Filing at a Glance

Company:	RiverSource Life Insurance Company
Product Name:	Long Term Care
State:	Virginia
TOI:	LTC04I Individual Long Term Care - Nursing Home
Sub-TOI:	LTC04I.001 Qualified
Filing Type:	Rate
Date Submitted:	08/03/2017
SERFF Tr Num:	AERS-131005529
SERFF Status:	Closed-Approved
State Tr Num:	AERS-131005529
State Status:	Approved
Co Tr Num:	30225 2017
Implementation Date Requested:	On Approval
Author(s):	Cheryl Meyer, Kathleen Felton, Peg VanDrisse, Lynn Blount
Reviewer(s):	Bill Dismore (primary)
Disposition Date:	10/26/2020
Disposition Status:	Approved
Implementation Date:	

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

General Information

Project Name: 30225 2017
Project Number: 30225 2017
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 39.8%

Deemer Date: 11/15/2020
Submitted By: Peg VanDrisse

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/26/2020
State Status Changed: 10/26/2020
Created By: Peg VanDrisse
Corresponding Filing Tracking Number:
State TOI: LTC04I Individual Long Term Care - Nursing Home

Filing Description:
Please see the attached cover letter.

Company and Contact

Filing Contact Information

Peg VanDrisse, Sr. Contract Analyst
9550 Ameriprise Financial Center
H25/9550
Minneapolis, MN 55474

peg.vandrisse@ampf.com
612-671-8584 [Phone]
612-678-0034 [FAX]

Filing Company Information

RiverSource Life Insurance Company
9550 Ameriprise Financial Center, H22/9550
Minneapolis, MN 55474
(612) 671-2465 ext. [Phone]

CoCode: 65005
Group Code: 4
Group Name:
FEIN Number: 41-0823832

State of Domicile: Minnesota
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	10/26/2020	10/26/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	10/01/2020	10/01/2020
Info has been requested from company	Bill Dismore	09/10/2020	09/10/2020
Info has been requested from company	Bill Dismore	08/27/2020	08/27/2020
Info has been requested from company	Bill Dismore	08/18/2020	08/18/2020
Info has been requested from company	Bill Dismore	06/22/2020	06/22/2020
Info has been requested from company	Bill Dismore	06/22/2020	06/22/2020
Info has been requested from company	Bill Dismore	01/16/2020	01/16/2020
Info has been requested from company	Bill Dismore	01/13/2020	01/13/2020
Info has been requested from company	Bill Dismore	12/03/2019	12/03/2019
Info has been requested from company	Bill Dismore	11/26/2019	11/26/2019

Response Letters

Responded By	Created On	Date Submitted
Lynn Blount	10/15/2020	10/15/2020
Lynn Blount	09/30/2020	09/30/2020
Lynn Blount	08/27/2020	08/28/2020
Lynn Blount	08/27/2020	08/27/2020
Lynn Blount	07/28/2020	07/28/2020
Lynn Blount	07/28/2020	07/28/2020
Lynn Blount	01/16/2020	01/16/2020
Cheryl Meyer	01/13/2020	01/13/2020
Lynn Blount	01/03/2020	01/03/2020
Lynn Blount	11/26/2019	11/26/2019

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	10/01/2019	10/01/2019
Info has been requested from company	Bill Dismore	04/12/2019	04/12/2019
Info has been requested from company	Bill Dismore	09/17/2018	09/17/2018
Info has been requested from company	Janet Houser	08/11/2017	08/11/2017

Response Letters

Responded By	Created On	Date Submitted
Lynn Blount	11/25/2019	11/25/2019
Lynn Blount	05/06/2019	05/07/2019
Lynn Blount	12/13/2018	12/13/2018
Peg VanDrisse	07/12/2018	07/12/2018

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Single Phase Non Waiver Premium policyholder letter	Lynn Blount	08/03/2020	08/03/2020
Form	Single Phase Waiver Premium policyholder letter	Lynn Blount	08/03/2020	08/03/2020
Form	Multi-Phase Non Waiver Premium policyholder letter	Lynn Blount	08/03/2020	08/03/2020
Form	Policy Change Request form	Lynn Blount	08/03/2020	08/03/2020
Form	Multi-Phase Waiver Premium policyholder letter	Lynn Blount	08/03/2020	08/03/2020
Supporting Document	Statements of Variability	Lynn Blount	08/03/2020	08/03/2020
Form	Single Phase Non Waiver Premium policyholder letter	Lynn Blount	06/12/2020	06/12/2020
Form	Single Phase Waiver Premium policyholder letter	Lynn Blount	06/12/2020	06/12/2020
Form	Multi-Phase Non Waiver Premium policyholder letter	Lynn Blount	06/12/2020	06/12/2020
Form	Multi-Phase Waiver Premium policyholder letter	Lynn Blount	06/12/2020	06/12/2020
Form	Policy Change Request form	Lynn Blount	01/03/2020	01/15/2020
Supporting Document	Clean Policyholder Notification Letter Samples	Lynn Blount	01/03/2020	01/15/2020
Supporting Document	Statements of Variability	Lynn Blount	09/12/2018	09/12/2018

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Request Granted to 9/30/2020	Note To Filer	Bill Dismore	09/23/2020	09/23/2020
Extension Request	Note To Reviewer	Lynn Blount	09/23/2020	09/23/2020
Extension granted to respond by 7/28/2020	Note To Filer	Bill Dismore	07/14/2020	07/14/2020
Extension Request	Note To Reviewer	Lynn Blount	07/14/2020	07/14/2020
Status Request	Note To Reviewer	Lynn Blount	05/22/2020	05/22/2020
Status Requests	Note To Filer	Bill Dismore	04/03/2020	04/03/2020
Status Request	Note To Reviewer	Lynn Blount	04/03/2020	04/03/2020
Extension Granted	Note To Filer	Bill Dismore	11/14/2019	11/14/2019
Extension Request	Note To Reviewer	Lynn Blount	11/13/2019	11/13/2019
Status Request	Note To Filer	Bill Dismore	09/12/2019	09/30/2019
Status Request	Note To Reviewer	Lynn Blount	09/12/2019	09/12/2019
Status Request	Note To Filer	Bill Dismore	07/29/2019	07/29/2019
Status Request	Note To Reviewer	Lynn Blount	07/29/2019	07/29/2019
Status Request	Note To Filer	Bill Dismore	06/14/2019	06/14/2019
Status Request	Note To Reviewer	Lynn Blount	06/13/2019	06/13/2019
Status Request	Note To Filer	Bill Dismore	02/27/2019	02/27/2019
Status Request	Note To Reviewer	Lynn Blount	02/26/2019	02/26/2019
Response Due	Note To Reviewer	Lynn Blount	12/11/2018	12/11/2018
Extension Request	Note To Reviewer	Lynn Blount	12/06/2018	12/06/2018
Response Confirmation	Note To Reviewer	Lynn Blount	11/27/2018	11/27/2018
Amended Filing	Note To Filer	Bill Dismore	11/13/2018	11/13/2018
Question	Note To Reviewer	Lynn Blount	11/13/2018	11/13/2018
Statements of Variability and SERFF tracking numbers	Note To Reviewer	Lynn Blount	09/12/2018	09/12/2018
Post Submission Updates	Note To Filer	Bill Dismore	07/13/2018	07/13/2018
post submission update	Note To Reviewer	Peg VanDrisse	07/12/2018	07/12/2018
Actuarial Review - Final Summary & Opinion Report	Reviewer Note	Bill Dismore	10/26/2020	
Ameriprise Financial Advisor	Reviewer Note	Bill Dismore	10/26/2020	
9/02/2020 - Policyholder Letter Corrections	Reviewer Note	Bill Dismore	09/02/2020	
Request for Extension - 10/21/2019	Reviewer Note	Bill Dismore	10/21/2019	
Rate Review - Co. Response to Objection of 5/06/2019.	Reviewer Note	Bill Dismore	03/14/2019	

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RRS	Reviewer Note	Bill Dismore	09/17/2018	
Post Submission Update	Reviewer Note	Bill Dismore	07/13/2018	
Policyholder Letter, Change Form, Endorsement	Reviewer Note	Janet Houser	08/10/2017	

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Disposition

Disposition Date: 10/26/2020
Implementation Date:
Status: Approved

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):
RiverSource Life Insurance Company	39.800%	39.800%	$955,323	1,662	$2,394,375	40.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document (revised)	Clean Policyholder Notification Letter Samples	Received & Acknowledged	Yes
Supporting Document	Clean Policyholder Notification Letter Samples	Withdrawn	No
Supporting Document (revised)	Misc. forms	Received & Acknowledged	Yes
Supporting Document	Cover Letter and Third Party Involvment Document	Received & Acknowledged	Yes
Supporting Document	Response letter dated 7-12-18 and attachment	Received & Acknowledged	Yes
Supporting Document (revised)	Statements of Variability	Received & Acknowledged	Yes
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Response Letter 12-12-18 and Response Attachment	Received & Acknowledged	Yes
Supporting Document	Response 5/6/2019	Received & Acknowledged	Yes
Supporting Document	Response 11/25/2019	Received & Acknowledged	Yes
Supporting Document	Response 1/3/2020	Received & Acknowledged	Yes
Supporting Document	Policyholder Q&A	Received & Acknowledged	Yes
Supporting Document	Response 1-13-2020	Received & Acknowledged	Yes
Supporting Document	Redlines 7-28-2020	Received & Acknowledged	Yes
Supporting Document (revised)	Annotated Policyholder Letters	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Annotated Policyholder Letters	Withdrawn	No
Supporting Document	Readability Certification	Received & Acknowledged	Yes
Supporting Document	Response 7-28-2020	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Product Checklist	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Clean Policyholder Notification Letter Samples	Withdrawn	No
Supporting Document	Clean Policyholder Notification Letter Samples	Withdrawn	No
Supporting Document	Policyholder Notification Letter Samples	Withdrawn	No
Supporting Document	Misc. forms	Withdrawn	No
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Annotated Policyholder Letters	Withdrawn	No
Supporting Document	Annotated Policyholder Letters	Withdrawn	No
Supporting Document	Response 10/15/2020	Received & Acknowledged	Yes
Form (revised)	Single Phase Non Waiver Premium policyholder letter	Approved	Yes
Form (revised)	Single Phase Waiver Premium policyholder letter	Approved	Yes
Form (revised)	Multi-Phase Non Waiver Premium policyholder letter	Approved	Yes
Form (revised)	Policy Change Request form	Approved	Yes
Form (revised)	Multi-Phase Waiver Premium policyholder letter	Approved	Yes
Form	Single Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Non Waiver Premium policyholder letter	Withdrawn	No

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Single Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Single Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Non Waiver Premium policyholder letter	Withdrawn	No
Form	Policy Change Request form	Withdrawn	No
Form	Policy Change Request form	Withdrawn	No
Form	Policy Change Request form	Withdrawn	No
Form	Policy Change Request form	Withdrawn	No
Form	Policy Change Request form	Withdrawn	No
Form	Multi-Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Waiver Premium policyholder letter	Withdrawn	No

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Multi-Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Waiver Premium policyholder letter	Withdrawn	No
Form	Multi-Phase Waiver Premium policyholder letter	Withdrawn	No
Rate (revised)	VA PremiumRates 30225	Approved	Yes
Rate	VA PremiumRates 30225	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/01/2020
Submitted Date	10/01/2020
Respond By Date	10/15/2020

Dear Peg VanDrisse,

Introduction:

During our review of the proposed rates, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: Please correct the word, "Corporate" to "Corporation" as previously requested. This is found in the 2nd paragraph under, "Reasons for this increase".

