/Endorsement/Rider	SA-AVER 1006	Aviation Rider	11/08/2006	SERT-6UWSEC219
Life	Application	SADBO1016	Death Benefit Option	03/23/2017	AEGB-130800517
Life	Application	SAIUL1208M	Supplemental Application	07/14/2011	AEGB-127109780
Life	Application	U234 0110 VA	Express Application - Part 2	03/04/2010	AEGB-126445089
Life	Application	U234 0110 VA	Express Application - Part 2	07/07/2015	AEGB-130135543
Life	Application	U327 0312W VA REV	Application	12/19/2013	AEGB-129046221
Life	Application	U328 0312W VA REV	Express Application - Part 1	12/19/2013	AEGB-129046221
Limited Benefit Medical	Amendment	LM1000AM	State Amendment	03/10/2014	AEGB-128898426
Limited Benefit Medical	Enrollment Form	LM1000GAM	Enrollment Form	03/10/2014	AEGB-128898426

Transamerica Premier Life Insurance Company
Forms List - Virginia

Line of Business	Form Type	Form Number	Form Description	Disposition Date	Filing Tracking #
Limited Benefit Medical	Certificate Form	LM1000GCMVA	Limited Benefit Certificate	03/10/2014	AEGB-128898426
Limited Benefit Medical	Master Policy	LM1000GPMVA	Master Policy	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1001RM	Ambulance Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Amendment	LM1002AM	Part B Amendment	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1002RM	At-Home Rec Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1003RM	Outpatient Rx Rider	07/11/2013	AEGB-128971670
Limited Benefit Medical	Rider	LM1004RM	Foreign Travel Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1005RM	Part A Ded. Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1006RM	Part B Ded. Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1007RM	Part B Additional Rider	03/10/2014	AEGB-128898426

Transamerica Premier Life Insurance Company
Forms List - Virginia

Line of Business	Form Type	Form Number	Form Description	Disposition Date	Filing Tracking #
Limited Benefit Medical	Rider	LM1008RM (Rev. 01-09)	Preventative Care Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1009RM	Private Duty Nurse Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1010RM	Skilled Nursing Facility Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1011RM	Skilled Nursing Facility Additional Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Rider	LM1018RM	Hospice Care Rider	03/10/2014	AEGB-128898426
Limited Benefit Medical	Master Policyholder Application	MLSM1000GA	Master Policy Application	07/31/2006	SPIN-HU8Y7J418D
Limited Benefit Medical	Certificate Form	MLSM1000GC.VA	Certificate	07/31/2006	SPIN-HU8Y7J418D
Limited Benefit Medical	Master Policy	MLSM1000GP.VA	Supple Med Master	07/31/2006	SPIN-HU8Y7J418D
Limited Benefit Medical	Enrollment Form	RM1000GAMVA	Enrollment Form	03/10/2014	AEGB-128898426
Limited Benefit Medical	Enrollment Form	RM2000GAMVA	Enrollment Form	03/10/2014	AEGB-128898426

Transamerica Premier Life Insurance Company
Forms List - Virginia

Line of Business	Form Type	Form Number	Form Description	Disposition Date	Filing Tracking #
Multiple	Disclosure/Notice	ADV-UW1 1013 VA	Adverse Undwriting Notice	10/22/2013	AEGB-129054203
Multiple	Amendment	DCA1000RM (Rev. 01-09)	Dependent Amendment	08/26/2013	AEGB-128953093



IOWA SECRETARY OF STATE

Paul D. Pate

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TRANSAMERICA PREMIER LIFE INSURANCE COMPANY (343528)

Cert. No.	Pages	Filing Date	Effective Date	Type
W00522724	7	3/28/2007	4/1/2007	ARTICLES OF INCORPORATION
W00543637	7	9/18/2007	10/1/2007	ARTICLES OF MERGER
A08343528	1	1/7/2008	1/7/2008	BIENNIAL REPORT
A10343528	1	2/5/2010	2/5/2010	BIENNIAL REPORT
A12343528	1	2/14/2012	2/14/2012	BIENNIAL REPORT
A14343528	1	1/28/2014	1/28/2014	BIENNIAL REPORT
W00923815	2	6/11/2014	7/31/2014	ARTICLES OF AMENDMENT
W00944307	5	10/1/2014	10/1/2014	ARTICLES OF MERGER
W00985305	1	8/6/2015	8/6/2015	REGISTERED OFFICE/AGENT CHANGE
A16343528	1	1/20/2016	1/20/2016	BIENNIAL REPORT
A18343528	1	2/1/2018	2/1/2018	BIENNIAL REPORT
W01167652	1	2/26/2018	2/26/2018	REGISTERED OFFICE/AGENT CHANGE
A20343528	3	3/16/2020	3/16/2020	BIENNIAL REPORT
W01275983	18	9/9/2020	10/1/2020	ARTICLES OF MERGER