Objection 2

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

Comments: In your response to our Objection #3 in our 9/10/2020 objection letter we note the company added the % rate increase. However, the sentence the company added is not clear. We don't understand why, "the actual increase for your policy may be less." Please explain or revise the sentence.

As a courtesy, on form 115743, the sentence, "This is the % increase in premium is not grammatically correct, ..". We recommend a revision to something similar to, "The is a premium increase of [%]."

Objection 3

- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

Comments: In response to our objection #3, question 2, on page 1, last paragraph, the following sentence appears to be incomplete and missing variability, "There will be an additional premium increase on your next number of policy anniversaries." The letter must explain how many additional increases are forthcoming. Please revise.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the “Respond by” date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/10/2020
Submitted Date	09/10/2020
Respond By Date	09/24/2020

Dear Peg VanDrisse,

Introduction:

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

Objection 1

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)
Comments: Applicable to forms 115743, 115744, 115745 and 115747:

In the sentence required by 14 VAC 5-200-75 D 4, the letters refer to Virginia State Corporate Commission. Please change the word "Corporate" to "Corporation".

Objection 2

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
Comments: Please advise if the company sends an "enclosed envelope" as mentioned in the above forms. If so, this item should be added as an enclosure at the bottom of the two letters.

Objection 3

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
Comments: The policyholder notification must contain the actual percentage increase that was approved, pursuant to 14VAC5-200-75 A. 3.

As an example, in 115743 in the 4th paragraph; " On [Anniversary Date], your [Premium Frequency] will increase from $[Current Premium] to $[New Premium]. This is an increase of [%]."

1. Please be sure to add [%] to the Statement of Variability to explain the % increase amount.

As an example, in 115745 in the 4th paragraph; "On [Anniversary Date], your [Premium Frequency] will increase from $[Current Premium] to $[New Premium]. This is an increase of [%].

2. Consider making the statement in the 5th paragraph variable in case a multi-phase increase is more or less than four. For example, "...on your next [four] policy anniversaries.

3. The second through fourth future increases should be bracketed so that there is variability for the necessary future increases. This

gives the company the flexibility to add from 2 to 4 future increases. As an example;

There will be an additional premium increase on your next [four] policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your premium frequency will increase in future years as follows:

On [Future Anniversary Date], your premium will increase to $[New Premium]. This is an increase of [%].
[On [Future Anniversary Date], your premium will increase to $[New Premium]. This is an increase of [%].
On [Future Anniversary Date], your premium will increase to $[New Premium]. This is an increase of [%].
On [Future Anniversary Date], your premium will increase to $[New Premium]. This is an increase of [%].]

4. Please be sure to add [%]; [four] and [On [Future.....} to the Statement of Variability to explain the % increase amount and the variances to be offered.

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 by the "respond by" date. After this date, the filing will be DISAPPROVED unless an extension of no more than 30 days is requested.

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/27/2020
Submitted Date	08/27/2020
Respond By Date	09/04/2020

Dear Peg VanDrisse,

Introduction:

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

Objection 1

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

Comments: As we stated in our Objection Letter dated 6/22/2020 the annotated version (i.e. Numbers within a block on the form) of the forms are not acceptable as the final format.

Please place the annotated form versions under the Supporting Documentation tab.

Only the final form versions (without the annotations) should be placed under the Form Schedule tab. It is okay to show the "Item number" on the Statement of Variability but not on the form itself.

Please contact me if you have any questions or if there is any confusion.

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.

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/18/2020
Submitted Date	08/18/2020
Respond By Date	09/01/2020

Dear Peg VanDrisse,

Introduction:

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

Objection 1

- Statements of Variability (Supporting Document)
- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Policy Change Request form, 115746 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: Please revise all applicable letters and forms so that the bracketed items match the text listed under the column "Section/Content" as listed in their related Statement of Variability

For Example, [Client Name/Address] should be inserted within the brackets instead of [JOHN DOE, STREET ADDRESS, City, VA, 99999-9999] on form 115743.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the “Respond by” date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/22/2020
Submitted Date	06/22/2020
Respond By Date	07/22/2020

Dear Peg VanDrisse,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: Please describe the process the company goes through when a policyholder is no longer on waiver of premium. For example, what correspondence do they receive, how much time do they have to select an option or make a decision about paying the rate increase, etc.

Objection 2

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The last page of the policyholder letter should list the attachments that are included with each letter. The attachments must not be variable.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the "Respond by" date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Bill Dismore, APIR
Senior Insurance Market Examiner
Life & Health Division
Virginia Bureau of Insurance

Sincerely,

Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/22/2020
Submitted Date	06/22/2020
Respond By Date	07/28/2020

Dear Peg VanDrisse,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- Certification of Compliance (Supporting Document)

Comments: Forms 115743, et al.

Please provide us with the certification of compliance that is required for the forms by 14 VAC 5-100-40.

Objection 2

Comments: Certification of Readability, Form Nos. 115743, et al.

Please provide us with the certification of readability as required by 14 VAC 5-110-60.

Objection 3

- Statements of Variability (Supporting Document)

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

- Policy Change Request form, 115746 (Form)

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: 14 VAC 5-100-50 3 provides that the final print version of the form that will be issued should be attached to the Form Schedule. This version would include those bracketed fields considered variable. The annotated version of the form is very helpful in understanding the intended variability; however, it should be attached as supporting documentation.

Objection 4

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

- Policy Change Request form, 115746 (Form)

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The presentation of the full and proper corporate name is not in conformity with regulatory requirements. 14 VAC 5-100-50 5 provides that text appearing in all forms should be printed using a type size of at least 10 point. 14 VAC 5-100-50 2 provides that the full and proper corporate name shall appear prominently in the form. The corporate name is printed in less than 10 point and is in a type size smaller than other text appearing in the form.

Objection 5

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The letter should contain a mechanism to indicate that the shortened version of the company name means the same thing as the licensed corporate name. An example would be RiverSource Life Insurance Company (RiverSource).

Objection 6

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

Comments: The letters refer to the enclosed Frequently Asked Questions. Please advise if the Frequently Asked Questions document is part of the premium increase notification package. If so, please attach it to the Form Schedule.

Objection 7

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The statement required by 14 VAC 5-200-75 D 4 should more closely mirror the regulatory language. Specifically, the regulation states,

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

Objection 8

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The statement appearing near the top of the second page, Virginia requires that premium rates cannot increase for at least three years is not accurate and should be deleted.

Objection 9

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The Convert to a paid-up policy with reduced benefits section should also state that the paid-up benefit will not be less than 30 times the daily nursing home benefit at the time of lapse pursuant to 14 VAC 5-200-185 E 3.

Objection 10

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

Comments: As an observation, there appears to be missing text in the Your Available Options section. The phrase If you begin paying premiums again, is an incomplete thought.

Objection 11

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The form number 115747 was changed to 115747 A in the latest resubmission; however, the Form Schedule still reflects the previous number. Please advise which form number is correct. If the form number appearing in the lower left-hand corner on the first page of the form is correct, please revise the Form Schedule to display the correct form number. If the Form

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Schedule is correct, please provide us with a revised form.

Objection 12

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

Comments: The policyholder notification must contain the actual percentage increase that was approved, pursuant to 14VAC5-200-75 A. 3.

Objection 13

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The notifications refer on the bottom of the letter, "These companies are affiliated with Ameriprise Financial, Inc." The forms also refer to an Ameriprise Financial advisor. However, we reviewed SIRCON and were not able to determine if RiverSource has an active association with Ameriprise.

We are unsure as to the relevancy of Ameriprise Financial to the long-term care policy premium increase notification letter. Therefore, please explain:

1) Who is the Ameriprise Financial advisor and how does this relate to this policyholder notification letter?

2) The reference to the Ameriprise advisor is variable on the third page with the explanation that there may or may not be an Ameriprise advisor. Should the reference on page 2 be variable also?

Objection 14

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

Comments: On page 2, the last sentence under the section, "Your available options" is incomplete. The sentence reads, "If you begin paying premiums again,"

In addition, the section must contain in bold, a statement that not all options may be of equal value pursuant to 14VAC5-200-75 D. 2. b.

Objection 15

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: Please see the second paragraph at the top of form 115747 A pertaining to the not of equal value requirement.

The statement, such as it is, appears but is not in bold.

The last phrase of the last sentence is incomplete the amount shown below may not be of equal value you to. It appears the word "you" and "to" should switch places.

Objection 16

- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: On page 1, under "Reasons for this increase" the third paragraph state that future increases may occur but do not describe the options that may be available in the event of a future increase.

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the "Respond by" date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Bill Dismore, APIR
Senior Insurance Market Examiner
Life & Health Division
Virginia Bureau of Insurance

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/16/2020
Submitted Date	01/16/2020
Respond By Date	01/23/2020

Dear Peg VanDrisse,

Introduction:

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

One or more forms included within the submission has a question(s).

Objection 1

- Misc. forms (Supporting Document)

Comments: Please advise the SERFF Tracking # under which the Endorsement to Policy form 112459 was approved. If this form has not been previously approved, it needs to be removed from the Supporting Documentation tab and placed under the Form Schedule tab for review and approval.

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.