Business Services

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Elections

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- [Register to Vote](#)
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2020 GENERAL ELECTION INFORMATION

[General Candidate List](#)

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Please Note: The Secretary of State's office has reviewed its privacy and public information policy and has determined that social security numbers will be redacted from business entity document images prior to making them available on our web site.



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69666-S
343528-NS

**ARTICLES OF MERGER
OF
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
WITH AND INTO
TRANSAMERICA LIFE INSURANCE COMPANY**

1054980MERC\$50.00 KATHY 2 2/14/20

The undersigned hereby certify that:

- (1) The name and state of incorporation or organization of each of the merging entities is:
 - (a) Transamerica Premier Life Insurance Company, a stock insurance company organized and licensed under the laws of the State of Iowa ("TPLIC")
 - (b) Transamerica Life Insurance Company, a stock insurance company organized and licensed under the laws of the State of Iowa ("TLIC")
- (2) The surviving corporation will be Transamerica Life Insurance Company, which will continue to be organized and licensed under the laws of the State of Iowa.
- (3) The effective date of this merger is October 1, 2020.
- (4) A Plan of Merger (attached hereto as Exhibit A) has been approved, adopted, certified, executed and acknowledged by TPLIC and TLIC in accordance with the provisions of Section 490.1102 of the Iowa Business Corporation Act.
- (5) The Plan of Merger was approved by resolution adopted by the Boards of Directors of TPLIC and TLIC and by resolution adopted by the shareholders of TPLIC and TLIC, and the performance of its terms was duly authorized by all action required by the laws of the State of Iowa and by the articles of incorporation of TPLIC and TLIC.
- (6) TPLIC has 9,818.93 shares of Class A Common Stock outstanding, par value \$750.00 per share, and 3,697.27 shares of Class B Common Stock outstanding, par value \$750.00 per share, all of which were entitled to vote on the merger. There are no shares of any other class of capital stock of TPLIC outstanding. 13,516.2 shares of Common Stock voted for the merger by written resolution.
- (7) TLIC has 676,190 shares Common Stock outstanding, par value \$10.00 per share, all of which were entitled to vote on the merger. There are no shares of any other class of capital stock of TLIC outstanding. 676,190 shares of Common Stock voted for the merger by written resolution.
- (8) These Articles of Merger may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same instrument.

IN WITNESS WHEREOF, the undersigned have caused these Articles to be executed as of July 20, 2020.

2020 JUL 20 PM 1:20

18

TRANSAMERICA PREMIER LIFE
INSURANCE COMPANY

By: James A. Beardsworth
James A. Beardsworth
Senior Vice President

By: Mary J. Tresnak
Mary J. Tresnak
Assistant Secretary

TRANSAMERICA LIFE INSURANCE
COMPANY

By: Bonnie T. Gerst
Bonnie T. Gerst
Vice President

By: Mary J. Tresnak
Mary J. Tresnak
Assistant Secretary

STATE OF IOWA

COUNTY OF LINN

The foregoing Articles of Merger were acknowledged and verified as true, correct and complete before me this 20th day of July, 2020, by James A. Beardsworth, the Senior Vice President of Transamerica Premier Life Insurance Company, an Iowa corporation, on behalf of the corporation.



Elizabeth R Smith
Commission No. 790127
My Commission Expires
05/26/2021

Elizabeth R. Smith
Notary Public

Elizabeth R. Smith
Print Name

May 26, 2021
My Commission Expires

STATE OF IOWA

COUNTY OF LINN

The foregoing Articles of Merger were acknowledged and verified as true, correct and complete before me this 20th day of July, 2020, by Mary J. Tresnak, the Assistant Secretary of Transamerica Premier Life Insurance Company, an Iowa corporation, on behalf of the corporation.