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/13/2020
Submitted Date	01/13/2020
Respond By Date	01/20/2020

Dear Peg VanDrisse,

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

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

Comments: 1) The Rate Request Summary indicates a Minimum Requested Percentage Change Per Member of 0.0%. However, the Company Rate Information shows the Minimum Requested Change as 40% and the Overall Average % Change as 40% (not 39.8% as indicated on the Rate Request Summary). Please correct the inconsistencies.

2) Please confirm that the proposed rate increase schedules are accurate and reflect the appropriate increase from the current approved rate schedule.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/03/2019
Submitted Date	12/03/2019
Respond By Date	01/03/2019

Dear Peg VanDrisse,

Introduction:

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

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

Objection 1

- Response 11/25/2019 (Supporting Document)

Comments: In your response to our Objection #4, the company states that "Experience for the optional home care rider is excluded from all historical and projected experience provided with this filing. Please provide an explanation for the exclusion of this rider from all historical and projected experience provided with this filing.

14VAC5-130-50 A. and 14VAC5-130-65 A. require that all rate filings include all related riders and endorsements.

14VAC5-200-40. Definitions states, "Policy" means any individual or group policy of insurance, contract, subscriber agreement, certificate, rider or endorsement delivered or issued for delivery in this Commonwealth by an insurer.

Objection 2

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

Comments: On page 2, first paragraph, please explain the basis for the statement included in the letter that reads, ". . .Virginia requires that premium rates cannot increase for at least three years."

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

Comments: Please advise if the Company has any partnership policies. If the answer is yes, explain how this is addressed in the policyholder notification letter.

Objection 4

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: 1) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

2) The last sentence in the first paragraph under, "Carefully consider your options outlined below" is a disclosure and should appear in bold text. The sentence ends with "... these options may not all be of equal value to you." Those final words of the sentence should be in bold.

3) The circled 3 should be bracketed for variability under "Convert to a paid-up policy with reduced benefits" in the event the "Adjust your coverage option" is not available as explained on the Statement of Variability.

4) Signature block, officer name and title should be variable and described on the Statement of Variability form for all letter forms.

5) Please provide a description of all the items that are included in the policyholder notification packet (i.e. Policy Change Request Form, Frequently Asked Questions, etc.).

Objection 5

- Statements of Variability (Supporting Document)
Comments: Notice of Premium Increase box

1) Item - Date in form 115743 should be variable to be consistent with all the other policyholder letter forms.

2) Item - There are three options and options 2 and 3 are variable. Option 3 is not described under the Scope of Variation, but should be. This should be consistent across all the forms.

3) The box descriptions and variable options should be displayed consistently across all policyholder notification letters. It is not consistent on form 115744 and 115747.

Objection 6

- Statements of Variability (Supporting Document)
Comments: Change Request Form - 115746

Item 14 refers to bullets 2-5. However only bullets 2, 3 and 4 are bracketed. Please revise.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/26/2019
Submitted Date	11/26/2019
Respond By Date	12/26/2019

Dear Peg VanDrisse,

Introduction:

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

Objection 1

- Clean Policyholder Notification Letter Samples (Supporting Document)

Comments: Thank you for providing the "John Doe" version of the policyholder notification letters.

Please provide a clean version of each policyholder notification form under the Form Schedule, showing the variability on the form for our review and approval. Also provide an updated Statement of Variability for each form to explain the various options. The policyholder notification should include each form or document that is to be included in the notification.

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/01/2019
Submitted Date	10/01/2019
Respond By Date	11/25/2019

Dear Peg VanDrisse,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response 5/6/2019 (Supporting Document)

- Policyholder Notification Letter Samples (Supporting Document)

Comments: Please explain or clarify the statement in your objection response of 5/06/2019 in which the Company states that with a 40% rate increase, the company will pursue future rate increase at the end of the three-year rate guarantee period. The policyholder notification letter states in the third paragraph, under the section labeled, "Reasons for this increase"; "...we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at less three years." The response letter indicates that the Company "will" pursue additional rate increases, while the policyholder notification letter indicates that the company "may" pursue additional increases.

Describe the triggers that will prompt the Company to request additional rate increases and explain how this is communicated to the policyholder.

Objection 2

- Policyholder Notification Letter Samples (Supporting Document)

Comments: Please provide "John Doe" letters for both the Waiver and Non-Waiver Policyholder Notification letters without the bracketed language. The BOI would like to see the letter as it will appear to a policyholder.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain the statement, "Experience for all policies issued under policy form 30225 series, including both those issued without and with the 1997 revised rates, is used in the study since the benefit provisions are essentially identical." The BOI is unclear regarding how the experience of the revised 1997 rates affect the outcome of the morbidity study and its affect on the factor results.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Section 4. Applicability mentions two riders, optional home care and optional nonforfeiture benefit. Please explain if these riders are a percentage of the base premium or if they are a flat rate.

2. Explain if the premiums collected from these riders are included in the premium and claim experience data.

Conclusion:

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

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/12/2019
Submitted Date	04/12/2019
Respond By Date	05/10/2019

Dear Peg VanDrisse,

Introduction:

One or more items included within the submission require additional clarification as set forth below.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

- Response Letter 12-12-18 and Response Attachment (Supporting Document)

Comments: 1) In your response of 12/12/2018, the Company states that they can actuarially justify a much larger rate increase than the 40% requested. Please provide a detailed explanation of the Company's plans for future rate increase if the 40% rate increase were approved. Provide a description of the lifetime loss ratio to which the Company will manage this block of business going forward and what would trigger a request for an additional rate increase.

2) If the 40% rate increase were to be approved, the VA Cumulative Rate Increase would equal 231% while the nationwide increase is 196%. Please provide an explanation for this discrepancy in support of the Company's 40% rate increase request compared to a lesser increase of 25% which would bring the VA cumulative increase in line with the nationwide cumulative increase.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/17/2018
Submitted Date	09/17/2018
Respond By Date	12/10/2018

Dear Peg VanDrisse,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.The memorandum describes how professional judgment is used in setting the morbidity factors for durations and ages beyond which the Company has credible experience. In addition, A/E factors are increased by attained age beyond the actual experience. Please provide some measure of the impact of this implicit conservatism.

2.Please provide the Excel file used to produce Attachment 4 status of filings.

3.For all projections requested in the next question, the baseline should comply with the following:

a.Any paid-up policies should be removed, both from historical experience and future projections.

b.For this pre-stability block, assumptions should be best-estimate with no margins.

c.Premiums should be at the Virginia rate level for both historical and projected future.

d.Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

4.Because the Bureau has observed that the experience of policies with different benefit characteristics can vary significantly, we are requesting that the following projections be provided to assist the Bureau in determining the appropriateness of this increase. For each of the six subsets of the business corresponding to the combinations of (non-lifetime/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

c.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection

d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

e.original assumptions and original premiums from inception

f.actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception.

Projections a-f can be separate tabs or combined into separate columns on the same exhibit.

5.For each of the six subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you.

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/11/2017
Submitted Date	08/11/2017
Respond By Date	

Dear Peg VanDrisse,

Introduction:

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

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

Objection 1

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

- VA PremiumRates 30225, [30225-VA] (Rate)

Comments: Please update the Company Rate Information on the Rate/Rule Schedule to reflect the Overall Percentage Rate Impact and the Written Premium Change for this Program and update the Percent Rate Change Request under the Rate Action Information to reflect the same percentage which is the percentage increase being requested at this time and not the previously approved increase.

According to the Actuarial Memorandum, the proposed increase is 32.3%; however, this increase only applies to nursing home portion only of the premium and the Rate/Rule Schedule indicates a range of 0% - 32.3%. This is confirmed by Exhibit XVI which demonstrates a range of 0% - 32.3% with a premium cap of $998.98 resulting no increases for some individuals. Since there is a range, the expectation is that the Overall Percentage rate impact and the proposed rate increase should fall between 0% - 32.3%. Please amend the filing accordingly.

There are two options included in the rate sheets: simple benefit increase option and compound benefit increase option. Are the premiums for these benefits a dollar amount or a percentage of the base policy? If these are form numbers separate from the base policy, please add the form numbers to the Rate/Rule Schedule and attach a factor or premium rate table for each. If not, please amend the rate attachment to indicate what those factors are on the premium attachment for the base policy.

Are there any other riders that would affected by this rate increase? If so, please add the form number exactly as approved with a corresponding rate schedule.

Please update the Rate Request Summary for consistency with the affected form numbers and rate information on page 1.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the following:

1) Re-state the nationwide experience using Virginia approved rates.

2) Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

3) Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

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

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

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

7) Please provide the reserve basis and justification for the reserve levels provided.

8) If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?

9) Please note for pre-stability policies, as set forth in 14VAC5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia. Please provide updated exhibits if appropriate.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/15/2020
Submitted Date	10/15/2020

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 10/1/2020.

Response 1

Comments:

Please see updated response letter and policyholder letter.

Related Objection 1

Applies To:

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: Please correct the word, "Corporate" to "Corporation" as previously requested. This is found in the 2nd paragraph under, "Reasons for this increase".

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747.20201013 (MP WP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200930 (MP WP) NONANN LCKD.pdf*	*Date Submitted: 09/30/2020 By: Lynn Blount*
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200827 (MP WP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200819 (MP WP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200728 (MP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200727 (MP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747.20201013 (MP WP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see updated response letter and policyholder letters.

Related Objection 2

Applies To:

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

Comments: In your response to our Objection #3 in our 9/10/2020 objection letter we note the company added the % rate increase. However, the sentence the company added is not clear. We don't understand why, "the actual increase for your policy may be less." Please explain or revise the sentence.

As a courtesy, on form 115743, the sentence, "This is the % increase in premium is not grammatically correct, ..". We recommend a revision to something similar to, "The is a premium increase of [%]."

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200930 (SP NonWP) NONANN LCKD.pdf*	*Date Submitted: 09/30/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200827 (SP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200819 (SP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200728 (SP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200727 (SP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745.20201013 (MP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200930 (MP NonWP) NONANN LCKD.pdf*	*Date Submitted: 09/30/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200827 (MP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200819 (MP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200728 (MP NonWP)*	*Date Submitted: 08/03/2020 By:*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
							BRKTD.pdf	
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200727 (MP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see updated response letter and policyholder letter.

Related Objection 3

Applies To:

- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Comments: In response to our objection #3, question 2, on page 1, last paragraph, the following sentence appears to be incomplete and missing variability, "There will be an additional premium increase on your next number of policy anniversaries." The letter must explain how many additional increases are forthcoming. Please revise.

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
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Comments:	
Attachment(s):	115746 - John Doe.20200102 Change Form - No Highlighting.pdf 115743 - John Doe.20201013 (SP NonWP).pdf 115744 - John Doe.20201013 (SP WP).pdf 115747 - John Doe.20201013 (MP WP).pdf 115745 - John Doe.20201013 (MP NonWP).pdf
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Comments:	
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Comments:	
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Comments:	
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Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

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Comments:	
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Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Satisfied - Item:	Statements of Variability
Comments:	
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Comments:	
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State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

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Comments:	
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State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Clean Policyholder Notification Letter Samples
Comments:	
Attachment(s):	115746 - John Doe.20200102 Change Form - No Highlighting.pdf 115743 - John Doe.20201013 (SP NonWP).pdf 115744 - John Doe.20201013 (SP WP).pdf 115747 - John Doe.20201013 (MP WP).pdf 115745 - John Doe.20201013 (MP NonWP).pdf
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Satisfied - Item:	*Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Satisfied - Item:	Statements of Variability
Comments:	
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Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf* *SOV VA LTC Endorsement 112459.pdf* *SOV VA LTC PlcyhlderLtrs 112016 112018.pdf*

Satisfied - Item:	Annotated Policyholder Letters
Comments:	
Attachment(s):	115746 Change Form 20200819 ANN LCKD.pdf 115743.20201013 (SP NonWP) ANN LCKD.pdf 115744.20201013 (SP WP) ANN LCKD.pdf 115745.20201013 (MP NonWP) ANN LCKD.pdf 115747.20201013 (MP WP) ANN LCKD.pdf

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Previous Version	
Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115746 Change Form 20200819 ANN LCKD.pdf* *115743-20200930 (SP NonWP) ANN LCKD.pdf* *115744-20200930 (SP WP) ANN LCKD.pdf* *115745-20200930 (MP NonWP) ANN LCKD.pdf* *115747-20200930 (MP WP) ANN LCKD.pdf*
Previous Version	
Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115743-20200819 (SP NonWP) ANN LCKD.pdf* *115744-20200819 (SP WP)ANN LCKD.pdf* *115745-20200819 (MP NonWP) ANN LCKD.pdf* *115746 Change Form 20200819 ANN LCKD.pdf* *115747-20200819 (MP WP) ANN LCKD.pdf*
Previous Version	
Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115743-JohnDoe.20200728 (SP NonWP) LCKD.pdf* *115744-JohnDoe.20200728 (SP WP) LCKD.pdf* *115745-JohnDoe.20200728 (MP NonWP) LCKD.pdf* *115746-JohnDoe.20200728 (Change Form) LCKD.pdf* *115747-John Doe.20200728 (MP WP) LCKD.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Clean Policyholder Notification Letter Samples
Comments:	
Attachment(s):	115746 - John Doe.20200102 Change Form - No Highlighting.pdf 115743 - John Doe.20201013 (SP NonWP).pdf 115744 - John Doe.20201013 (SP WP).pdf 115747 - John Doe.20201013 (MP WP).pdf 115745 - John Doe.20201013 (MP NonWP).pdf
Previous Version	
Satisfied - Item:	*Clean Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*115746 - John Doe.20200102 Change Form - No Highlighting.pdf* *115743 - John Doe.20200930 (SP NonWP).pdf* *115744 - John Doe.20200930 (SP WP).pdf* *115745 - John Doe.202000930 (MP NonWP).pdf* *115747 - John Doe.20200930 (MP WP).pdf*
Previous Version	
Satisfied - Item:	*Clean Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*115743 - John Doe.20200102 (SP NonWP) - With No Highlighting.pdf* *115744 - John Doe.20200102 (SP WP) - With No Highlighting.pdf* *115745 - John Doe.20200102 (MP NonWP) - With No Highlighting.pdf* *115746 - John Doe.20200102 Change Form - No Highlighting.pdf* *115747 - John Doe.20200102 (MP WP) - With No Highlighting.pdf*
Previous Version	
Satisfied - Item:	*Clean Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*115743 - John Doe (SP NonWP)_30225.20191125.pdf* *115744 - John Doe (SP WP)_30225.20191125.pdf* *115745 - John Doe.20191120 (MP NonWP)clean.pdf* *115746 - John Doe (Change Form)_30225.20191125.pdf* *115747 - John Doe.20191120 (MP WP)clean.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115746 SOV 20200827.pdf 115743 SOV 20201015.pdf 115744 SOV 20201015.pdf 115745 SOV 20201015.pdf 115747 SOV 20201015.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115746 SOV 20200827.pdf* *115743 SOV 20200930.pdf* *115744 SOV 20200930.pdf* *115745 SOV 20200930.pdf* *115747 SOV 20200930.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200827.pdf* *115744 SOV 20200827.pdf* *115745 SOV 20200827.pdf* *115746 SOV 20200827.pdf* *115747 SOV 20200827.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200730.pdf* *115744 SOV 20200730.pdf* *115745 SOV 20200730.pdf* *115747 SOV 20200730.pdf* *115746 SOV 20200728.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf*

	115743 SOV 20200728.pdf *115744 SOV 20200728.pdf* *115745 SOV 20200728.pdf* *115746 SOV 20200728.pdf* *115747 SOV 20200728.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200103.pdf* *115744 SOV 20200103.pdf* *115745 SOV 20200103.pdf* *115746 SOV 20200103.pdf* *115747 SOV 20200103.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20191125.pdf* *115744 SOV 20191125.pdf* *115745 SOV 20191125.pdf* *115746 SOV 20191125.pdf* *115747 SOV 20191125.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf* *SOV VA LTC Endorsement 112459.pdf* *SOV VA LTC PlcyhlderLtrs 112016 112018.pdf*

Satisfied - Item:	Annotated Policyholder Letters
Comments:	
Attachment(s):	115746 Change Form 20200819 ANN LCKD.pdf 115743.20201013 (SP NonWP) ANN LCKD.pdf 115744.20201013 (SP WP) ANN LCKD.pdf 115745.20201013 (MP NonWP) ANN LCKD.pdf 115747.20201013 (MP WP) ANN LCKD.pdf

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Previous Version	
Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115746 Change Form 20200819 ANN LCKD.pdf* *115743-20200930 (SP NonWP) ANN LCKD.pdf* *115744-20200930 (SP WP) ANN LCKD.pdf* *115745-20200930 (MP NonWP) ANN LCKD.pdf* *115747-20200930 (MP WP) ANN LCKD.pdf*
Previous Version	
Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115743-20200819 (SP NonWP) ANN LCKD.pdf* *115744-20200819 (SP WP)ANN LCKD.pdf* *115745-20200819 (MP NonWP) ANN LCKD.pdf* *115746 Change Form 20200819 ANN LCKD.pdf* *115747-20200819 (MP WP) ANN LCKD.pdf*
Previous Version	
Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115743-JohnDoe.20200728 (SP NonWP) LCKD.pdf* *115744-JohnDoe.20200728 (SP WP) LCKD.pdf* *115745-JohnDoe.20200728 (MP NonWP) LCKD.pdf* *115746-JohnDoe.20200728 (Change Form) LCKD.pdf* *115747-John Doe.20200728 (MP WP) LCKD.pdf*

Satisfied - Item:	Response 10/15/2020
Comments:	
Attachment(s):	VA Response_30225.20201015.pdf

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200930 (SP NonWP) NONANN LCKD.pdf*	*Date Submitted: 09/30/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200827 (SP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200819 (SP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200728 (SP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200727 (SP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744.20201013 (SP WP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-20200930 (SP WP) NONANN LCKD.pdf*	*Date Submitted: 09/30/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-20200827 (SP WP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-20200819 (SP WP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-JohnDoe.20200728 (SP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200727 (SP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745.20201013 (MP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200930 (MP NonWP) NONANN LCKD.pdf*	*Date Submitted: 09/30/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200827 (MP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non*	*115745*	*OTH*	*Initial*			*115745-*	*Date Submitted:*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
	Waiver Premium policyholder letter						*20200819 (MP NonWP) LCKD.pdf*	*08/27/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200728 (MP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200727 (MP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747.20201013 (MP WP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200930 (MP WP) NONANN LCKD.pdf*	*Date Submitted: 09/30/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200827 (MP WP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200819 (MP WP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200728 (MP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200727 (MP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120*	*Date Submitted: 11/26/2019*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 10/15/2020 By: Lynn Blount
	policyholder letter						*(MP WP)lckd.pdf*	*By: Lynn Blount*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/30/2020
Submitted Date	09/30/2020

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 9/10/2020.

Response 1

Comments:

Please see updated policyholder letters (Non-annotated, Annotated and Clean) with change from Corporate to Corporation.

Related Objection 1

Applies To:

- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*
- *Multi-Phase Waiver Premium policyholder letter, 115747 (Form)*

Comments: Applicable to forms 115743, 115744, 115745 and 115747:

In the sentence required by 14 VAC 5-200-75 D 4, the letters refer to Virginia State Corporate Commission. Please change the word "Corporate" to "Corporation".

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200827 (SP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200819 (SP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200728 (SP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200727 (SP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744-20200930 (SP WP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-20200827 (SP WP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-20200819 (SP WP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-JohnDoe.20200728 (SP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200727 (SP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Single Phase*	*115744*	*OTH*	*Initial*			*115744 - John*	*Date Submitted:*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
	Waiver Premium policyholder letter						*Doe.20200102 (SP WP)Lckd.pdf*	*01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745-20200930 (MP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200827 (MP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200819 (MP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200728 (MP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200727 (MP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747-20200930 (MP WP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200827 (MP WP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200819 (MP WP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200728 (MP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200727 (MP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see updated policyholder letters (Non-annotated, Annotated and Clean).

Related Objection 2

Applies To:

- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*

Comments: Please advise if the company sends an "enclosed envelope" as mentioned in the above forms. If so, this item should be added as an enclosure at the bottom of the two letters.

Changed Items:

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200827 (SP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200819 (SP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200728 (SP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200727 (SP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745-20200930 (MP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200827 (MP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200819 (MP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200728 (MP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200727 (MP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.202006*	*Date Submitted: 06/12/2020*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
	policyholder letter						*12 (MP NonWP)lckd.pdf*	*By:*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see updated policyholder letters (Non-annotated, Annotated and Clean) and Statements of Variability with the changes to % increase text and number of year anniversaries.