Elizabeth R Smith
Commission No. 790127
My Commission Expires
05/26/2021

Elizabeth R. Smith
Notary Public

Elizabeth R. Smith
Print Name

May 26, 2021
My Commission Expires

STATE OF IOWA

COUNTY OF LINN

The foregoing Articles of Merger were acknowledged and verified as true, correct and complete before me this 20th day of July, 2020, by Bonnie T. Gerst, the Vice President of Transamerica Life Insurance Company, an Iowa corporation, on behalf of the corporation.

Elizabeth R. Smith

Notary Public

Elizabeth R. Smith

Print Name

May 26, 2021

My Commission Expires



Elizabeth R Smith
Commission No. 790127
My Commission Expires
05/26/2021

STATE OF IOWA

COUNTY OF LINN

The foregoing Articles of Merger were acknowledged and verified as true, correct and complete before me this 20th day of July, 2020, by Mary J. Tresnak, the Assistant Secretary of Transamerica Life Insurance Company, an Iowa corporation, on behalf of the corporation.

Elizabeth R. Smith

Notary Public

Elizabeth R. Smith

Print Name

May 26, 2021

My Commission Expires



Elizabeth R Smith
Commission No. 790127
My Commission Expires
05/26/2021

**PLAN OF MERGER
OF
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
AN IOWA CORPORATION
INTO
TRANSAMERICA LIFE INSURANCE COMPANY
AN IOWA CORPORATION**

1. The name of the corporation to be merged is Transamerica Premier Life Insurance Company ("TPLIC"), an Iowa corporation incorporated on March 5, 1858. The name of the corporation into which TPLIC will merge is Transamerica Life Insurance Company ("TLIC"), an Iowa corporation incorporated on April 19, 1961.

2. TPLIC has Class A and Class B Common Stock outstanding, par value \$750.00 per share, all of which are owned by Commonwealth General Corporation ("CGC"). There are no shares of any other class of capital stock of TPLIC outstanding. TLIC has Common Stock outstanding, par value \$10.00 per share, all of which are owned by CGC. TPLIC, TLIC, and CGC are affiliated corporations within the same insurance holding company system.

3. The name of the surviving corporation shall be "Transamerica Life Insurance Company". The Articles of Incorporation of TLIC shall continue as the Articles of Incorporation of the surviving corporation. The Bylaws of TLIC shall continue as the Bylaws of the surviving corporation.

4. The officers and board of directors of TLIC shall continue in office until their successors are duly elected and qualified under the provisions of the Bylaws of TLIC.

5. TLIC will be the surviving corporation, governed by the laws of the State of Iowa. TLIC consents to be sued and served process in the State of Iowa and appoints Sheila Luken at MS#2520, 4333 Edgewood Road NE, Cedar Rapids, IA 52499, as its agent to accept service of process in any proceeding in the State of Iowa to enforce against TLIC any obligation of TPLIC.

6. This merger of TPLIC with and into TLIC is intended to be a tax-free reorganization pursuant to Section 368(a)(1)(A) of the Internal Revenue Code of 1986.

7. TPLIC stock shall be deemed cancelled by operation of law.

8. The merger shall become effective on October 1, 2020, or such later date when the necessary regulatory approvals have been obtained.

TRANSAMERICA LIFE INSURANCE COMPANY

Attest:

Mary J. Tresnak
Mary J. Tresnak
Assistant Secretary

By: Bonnie T. Gerst
Bonnie T. Gerst
Vice President

Date: July 20, 2020

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

Attest:

Mary J. Tresnak
Mary J. Tresnak
Assistant Secretary

By: James A. Beardsworth
James A. Beardsworth
Senior Vice President

Date: 7/20/20

STATE OF IOWA)
) ss
COUNTY OF LINN)

I, Elizabeth R. Smith, a Notary Public, do hereby certify that on July 20, 2020, personally appeared before me Bonnie T. Gerst, who being by me first duly sworn, declared that she is the Vice President of Transamerica Life Insurance Company, that she signed the foregoing document as Vice President of the corporation, and that the statements therein contained are true.


Elizabeth R. Smith
(Commission) No. 790127
My Commission Expires
05/26/2021

Elizabeth R. Smith
Notary Public
My Commission Expires: May 26, 2021

STATE OF IOWA)
) ss
COUNTY OF LINN)

I, Elizabeth R. Smith, a Notary Public, do hereby certify that on July 20, 2020, personally appeared before me James A. Beardsworth, who being by me first duly sworn, declared that he is the Senior Vice President of Transamerica Premier Life Insurance Company, that he signed the foregoing document as Senior Vice President of the corporation, and that the statements therein contained are true.