Related Objection 3

Applies To:

- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Comments: The policyholder notification must contain the actual percentage increase that was approved, pursuant to 14VAC5-200-75 A. 3.

As an example, in 115743 in the 4th paragraph; " On [Anniversary Date], your [Premium Frequency] will increase from $[Current Premium] to $[New Premium]. This is an increase of [%]."

1. Please be sure to add [%] to the Statement of Variability to explain the % increase amount.

As an example, in 115745 in the 4th paragraph; "On [Anniversary Date], your [Premium Frequency] will increase from $[Current Premium] to $[New Premium]. This is an increase of [%].

2. Consider making the statement in the 5th paragraph variable in case a multi-phase increase is more or less than four. For example, "...on your next [four] policy anniversaries.

3. The second through fourth future increases should be bracketed so that there is variability for the necessary future increases. This gives the company the flexibility to add from 2 to 4 future increases. As an example;

There will be an additional premium increase on your next [four] policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your premium frequency will increase in future years as follows:

On [Future Anniversary Date], your premium will increase to $[New Premium]. This is an increase of [%].
[On [Future Anniversary Date], your premium will increase to $[New Premium]. This is an increase of [%].
On [Future Anniversary Date], your premium will increase to $[New Premium]. This is an increase of [%].
On [Future Anniversary Date], your premium will increase to $[New Premium]. This is an increase of [%].]

4. Please be sure to add [%]; [four] and [On [Future.....} to the Statement of Variability to explain the % increase amount and the variances to be offered.

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Clean Policyholder Notification Letter Samples
Comments:	
Attachment(s):	115746 - John Doe.20200102 Change Form - No Highlighting.pdf 115743 - John Doe.20200930 (SP NonWP).pdf 115744 - John Doe.20200930 (SP WP).pdf 115745 - John Doe.202000930 (MP NonWP).pdf 115747 - John Doe.20200930 (MP WP).pdf
Previous Version	
Satisfied - Item:	*Clean Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*115743 - John Doe.20200102 (SP NonWP) - With No Highlighting.pdf* *115744 - John Doe.20200102 (SP WP) - With No Highlighting.pdf* *115745 - John Doe.20200102 (MP NonWP) - With No Highlighting.pdf* *115746 - John Doe.20200102 Change Form - No Highlighting.pdf* *115747 - John Doe.20200102 (MP WP) - With No Highlighting.pdf*
Previous Version	
Satisfied - Item:	*Clean Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*115743 - John Doe (SP NonWP)_30225.20191125.pdf* *115744 - John Doe (SP WP)_30225.20191125.pdf* *115745 - John Doe.20191120 (MP NonWP)clean.pdf* *115746 - John Doe (Change Form)_30225.20191125.pdf* *115747 - John Doe.20191120 (MP WP)clean.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
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Comments:	
Attachment(s):	115746 - John Doe.20200102 Change Form - No Highlighting.pdf 115743 - John Doe.20200930 (SP NonWP).pdf 115744 - John Doe.20200930 (SP WP).pdf 115745 - John Doe.202000930 (MP NonWP).pdf 115747 - John Doe.20200930 (MP WP).pdf
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Comments:	
Attachment(s):	*115743 - John Doe.20200102 (SP NonWP) - With No Highlighting.pdf* *115744 - John Doe.20200102 (SP WP) - With No Highlighting.pdf* *115745 - John Doe.20200102 (MP NonWP) - With No Highlighting.pdf* *115746 - John Doe.20200102 Change Form - No Highlighting.pdf* *115747 - John Doe.20200102 (MP WP) - With No Highlighting.pdf*
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Comments:	
Attachment(s):	*115743 - John Doe (SP NonWP)_30225.20191125.pdf* *115744 - John Doe (SP WP)_30225.20191125.pdf* *115745 - John Doe.20191120 (MP NonWP)clean.pdf* *115746 - John Doe (Change Form)_30225.20191125.pdf* *115747 - John Doe.20191120 (MP WP)clean.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115746 SOV 20200827.pdf 115743 SOV 20200930.pdf 115744 SOV 20200930.pdf 115745 SOV 20200930.pdf 115747 SOV 20200930.pdf

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

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Comments:	
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Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

	115743 SOV 20191125.pdf 115744 SOV 20191125.pdf 115745 SOV 20191125.pdf 115746 SOV 20191125.pdf 115747 SOV 20191125.pdf
Previous Version	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV 291524-VA.pdf SOV VA LTC Endorsement 112459.pdf SOV VA LTC PlcyhlderLtrs 112016 112018.pdf

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
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Comments:	
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Comments:	
Attachment(s):	*115743 - John Doe.20200102 (SP NonWP) - With No Highlighting.pdf* *115744 - John Doe.20200102 (SP WP) - With No Highlighting.pdf* *115745 - John Doe.20200102 (MP NonWP) - With No Highlighting.pdf* *115746 - John Doe.20200102 Change Form - No Highlighting.pdf* *115747 - John Doe.20200102 (MP WP) - With No Highlighting.pdf*
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Satisfied - Item:	*Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

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State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

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Comments:	
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Comments:	
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Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200103.pdf* *115744 SOV 20200103.pdf* *115745 SOV 20200103.pdf* *115746 SOV 20200103.pdf* *115747 SOV 20200103.pdf*
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Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf*

	115743 SOV 20191125.pdf *115744 SOV 20191125.pdf* *115745 SOV 20191125.pdf* *115746 SOV 20191125.pdf* *115747 SOV 20191125.pdf*
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Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf* *SOV VA LTC Endorsement 112459.pdf* *SOV VA LTC PlcyhlderLtrs 112016 112018.pdf*

Satisfied - Item:	Annotated Policyholder Letters
Comments:	
Attachment(s):	115746 Change Form 20200819 ANN LCKD.pdf 115743-20200930 (SP NonWP) ANN LCKD.pdf 115744-20200930 (SP WP) ANN LCKD.pdf 115745-20200930 (MP NonWP) ANN LCKD.pdf 115747-20200930 (MP WP) ANN LCKD.pdf
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Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115743-20200819 (SP NonWP) ANN LCKD.pdf* *115744-20200819 (SP WP)ANN LCKD.pdf* *115745-20200819 (MP NonWP) ANN LCKD.pdf* *115746 Change Form 20200819 ANN LCKD.pdf* *115747-20200819 (MP WP) ANN LCKD.pdf*
Previous Version	
Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115743-JohnDoe.20200728 (SP NonWP) LCKD.pdf* *115744-JohnDoe.20200728 (SP WP) LCKD.pdf* *115745-JohnDoe.20200728 (MP NonWP) LCKD.pdf* *115746-JohnDoe.20200728 (Change Form) LCKD.pdf* *115747-John Doe.20200728 (MP WP) LCKD.pdf*

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

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State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744-20200930 (SP WP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
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2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Single Phase*	*115744*	*OTH*	*Initial*			*115744 - John*	*Date Submitted:*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
	Waiver Premium policyholder letter						*Doe.20200102 (SP WP)Lckd.pdf*	*01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745-20200930 (MP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200827 (MP NonWP) NONANN LCKD.pdf*	*Date Submitted: 08/28/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200819 (MP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200728 (MP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200727 (MP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747-20200930 (MP WP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
Previous Version								
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Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200819 (MP WP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200728 (MP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200930 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 09/30/2020 By: Lynn Blount
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200727 (MP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/27/2020
Submitted Date	08/28/2020

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 8/27/2020.

Response 1

Comments:

We apologize for the error, please see the corrections with the policyholder notification letters placed in the proper place. The annotated letters under the Supporting Documentation tab and non-annotated letters under Form Schedule tab. We have also attached updated Statements of Variability under the Supporting Documentation tab.

Related Objection 1

Applies To:

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

Comments: As we stated in our Objection Letter dated 6/22/2020 the annotated version (i.e. Numbers within a block on the form) of the forms are not acceptable as the final format.

Please place the annotated form versions under the Supporting Documentation tab.

Only the final form versions (without the annotations) should be placed under the Form Schedule tab. It is okay to show the "Item number" on the Statement of Variability but not on the form itself.

Please contact me if you have any questions or if there is any confusion.

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Annotated Policyholder Letters
Comments:	
Attachment(s):	115743-20200819 (SP NonWP) ANN LCKD.pdf 115744-20200819 (SP WP)ANN LCKD.pdf 115745-20200819 (MP NonWP) ANN LCKD.pdf 115746 Change Form 20200819 ANN LCKD.pdf 115747-20200819 (MP WP) ANN LCKD.pdf
Previous Version	
Satisfied - Item:	*Annotated Policyholder Letters*
Comments:	
Attachment(s):	*115743-JohnDoe.20200728 (SP NonWP) LCKD.pdf* *115744-JohnDoe.20200728 (SP WP) LCKD.pdf* *115745-JohnDoe.20200728 (MP NonWP) LCKD.pdf* *115746-JohnDoe.20200728 (Change Form) LCKD.pdf* *115747-John Doe.20200728 (MP WP) LCKD.pdf*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Request form	115746	OTH	Initial			115746 Change Form 20200827 NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
Previous Version								
1	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 Change Form 20200819 LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
1	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746-JohnDoe.20200728 (Change Form) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
1	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20200727 (Change Form) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
1	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20200102 Change Form Lckd.pdf*	*Date Submitted: 01/15/2020 By:*
Previous Version								
1	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20191120 Change Form lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200827 (SP NonWP) NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-20200819 (SP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Request form	115746	OTH	Initial			115746 Change Form 20200827 NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200728 (SP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
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Previous Version								
2	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744-20200827 (SP WP) NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
Previous Version								
3	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-20200819 (SP WP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Request form	115746	OTH	Initial			115746 Change Form 20200827 NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
Previous Version								
3	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-JohnDoe.20200728 (SP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
3	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200727 (SP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
3	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745-20200827 (MP NonWP) NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
Previous Version								
4	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-20200819 (MP NonWP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Non*	*115745*	*OTH*	*Initial*			*115745-*	*Date Submitted:*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Request form	115746	OTH	Initial			115746 Change Form 20200827 NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
	Waiver Premium policyholder letter						*JohnDoe.20200728 (MP NonWP) BRKTD.pdf*	*08/03/2020 By:*
Previous Version								
4	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200727 (MP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
4	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
5	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747-20200827 (MP WP) NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-20200819 (MP WP) LCKD.pdf*	*Date Submitted: 08/27/2020 By: Lynn Blount*
Previous Version								
5	*Multi-Phase*	*115747*	*OTH*	*Initial*			*115747-John*	*Date Submitted:*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Request form	115746	OTH	Initial			115746 Change Form 20200827 NONANN LCKD.pdf	Date Submitted: 08/28/2020 By: Lynn Blount
	Waiver Premium policyholder letter						*Doe.20200728 (MP WP) BRKTD.pdf*	*08/03/2020 By:*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200727 (MP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
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Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/27/2020
Submitted Date	08/27/2020

Dear Bill Dismore,

Introduction:

This is in response to your comment letter 8/18/2020.