(Notarial Seal)
Elizabeth R. Smith
Commission No. 790127
My Commission Expires
05/26/2021

Elizabeth R. Smith
Notary Public
My Commission Expires: May 26, 2021

BEFORE THE INSURANCE COMMISSIONER AND THE
ATTORNEY GENERAL OF THE STATE OF IOWA

In Re The Application of TRANSAMERICA PREMIER LIFE INSURANCE COMPANY For Approval of a Plan of Merger With TRANSAMERICA LIFE INSURANCE COMPANY	APPLICATION
--	-------------

COMES NOW Transamerica Premier Life Insurance Company (“TPLIC”) and makes the following Application pursuant to Chapter 521, Code of Iowa.

1. Transamerica Premier Life Insurance Company is an Iowa domestic stock life insurance company licensed under Chapter 508, Code of Iowa.
2. Transamerica Life Insurance Company (“TLIC”) is an Iowa domestic stock life insurance company licensed under Chapter 508, Code of Iowa.
3. TPLIC and TLIC wish to merge pursuant to Chapter 521, Code of Iowa, with TLIC being the survivor and TPLIC being the “affected company.”
4. The merger is proposed to take effect on October 1, 2020, by the filing of a Plan of Merger and Articles of Merger, after receiving the Commission’s approval.
5. The Board of Directors of TPLIC approved a Plan of Merger and Articles of Merger and submitted and recommended them for approval by TPLIC’s Sole Shareholder, Commonwealth General Corporation. (See Transamerica Premier Life Insurance Company’s Secretary’s Certification attached hereto as Exhibit “A.”)
6. Commonwealth General Corporation, as TPLIC’s Sole Shareholder, approved the Plan of Merger and Articles of Merger submitted to it and recommended for approval by TPLIC’s Board of Directors. (See Written Consent of the Sole Shareholder attached here as Exhibit “B.”)

7. The Board of Directors of TLIC approved a Plan of Merger and Articles of Merger and submitted and recommended them for approval by TLIC's Sole Shareholder, Commonwealth General Corporation. (See Transamerica Life Insurance Company's Secretary's Certification attached hereto as Exhibit "C.")

8. Commonwealth General Corporation, as TLIC's Sole Shareholder, approved the Plan of Merger and Articles of Merger submitted to it and recommended for approval by TLIC's Board of Directors. (See Written Consent of the Sole Shareholder attached here as Exhibit "D.")

9. Attached hereto and incorporated herein are the Articles of Merger and a Plan of Merger setting forth the terms of the merger and the action to be taken by the parties.

WHEREFORE, Transamerica Premier Life Insurance Company prays:

1. That a Commission be created pursuant to Section 521.5, Code of Iowa.
2. That the Commission enter its Order:
 - a. Approving the Plan of Merger pursuant to Section 521.8, Code of Iowa; and
 - b. Approving the Articles of Merger pursuant to Section 521.18, Code of Iowa.

**TRANSAMERICA PREMIER LIFE INSURANCE
COMPANY**

DocuSigned by:
By: Gregory E. Miller-Breetz
Gregory E. Miller-Breetz
Deputy Secretary
100 Light Street, MS B-3550
Baltimore, MD 21201
Phone: (443) 475-3076
E-Mail: greg.miller-breetz@transamerica.com

Exhibit A

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

SECRETARY'S CERTIFICATION

The undersigned, Gregory E. Miller-Breetz, being a duly constituted Deputy Secretary of Transamerica Premier Life Insurance Company, a corporation organized under the laws of the state of Iowa (hereafter referred to as the "Company"), hereby certifies that the following is a true and correct copy of resolutions duly adopted by the Board of Directors of the Company by unanimous written consent on July 15, 2020, and that said resolutions are still in full force and effect:

RESOLVED, that the Board of Directors of the Company hereby approves the terms and form, as attached, of the Articles of Merger and the Plan of Merger of Transamerica Premier Life Insurance Company, an Iowa corporation, with and into Transamerica Life Insurance Company, an Iowa corporation, wherein Transamerica Life Insurance Company will be the surviving corporation, and that the effective date of the merger will be October 1, 2020, or such later date as the appropriate regulatory authorities have approved such merger.

FURTHER RESOLVED, that the Articles of Merger and the Plan of Merger be submitted and recommended for approval to the sole shareholder of the Company.

FURTHER RESOLVED, that the officers of the Company be and they are hereby authorized to take such actions and execute such documents as they may deem necessary to effectuate the aforesaid Articles of Merger and Plan of Merger.

IN WITNESS WHEREOF, I have affixed my name in my official capacity of Deputy Secretary of Transamerica Premier Life Insurance Company this 16th day of July, 2020.

DocuSigned by:

Gregory E. Miller-Breetz

Gregory E. Miller-Breetz
Deputy Secretary

Exhibit B

**WRITTEN CONSENT OF THE
SOLE SHAREHOLDER OF
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY**

July 15, 2020

The undersigned, being the Sole Shareholder of Transamerica Premier Life Insurance Company, an Iowa corporation (hereafter referred to as the "Company"), acting as authorized in Section 490.704 of the Iowa Business Corporation Act and Article II, Section 6, of the Company's Bylaws, HEREBY ADOPTS the following resolution by Written Consent and authorizes the actions therein to be taken by the Company upon the filing of the Written Consent in the Minute Book of the Company:

WHEREAS, the Board of Directors of the Company has recommended the approval of the Articles of Merger and the Plan of Merger of Transamerica Premier Life Insurance Company with and into Transamerica Life Insurance Company.

NOW, THEREFORE, BE IT RESOLVED, that the Sole Shareholder of the Company hereby approves the terms and form of the Articles of Merger and the Plan of Merger, a copy of which is attached hereto and made a part of this Written Consent, wherein Transamerica Life Insurance Company will be the surviving corporation, and that the effective date of the merger will be October 1, 2020, or such later date as the appropriate regulatory authorities have approved such merger.

IN WITNESS WHEREOF, the undersigned have executed this Written Consent of the Sole Shareholder of Transamerica Premier Life Insurance Company as of the date first hereinabove set forth.

COMMONWEALTH GENERAL CORPORATION

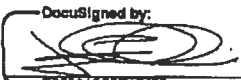
By:  _____
Jay Orlandi, Secretary

Exhibit C

TRANSAMERICA LIFE INSURANCE COMPANY

SECRETARY'S CERTIFICATION

The undersigned, Gregory E. Miller-Breetz, being a duly constituted Deputy Secretary of Transamerica Life Insurance Company, a corporation organized under the laws of the state of Iowa (hereafter referred to as the "Company"), hereby certifies that the following is a true and correct copy of resolutions duly adopted by the Board of Directors of the Company by unanimous written consent on July 15, 2020, and that said resolutions are still in full force and effect:

RESOLVED, that the Board of Directors of the Company hereby approves the terms and form, as attached, of the Articles of Merger and the Plan of Merger of Transamerica Premier Life Insurance Company, an Iowa corporation, with and into Transamerica Life Insurance Company, an Iowa corporation, wherein Transamerica Life Insurance Company will be the surviving corporation, and that the effective date of the merger will be October 1, 2020, or such later date as the appropriate regulatory authorities have approved such merger.

FURTHER RESOLVED, that the Articles of Merger and the Plan of Merger be submitted and recommended for approval to the sole shareholder of the Company.

FURTHER RESOLVED, that the officers of the Company be and they are hereby authorized to take such actions and execute such documents as they may deem necessary to effectuate the aforesaid Articles of Merger and Plan of Merger.

IN WITNESS WHEREOF, I have affixed my name in my official capacity of Deputy Secretary of Transamerica Life Insurance Company this 16th day of July, 2020.

DocuSigned by:

Gregory E. Miller-Breetz

Gregory E. Miller-Breetz
Deputy Secretary

Exhibit D

**WRITTEN CONSENT OF THE
SOLE SHAREHOLDER OF
TRANSAMERICA LIFE INSURANCE COMPANY**

July 15, 2020

The undersigned, being the Sole Shareholder of Transamerica Life Insurance Company, an Iowa corporation (hereafter referred to as the "Company"), acting as authorized in Section 490.704 of the Iowa Business Corporation Act and Article II, Section 8, of the Company's Bylaws, HEREBY ADOPTS the following resolution by Written Consent and authorizes the actions therein to be taken by the Company upon the filing of the Written Consent in the Minute Book of the Company:

WHEREAS, the Board of Directors of the Company has recommended the approval of the Articles of Merger and the Plan of Merger of Transamerica Premier Life Insurance Company with and into Transamerica Life Insurance Company.