Response 1

Comments:

Please see the attached updated policyholder notification letters and statements of variability.

Related Objection 1

Applies To:

- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*
- *Policy Change Request form, 115746 (Form)*
- *Multi-Phase Waiver Premium policyholder letter, 115747 (Form)*
- *Statements of Variability (Supporting Document)*

Comments: Please revise all applicable letters and forms so that the bracketed items match the text listed under the column "Section/Content" as listed in their related Statement of Variability

For Example, [Client Name/Address] should be inserted within the brackets instead of [JOHN DOE, STREET ADDRESS, City, VA, 99999-9999] on form 115743.

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115743 SOV 20200827.pdf 115744 SOV 20200827.pdf 115745 SOV 20200827.pdf 115746 SOV 20200827.pdf 115747 SOV 20200827.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200730.pdf* *115744 SOV 20200730.pdf* *115745 SOV 20200730.pdf* *115747 SOV 20200730.pdf* *115746 SOV 20200728.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200728.pdf* *115744 SOV 20200728.pdf* *115745 SOV 20200728.pdf* *115746 SOV 20200728.pdf* *115747 SOV 20200728.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200103.pdf* *115744 SOV 20200103.pdf* *115745 SOV 20200103.pdf* *115746 SOV 20200103.pdf* *115747 SOV 20200103.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

	115743 SOV 20191125.pdf 115744 SOV 20191125.pdf 115745 SOV 20191125.pdf 115746 SOV 20191125.pdf 115747 SOV 20191125.pdf
Previous Version	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV 291524-VA.pdf SOV VA LTC Endorsement 112459.pdf SOV VA LTC PlcyhlderLtrs 112016 112018.pdf

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200819 (SP NonWP) LCKD.pdf	Date Submitted: 08/27/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200728 (SP NonWP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
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1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200727 (SP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
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2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744-20200819 (SP WP) LCKD.pdf	Date Submitted: 08/27/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744-JohnDoe.20200728 (SP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200819 (SP NonWP) LCKD.pdf	Date Submitted: 08/27/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200727 (SP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
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Previous Version								
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Previous Version								
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Previous Version								
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Previous Version								
3	*Multi-Phase Non Waiver Premium*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.202006*	*Date Submitted: 06/12/2020*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200819 (SP NonWP) LCKD.pdf	Date Submitted: 08/27/2020 By: Lynn Blount
	policyholder letter						*12 (MP NonWP)lckd.pdf*	*By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Policy Change Request form	115746	OTH	Initial			115746 Change Form 20200819 LCKD.pdf	Date Submitted: 08/27/2020 By: Lynn Blount
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746-JohnDoe.20200728 (Change Form) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20200727 (Change Form) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20200102 Change Form Lckd.pdf*	*Date Submitted: 01/15/2020 By:*
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20191120*	*Date Submitted: 11/26/2019*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-20200819 (SP NonWP) LCKD.pdf	Date Submitted: 08/27/2020 By: Lynn Blount
							Change Form lckd.pdf	*By: Lynn Blount*
5	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747-20200819 (MP WP) LCKD.pdf	Date Submitted: 08/27/2020 By: Lynn Blount
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200728 (MP WP) BRKTD.pdf*	*Date Submitted: 08/03/2020 By:*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200727 (MP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Lynn Blount

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/28/2020
Submitted Date	07/28/2020

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 6/22/2020.

Response 1

Comments:

Please see attached response under 7/28/2020 5:12pm.

Related Objection 1

Applies To:

- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Waiver Premium policyholder letter, 115747 (Form)*

Comments: Please describe the process the company goes through when a policyholder is no longer on waiver of premium. For example, what correspondence do they receive, how much time do they have to select an option or make a decision about paying the rate increase, etc.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see attached response under 7/28/2020 5:12pm.

Related Objection 2

Applies To:

- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*
- *Multi-Phase Waiver Premium policyholder letter, 115747 (Form)*

Comments: The last page of the policyholder letter should list the attachments that are included with each letter. The attachments must not be variable.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Sincerely,
Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/28/2020
Submitted Date	07/28/2020

Dear Bill Dismore,

Introduction:

This is in reference to your comment letter dated 6/22/2020.

Response 1

Comments:

Please see the attached Certification of Compliance.

Related Objection 1

Applies To:

- Certification of Compliance (Supporting Document)

Comments: Forms 115743, et al.

Please provide us with the certification of compliance that is required for the forms by 14 VAC 5-100-40.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Cert of Comp.pdf
Previous Version	
Bypassed - Item:	*Certification of Compliance*
Bypass Reason:	*See actuarial memo below.*
Attachment(s):	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached Certification of Readability.

Related Objection 2

Comments: Certification of Readability, Form Nos. 115743, et al.

Please provide us with the certification of readability as required by 14 VAC 5-110-60.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Cert of Read.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Attached are clean final print versions of the policyholder letters under the Form Schedule tab and Annotated version letters under Supporting Documentation tab.

Related Objection 3

Applies To:

- Policy Change Request form, 115746 (Form)
- Statements of Variability (Supporting Document)
- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: 14 VAC 5-100-50 3 provides that the final print version of the form that will be issued should be attached to the Form Schedule. This version would include those bracketed fields considered variable. The annotated version of the form is very helpful in understanding the intended variability; however, it should be attached as supporting documentation.

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115743 SOV 20200728.pdf 115744 SOV 20200728.pdf 115745 SOV 20200728.pdf 115746 SOV 20200728.pdf 115747 SOV 20200728.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200103.pdf* *115744 SOV 20200103.pdf* *115745 SOV 20200103.pdf* *115746 SOV 20200103.pdf* *115747 SOV 20200103.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20191125.pdf* *115744 SOV 20191125.pdf* *115745 SOV 20191125.pdf* *115746 SOV 20191125.pdf* *115747 SOV 20191125.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf* *SOV VA LTC Endorsement 112459.pdf* *SOV VA LTC PlcyhlderLtrs 112016 112018.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115743 SOV 20200728.pdf 115744 SOV 20200728.pdf 115745 SOV 20200728.pdf 115746 SOV 20200728.pdf 115747 SOV 20200728.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200103.pdf* *115744 SOV 20200103.pdf* *115745 SOV 20200103.pdf* *115746 SOV 20200103.pdf* *115747 SOV 20200103.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20191125.pdf* *115744 SOV 20191125.pdf* *115745 SOV 20191125.pdf* *115746 SOV 20191125.pdf* *115747 SOV 20191125.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf* *SOV VA LTC Endorsement 112459.pdf* *SOV VA LTC PlcyhlderLtrs 112016 112018.pdf*

Satisfied - Item:	Annotated Policyholder Letters
Comments:	
Attachment(s):	115743-JohnDoe.20200728 (SP NonWP) LCKD.pdf 115744-JohnDoe.20200728 (SP WP) LCKD.pdf

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

	115745-JohnDoe.20200728 (MP NonWP) LCKD.pdf 115746-JohnDoe.20200728 (Change Form) LCKD.pdf 115747-John Doe.20200728 (MP WP) LCKD.pdf

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200727 (SP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP)	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
							CLN.pdf	
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Policy Change Request form	115746	OTH	Initial			115746 - John Doe.20200727 (Change Form) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20200102 Change Form Lckd.pdf*	*Date Submitted: 01/15/2020 By:*
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20191120 Change Form lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
5	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see attached response.

Related Objection 4

Applies To:

- *Policy Change Request form, 115746 (Form)*
- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*
- *Multi-Phase Waiver Premium policyholder letter, 115747 (Form)*

Comments: The presentation of the full and proper corporate name is not in conformity with regulatory requirements. 14 VAC 5-100-50 5 provides that text appearing in all forms should be printed using a type size of at least 10 point. 14 VAC 5-100-50 2 provides that the full and proper corporate name shall appear prominently in the form. The corporate name is printed in less than 10 point and is in a type size smaller than other text appearing in the form.

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redlines 7-28-2020
Comments:	
Attachment(s):	115743 - John Doe (SP NonWP) RDLN.pdf 115744 - John Doe.20200611 (SP WP) RDLN.pdf 115745 - John Doe.20200728 (MP NonWP) RDLN.pdf 115747 - John Doe.20200728 (MP WP) RDLN.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redlines 7-28-2020
Comments:	
Attachment(s):	115743 - John Doe (SP NonWP) RDLN.pdf 115744 - John Doe.20200611 (SP WP) RDLN.pdf 115745 - John Doe.20200728 (MP NonWP) RDLN.pdf 115747 - John Doe.20200728 (MP WP) RDLN.pdf

Satisfied - Item:	Response 7-28-2020
Comments:	
Attachment(s):	VA Response_30225.20200728.pdf

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200727 (SP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP)	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
							CLN.pdf	
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Policy Change Request form	115746	OTH	Initial			115746 - John Doe.20200727 (Change Form) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20200102 Change Form Lckd.pdf*	*Date Submitted: 01/15/2020 By:*
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20191120 Change Form lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
5	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see attached response under Response 4.

Related Objection 5

Applies To:

- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*
- *Multi-Phase Waiver Premium policyholder letter, 115747 (Form)*

Comments: The letter should contain a mechanism to indicate that the shortened version of the company name means the same thing as the licensed corporate name. An example would be RiverSource Life Insurance Company (RiverSource).

Changed Items:

No Supporting Documents changed.

State:	Virginia	**Filing Company:**	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200727 (SP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP)	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
							CLN.pdf	
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see attached response under Response 4.

Related Objection 6

Applies To:

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)

Comments: The letters refer to the enclosed Frequently Asked Questions. Please advise if the Frequently Asked Questions document is part of the premium increase notification package. If so, please attach it to the Form Schedule.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
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No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see attached response under Response 4.