NOW, THEREFORE, BE IT RESOLVED, that the Sole Shareholder of the Company hereby approves the terms and form of the Articles of Merger and the Plan of Merger, a copy of which is attached hereto and made a part of this Written Consent, wherein the Company will be the surviving corporation, and that the effective date of the merger will be October 1, 2020, or such later date as the appropriate regulatory authorities have approved such merger.

IN WITNESS WHEREOF, the undersigned have executed this Written Consent of the Sole Shareholder of Transamerica Life Insurance Company as of the date first hereinabove set forth.

COMMONWEALTH GENERAL CORPORATION

By:

DocuSigned by:

E:00018.C0E16478
Jay Orlandi, Secretary

BEFORE THE INSURANCE COMMISSIONER AND THE ATTORNEY GENERAL OF
THE STATE OF IOWA

In re the application of TRANSAMERICA)
PREMIER LIFE INSURANCE COMPANY) FINDINGS OF FACT,
for approval of a Plan of Merger with) CONCLUSIONS OF LAW,
TRANSAMERICA LIFE INSURANCE) AND ORDER
COMPANY) (Iowa Code chapter 521)

Now therefore, the Commissioner of Insurance and the Iowa Attorney General (collectively the "Commission"), being fully advised in the premises, issue the following *findings of fact, conclusions of law and order*:

I. INTRODUCTION

Pursuant to Iowa Code sections 521.5 and 521.8 (2019), on September 1, 2020, the undersigned Commission heard an application for approval of a Plan of Merger between TRANSAMERICA PREMIER LIFE INSURANCE COMPANY ("Transamerica Premier Life"), an Iowa domiciled insurance company organized under Iowa Code chapter 508 and TRANSAMERICA LIFE INSURANCE COMPANY ("Transamerica Life"), an Iowa domiciled insurance company organized under Iowa Code chapter 508.

The Commission reviewed the Plan of Merger to be effective October 1, 2020 or the date the Commission approves the Plan of Merger. If the Plan of Merger is approved, Transamerica Premier Life will merge with and into Transamerica Life. Upon completion of the merger, Transamerica Life will be the surviving corporation and Transamerica Premier Life will cease to exist.

The Commission notes that Transamerica Premier Life and Transamerica Life are licensed and in good standing with the Iowa Insurance Division ("Division"), and have current financial statements on file with the Division.

II. JURISDICTION

The Commission has jurisdiction over this proceeding under Iowa Code sections 521.2, 521.3, 521.4, 521.5, and 521.8 (2019).

III. FINDINGS OF FACT

Iowa Code section 521.8 (2019) permits the Commission to approve the proposed Plan of Merger if it is satisfied that the interests of the affected policyholders are properly protected and no reasonable objection to the Plan of Merger exists.

The Plan of Merger provides that Transamerica Premier Life will merge with and into Transamerica Life on October 1, 2020 or upon receipt of the applicable regulatory approvals. The merged entity will continue to do business as Transamerica Life. All policies issued by Transamerica Premier Life which are outstanding on the effective date of the Plan of Merger will be assumed by Transamerica Life. Transamerica Life will, post-merger, possess the combined assets, liabilities and obligations held by Transamerica Premier Life and Transamerica Life prior to merger. Upon completion of the Plan of Merger, Transamerica Life will be the surviving corporation and Transamerica Premier Life will be merged into it, thereby ceasing to exist.

Under this record, the commission finds that the interests of Transamerica Premier Life and Transamerica Life's policyholders are properly protected under the Plan of Merger. The Commission further finds that no reasonable objection for approval of the Plan of Merger exists.

IV. CONCLUSIONS OF LAW

The legislature has vested discretion in the Commission not only to make factual findings, but also to interpret and apply the law. Iowa Code sections 521.3 and 521.8 permit the Commission to approve a Plan of Merger if it determines that the applicant demonstrates the two criteria listed within section 521.8 to the satisfaction of the Commission.

The Commission concludes, upon substantial evidence, that the Plan of Merger between Transamerica Premier Life and Transamerica Life meets the two requirements of Iowa Code section 521.8, and should be approved.