Related Objection 7

Applies To:

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The statement required by 14 VAC 5-200-75 D 4 should more closely mirror the regulatory language. Specifically, the regulation states,

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200727 (SP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
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Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP)	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
							CLN.pdf	
Previous Version								
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Previous Version								
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Previous Version								
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Previous Version								
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No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response 8

Comments:

Please see attached response under Response 4.

Related Objection 8

Applies To:

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The statement appearing near the top of the second page, Virginia requires that premium rates cannot increase for at least three years is not accurate and should be deleted.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
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Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
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Previous Version								
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Previous Version								
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Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP)	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
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							CLN.pdf	
Previous Version								
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Previous Version								
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4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
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Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
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No Rate/Rule Schedule items changed.

Response 9

Comments:

Please see attached response under Response 4.

Related Objection 9

Applies To:

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The Convert to a paid-up policy with reduced benefits section should also state that the paid-up benefit will not be less than 30 times the daily nursing home benefit at the time of lapse pursuant to 14 VAC 5-200-185 E 3.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
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Previous Version								
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Previous Version								
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Previous Version								
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Previous Version								
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3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP)	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
							CLN.pdf	
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
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4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 10

Comments:

Please see attached response under Response 4.

Related Objection 10

Applies To:

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

Comments: As an observation, there appears to be missing text in the Your Available Options section. The phrase If you begin paying premiums again, is an incomplete thought.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200727 (SP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
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Previous Version								
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No Rate/Rule Schedule items changed.

Response 11

Comments:

Please see attached response under Response 4.

Related Objection 11

Applies To:

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: The form number 115747 was changed to 115747 A in the latest resubmission; however, the Form Schedule still reflects the previous number. Please advise which form number is correct. If the form number appearing in the lower left-hand corner on the first page of the form is correct, please revise the Form Schedule to display the correct form number. If the Form Schedule is correct, please provide us with a revised form.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
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Previous Version								
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No Rate/Rule Schedule items changed.

Response 12

Comments:

Please see attached response under Response 4.

Related Objection 12

Applies To:

- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*

Comments: The policyholder notification must contain the actual percentage increase that was approved, pursuant to 14VAC5-200-75 A. 3.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
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Previous Version								
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Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
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Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP)	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
							CLN.pdf	
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 13

Comments:

Please see attached response under Response 4.

Related Objection 13

Applies To:

- *Single Phase Non Waiver Premium policyholder letter, 115743 (Form)*
- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)*
- *Multi-Phase Waiver Premium policyholder letter, 115747 (Form)*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Comments: The notifications refer on the bottom of the letter, "These companies are affiliated with Ameriprise Financial, Inc." The forms also refer to an Ameriprise Financial advisor. However, we reviewed SIRCON and were not able to determine if RiverSource has an active association with Ameriprise.

We are unsure as to the relevancy of Ameriprise Financial to the long-term care policy premium increase notification letter. Therefore, please explain:

1) Who is the Ameriprise Financial advisor and how does this relate to this policyholder notification letter?

2) The reference to the Ameriprise advisor is variable on the third page with the explanation that there may or may not be an Ameriprise advisor. Should the reference on page 2 be variable also?

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200727 (SP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200727 (MP NonWP)	Date Submitted: 07/28/2020 By: Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200727 (SP NonWP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
							CLN.pdf	
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 14

Comments:

Please see attached response under Response 4.

Related Objection 14

Applies To:

- Single Phase Waiver Premium policyholder letter, 115744 (Form)

Comments: On page 2, the last sentence under the section, "Your available options" is incomplete. The sentence reads, "If you begin paying premiums again,"

In addition, the section must contain in bold, a statement that not all options may be of equal value pursuant to 14VAC5-200-75 D. 2. b.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200727 (SP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 15

Comments:

Please see attached response under Response 4.

Related Objection 15

Applies To:

- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

Comments: Please see the second paragraph at the top of form 115747 A pertaining to the not of equal value requirement.

The statement, such as it is, appears but is not in bold.

The last phrase of the last sentence is incomplete the amount shown below may not be of equal value you to. It appears the word "you" and "to" should switch places.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 16

Comments:

Please see attached response under Response 4.

Related Objection 16

Applies To:

- *Single Phase Waiver Premium policyholder letter, 115744 (Form)*
- *Multi-Phase Waiver Premium policyholder letter, 115747 (Form)*

Comments: On page 1, under "Reasons for this increase" the third paragraph state that future increases may occur but do not describe the options that may be available in the event of a future increase.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200727 (SP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200727 (MP WP) CLN.pdf	Date Submitted: 07/28/2020 By: Lynn Blount
Previous Version								
2	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
2	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/16/2020
Submitted Date	01/16/2020

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 1/16/2020.

Response 1

Comments:

Endorsement form, 112459, was approved on April 6, 2017 under SERFF tracking number AERS-129718202.

Related Objection 1

Applies To:

- Misc. forms (Supporting Document)

Comments: Please advise the SERFF Tracking # under which the Endorsement to Policy form 112459 was approved. If this form has not been previously approved, it needs to be removed from the Supporting Documentation tab and placed under the Form Schedule tab for review and approval.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/13/2020
Submitted Date	01/13/2020

Dear Bill Dismore,

Introduction:

Thank you for the letter of 1-13-2020.

Response 1

Comments:

Please see the attached response. We have submitted a post submission update to revise the rate schedule.

Related Objection 1

Applies To:

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

Comments: 1) The Rate Request Summary indicates a Minimum Requested Percentage Change Per Member of 0.0%. However, the Company Rate Information shows the Minimum Requested Change as 40% and the Overall Average % Change as 40% (not 39.8% as indicated on the Rate Request Summary). Please correct the inconsistencies.

2) Please confirm that the proposed rate increase schedules are accurate and reflect the appropriate increase from the current approved rate schedule.

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Revised Long Term Care Insurance Rate Request Summary_30225.20200113.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Revised Long Term Care Insurance Rate Request Summary_30225.20181212.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Long Term Care Insurance Rate Request Summary_30225.20180712.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA LTC Insur Rate Req Summary_30225_Revised for 7th Increase+FU 32.3% in 2017.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Revised Long Term Care Insurance Rate Request Summary_30225.20200113.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Revised Long Term Care Insurance Rate Request Summary_30225.20181212.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Long Term Care Insurance Rate Request Summary_30225.20180712.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA LTC Insur Rate Req Summary_30225_Revised for 7th Increase+FU 32.3% in 2017.pdf*

Satisfied - Item:	Response 1-13-2020
Comments:	
Attachment(s):	VA Response_30225.20200113.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Cheryl Meyer

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/03/2020
Submitted Date	01/03/2020

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 12/3/2019.

Response 1

Comments:

Please see attached response.

Related Objection 1

Applies To:

- Response 11/25/2019 (Supporting Document)

Comments: In your response to our Objection #4, the company states that "Experience for the optional home care rider is excluded from all historical and projected experience provided with this filing. Please provide an explanation for the exclusion of this rider from all historical and projected experience provided with this filing.

14VAC5-130-50 A. and 14VAC5-130-65 A. require that all rate filings include all related riders and endorsements.

14VAC5-200-40. Definitions states, "Policy" means any individual or group policy of insurance, contract, subscriber agreement, certificate, rider or endorsement delivered or issued for delivery in this Commonwealth by an insurer.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 1/3/2020
Comments:	
Attachment(s):	VA Response_30225.20200103.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Comments:

Please see attached response in Objection 1.

Related Objection 2

Applies To:

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

Comments: On page 2, first paragraph, please explain the basis for the statement included in the letter that reads, ". . .Virginia requires that premium rates cannot increase for at least three years."

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200102 (SP NonWP)Lckd.pdf	Date Submitted: 01/03/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see attached response in Objection 1.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)
- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)

Comments: Please advise if the Company has any partnership policies. If the answer is yes, explain how this is addressed in the policyholder notification letter.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200102 (SP NonWP)Lckd.pdf	Date Submitted: 01/03/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see attached response in Objection 1.

Related Objection 4

Applies To:

- Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
- Single Phase Waiver Premium policyholder letter, 115744 (Form)
- Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form)
- Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Comments: 1) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

2) The last sentence in the first paragraph under, "Carefully consider your options outlined below" is a disclosure and should appear in bold text. The sentence ends with "... these options may not all be of equal value to you." Those final words of the sentence should be in bold.

3) The circled 3 should be bracketed for variability under "Convert to a paid-up policy with reduced benefits" in the event the "Adjust your coverage option" is not available as explained on the Statement of Variability.

4) Signature block, officer name and title should be variable and described on the Statement of Variability form for all letter forms.

5) Please provide a description of all the items that are included in the policyholder notification packet (i.e. Policy Change Request Form, Frequently Asked Questions, etc.).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Q&A
Comments:	
Attachment(s):	LTC Rate Increase Policyholder Q&A.pdf

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200102 (SP NonWP)Lckd.pdf	Date Submitted: 01/03/2020 By: Lynn Blount
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200102 (SP WP)Lckd.pdf	Date Submitted: 01/03/2020 By: Lynn Blount
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20200102 (MP NonWP)Lckd.pdf	Date Submitted: 01/03/2020 By: Lynn Blount
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20200102 (MP WP)Lckd.pdf	Date Submitted: 01/03/2020 By: Lynn Blount
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate/Rule Schedule items changed.

Response 5

Comments:

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Please see attached response in Objection 1.

Related Objection 5

Applies To:
- Statements of Variability (Supporting Document)

Comments: Notice of Premium Increase box

1) Item - Date in form 115743 should be variable to be consistent with all the other policyholder letter forms.

2) Item - There are three options and options 2 and 3 are variable. Option 3 is not described under the Scope of Variation, but should be. This should be consistent across all the forms.

3) The box descriptions and variable options should be displayed consistently across all policyholder notification letters. It is not consistent on form 115744 and 115747.

Changed Items:

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115743 SOV 20200103.pdf 115744 SOV 20200103.pdf 115745 SOV 20200103.pdf 115746 SOV 20200103.pdf 115747 SOV 20200103.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20191125.pdf* *115744 SOV 20191125.pdf* *115745 SOV 20191125.pdf* *115746 SOV 20191125.pdf* *115747 SOV 20191125.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf* *SOV VA LTC Endorsement 112459.pdf* *SOV VA LTC PlcyhlderLtrs 112016 112018.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see attached response in Objection 1.