ORDER

IT IS THEREFORE ORDERED that:

Transamerica Premier Life's application for approval of its Plan of Merger with Transamerica Life is **APPROVED**.

This Order shall be considered final agency action for the purposes of Iowa Code chapter 17A (2019). Any action challenging this Order shall comply with the requirements of Iowa Code chapter 17A.

Any application for rehearing shall comply with the requirements of Iowa Code chapter 17A.

Dated this 1st day of September, 2020.

DOUG OMMEN
Iowa Insurance Commissioner

THOMAS J. MILLER
Iowa Attorney General

/s/

/s/

By: **KIM CROSS**
Acting Deputy Commissioner - Supervision

By: **JORDAN ESBROOK**
Assistant Attorney General

Copy to:

Jay Orlandi
EVP & Chief Operating Officer
Transamerica
100 Light Street
Baltimore, MD 21202-2559

Robert Koppin
LOCAL

FILED
IOWA
SECRETARY OF STATE
9-9-2020
1:20pm
W01275983



STATE OF IOWA
Secretary of State Office

C# 809

I hereby certify that this is a true and complete document(s) to which the seal is affixed as filed in this office beginning September 9, 2020 to and including the date below.

Dated October 5, 2020

Paul D. Pate
Secretary Of State

By Diane Buelette



18 pgs

**STATEMENT OF VARIABILITY
TRANSAMERICA LIFE INSURANCE COMPANY**

Form: TEXMRG TPLIC-1020

October 2020

We have bracketed or determined that the following information will be variable. Any changes will be on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

Telephone Number: To allow for administrative flexibility, the phone number will vary as applicable to each program of insurance or block of business. The number that will print will be one of the following:

1. 1-800-797-2643
2. 1-800-525-6205
3. 1-800-227-8442

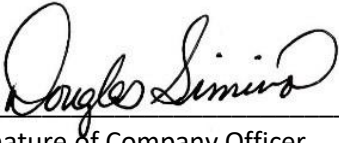
CERTIFICATION

FOR

TRANSAMERICA LIFE INSURANCE COMPANY

FORM NUMBER: TEXMRG TPLIC-1020

I hereby certify that the above Endorsement only changes the Transamerica Premier Life Insurance Company name to Transamerica Life Insurance Company, and no other changes are being made to the affected forms by the Endorsement.



Signature of Company Officer

Douglas Simino

Name

Vice President – Contract Development and Filing

Title

April 14, 2021

Date



6400 C Street SW
Cedar Rapids, IA 52499

January 04, 2021

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Kansas City, Missouri, to represent the following companies in the submission of filings and to negotiate with insurance departments for their approval of such filings.

Transamerica Life Insurance Company	NAIC: 468-86231	FEIN: 39-0989781
Transamerica Financial Life Insurance Company	NAIC: 468-70688	FEIN: 36-6071399
Transamerica Premier Life Insurance Company	NAIC: 468-66281	FEIN: 52-0419790
Transamerica Casualty Insurance Company	NAIC: 468-10952	FEIN: 31-4423946

This Authorization shall be valid until revoked by us.

Sincerely,

A handwritten signature in black ink that reads "Douglas Simino".

Douglas Simino
Vice President – Contract Development and Filing
Doug.Simino@Transamerica.com

From: [Gayle Henderson](#)
To: [Mowrer, Crystal](#)
Cc: [Ind Ops New Bus and Dist Support Team](#); [Lawrence, Sandy](#)
Subject: RE: Merger of Transamerica Premier Life Insurance Company (NAIC #66281) into Transamerica Life Insurance Company (NAIC #86231) [EXTERNAL]
Date: Tuesday, April 13, 2021 11:17:30 AM
Attachments: [image007.png](#)

Good morning Crystal,

The Bureau of Insurance has completed the merger of Transamerica Premier Life Insurance Company (NAIC #66281) into and with Transamerica Life Insurance Company (NAIC #86231).

Agents that were licensed with Transamerica Premier Life have been copied to Transamerica Life Insurance Company. If you have any agent questions, contact Richard Tozer at Richard.Tozer@scc.virginia.gov.

Let me know if you need anything else.



*Gayle Henderson, Office Supervisor
Virginia SCC/Bureau of Insurance
Financial Regulation Division
804-371-9869/804-371-9511 (fax)
gayle.henderson@scc.virginia.gov*

*"Character is something you know you
have, not what others think you have."*

Confidential