Related Objection 6

Applies To:

- *Statements of Variability (Supporting Document)*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Comments: Change Request Form - 115746

Item 14 refers to bullets 2-5. However only bullets 2, 3 and 4 are bracketed. Please revise.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115743 SOV 20200103.pdf 115744 SOV 20200103.pdf 115745 SOV 20200103.pdf 115746 SOV 20200103.pdf 115747 SOV 20200103.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20191125.pdf* *115744 SOV 20191125.pdf* *115745 SOV 20191125.pdf* *115746 SOV 20191125.pdf* *115747 SOV 20191125.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf* *SOV VA LTC Endorsement 112459.pdf* *SOV VA LTC PlcyhlderLtrs 112016 112018.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/26/2019
Submitted Date	11/26/2019

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 11/26/2019.

Response 1

Comments:

Per our conversation, please see the bracketed letters under the Form Schedule tab. I have also removed the old Coverage Change Request Form (29154) from the Misc forms and SOV as the new one (115746) has been attached.

Related Objection 1

Applies To:

- Clean Policyholder Notification Letter Samples (Supporting Document)

Comments: Thank you for providing the "John Doe" version of the policyholder notification letters.

Please provide a clean version of each policyholder notification form under the Form Schedule, showing the variability on the form for our review and approval. Also provide an updated Statement of Variability for each form to explain the various options. The policyholder notification should include each form or document that is to be included in the notification.

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Misc. forms
Comments:	
Attachment(s):	112459 VA LTC Endorsement.pdf LTC Rate Increase Policyholder Q&A.pdf
Previous Version	
Satisfied - Item:	*Misc. forms*
Comments:	
Attachment(s):	*112459 VA LTC Endorsement.pdf* *291524 VA LTC Coverage Change Request Form.pdf* *LTC Rate Increase Policyholder Q&A.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Misc. forms
Comments:	
Attachment(s):	112459 VA LTC Endorsement.pdf LTC Rate Increase Policyholder Q&A.pdf
Previous Version	
Satisfied - Item:	*Misc. forms*
Comments:	
Attachment(s):	*112459 VA LTC Endorsement.pdf* *291524 VA LTC Coverage Change Request Form.pdf* *LTC Rate Increase Policyholder Q&A.pdf*

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115743 SOV 20191125.pdf 115744 SOV 20191125.pdf 115745 SOV 20191125.pdf 115746 SOV 20191125.pdf 115747 SOV 20191125.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf* *SOV VA LTC Endorsement 112459.pdf* *SOV VA LTC PlcyhlderLtrs 112016 112018.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20191120 (SP NonWP)lckd.pdf	Date Submitted: 11/26/2019 By: Lynn Blount
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20191120 (SP WP)lckd.pdf	Date Submitted: 11/26/2019 By: Lynn Blount
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745 - John Doe.20191120 (MP NonWP)lckd.pdf	Date Submitted: 11/26/2019 By: Lynn Blount
4	Policy Change Request form	115746	OTH	Initial			115746 - John Doe.20191120 Change Form lckd.pdf	Date Submitted: 11/26/2019 By: Lynn Blount
5	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747 - John Doe.20191120 (MP WP)lckd.pdf	Date Submitted: 11/26/2019 By: Lynn Blount

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for the clarification from our phone conversation. I apologize for the error and not pulling through the bracketed forms on the Form Schedule tab. If any other questions or issues please let me know.

Sincerely,

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/25/2019
Submitted Date	11/25/2019

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 10/1/2019.

Response 1

Comments:

Please see attached policyholder letters.

Related Objection 1

Applies To:

- *Policyholder Notification Letter Samples (Supporting Document)*
- *Response 5/6/2019 (Supporting Document)*

Comments: Please explain or clarify the statement in your objection response of 5/06/2019 in which the Company states that with a 40% rate increase, the company will pursue future rate increase at the end of the three-year rate guarantee period. The policyholder notification letter states in the third paragraph, under the section labeled, "Reasons for this increase"; "...we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at less three years." The response letter indicates that the Company "will" pursue additional rate increases, while the policyholder notification letter indicates that the company "may" pursue additional increases.

Describe the triggers that will prompt the Company to request additional rate increases and explain how this is communicated to the policyholder.

Changed Items:

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Supporting Document Schedule Item Changes	
Satisfied - Item:	Clean Policyholder Notification Letter Samples
Comments:	
Attachment(s):	115743 - John Doe (SP NonWP)_30225.20191125.pdf 115744 - John Doe (SP WP)_30225.20191125.pdf 115745 - John Doe.20191120 (MP NonWP)clean.pdf 115746 - John Doe (Change Form)_30225.20191125.pdf 115747 - John Doe.20191120 (MP WP)clean.pdf
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see attached policyholder letters.

Related Objection 2

Applies To:

- Policyholder Notification Letter Samples (Supporting Document)

Comments: Please provide "John Doe" letters for both the Waiver and Non-Waiver Policyholder Notification letters without the bracketed language. The BOI would like to see the letter as it will appear to a policyholder.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Clean Policyholder Notification Letter Samples
Comments:	
Attachment(s):	115743 - John Doe (SP NonWP)_30225.20191125.pdf 115744 - John Doe (SP WP)_30225.20191125.pdf 115745 - John Doe.20191120 (MP NonWP)clean.pdf 115746 - John Doe (Change Form)_30225.20191125.pdf 115747 - John Doe.20191120 (MP WP)clean.pdf
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see attached response.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain the statement, "Experience for all policies issued under policy form 30225 series, including both those issued without and with the 1997 revised rates, is used in the study since the benefit provisions are essentially identical." The BOI is unclear regarding how the experience of the revised 1997 rates affect the outcome of the morbidity study and its affect on the factor results.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 11/25/2019
Comments:	
Attachment(s):	VA Response_30225.20191125.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see attached response in Objection 3.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Section 4. Applicability mentions two riders, optional home care and optional nonforfeiture benefit. Please explain if these riders are a percentage of the base premium or if they are a flat rate.

2. Explain if the premiums collected from these riders are included in the premium and claim experience data.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/06/2019
Submitted Date	05/07/2019

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 4/12/2019.

Response 1

Comments:

Please see attached response letter.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*
- *Response Letter 12-12-18 and Response Attachment (Supporting Document)*

Comments: 1) In your response of 12/12/2018, the Company states that they can actuarially justify a much larger rate increase than the 40% requested. Please provide a detailed explanation of the Company's plans for future rate increase if the 40% rate increase were approved. Provide a description of the lifetime loss ratio to which the Company will manage this block of business going forward and what would trigger a request for an additional rate increase.

2) If the 40% rate increase were to be approved, the VA Cumulative Rate Increase would equal 231% while the nationwide increase is 196%. Please provide an explanation for this discrepancy in support of the Company's 40% rate increase request compared to a lesser increase of 25% which would bring the VA cumulative increase in line with the nationwide cumulative increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response 5/6/2019
Comments:	
Attachment(s):	VA Response_30225.20190506.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2018
Submitted Date	12/13/2018

Dear Bill Dismore,

Introduction:

This is in response to your comment letter dated 9/17/18.

Response 1

Comments:

Please see attached response with response attachments, a new actuarial memorandum and exhibits, checklist, request summary, and new premium rate tables.

Related Objection 1

Applies To:

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

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Comments: 1.The memorandum describes how professional judgment is used in setting the morbidity factors for durations and ages beyond which the Company has credible experience. In addition, A/E factors are increased by attained age beyond the actual experience. Please provide some measure of the impact of this implicit conservatism.

2.Please provide the Excel file used to produce Attachment 4 status of filings.

3.For all projections requested in the next question, the baseline should comply with the following:

a.Any paid-up policies should be removed, both from historical experience and future projections.

b.For this pre-stability block, assumptions should be best-estimate with no margins.

c.Premiums should be at the Virginia rate level for both historical and projected future.

d.Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

4.Because the Bureau has observed that the experience of policies with different benefit characteristics can vary significantly, we are requesting that the following projections be provided to assist the Bureau in determining the appropriateness of this increase. For each of the six subsets of the business corresponding to the combinations of (non-lifetime/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

c.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection

d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

e.original assumptions and original premiums from inception

f.actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception.

Projections a-f can be separate tabs or combined into separate columns on the same exhibit.

5.For each of the six subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Revised Rate Revision Checklist_30225.20181212.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*VA Rate Revision Checklist_30225_20170802.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Revised Rate Revision Checklist_30225.20181212.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*VA Rate Revision Checklist_30225_20170802.pdf*

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised Actuarial Mememorandum_30225.20181212.pdf VA Actuarial Memorandum Exhibits_30225.20181212.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA Actuarial Memorandum Exhibits_30225.20180712.xlsx* *VA Revised Actuarial Mememorandum_30225_20180712.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA ActMem_30225_20170802.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Revised Rate Revision Checklist_30225.20181212.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*VA Rate Revision Checklist_30225_20170802.pdf*

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised Actuarial Mememorandum_30225.20181212.pdf VA Actuarial Memorandum Exhibits_30225.20181212.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA Actuarial Memorandum Exhibits_30225.20180712.xlsx* *VA Revised Actuarial Mememorandum_30225_20180712.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA ActMem_30225_20170802.pdf*

Satisfied - Item:	Response Letter 12-12-18 and Response Attachment
Comments:	
Attachment(s):	VA Response_30225.20181212.pdf VA Response Attachments_30225.20181212.xlsx

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Revised Rate Revision Checklist_30225.20181212.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*VA Rate Revision Checklist_30225_20170802.pdf*

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised Actuarial Mememorandum_30225.20181212.pdf VA Actuarial Memorandum Exhibits_30225.20181212.xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA Actuarial Memorandum Exhibits_30225.20180712.xlsx* *VA Revised Actuarial Mememorandum_30225_20180712.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA ActMem_30225_20170802.pdf*

Satisfied - Item:	Response Letter 12-12-18 and Response Attachment
Comments:	
Attachment(s):	VA Response_30225.20181212.pdf VA Response Attachments_30225.20181212.xlsx

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Revised Long Term Care Insurance Rate Request Summary_30225.20181212.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Attachment(s):	*VA Long Term Care Insurance Rate Request Summary_30225.20180712.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA LTC Insur Rate Req Summary_30225_Revised for 7th Increase+FU 32.3% in 2017.pdf*

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA PremiumRates 30225	30225-VA	Revised	Previous State Filing Number: AERS-129329714 Percent Rate Change Request: 40	VA PremiumRates_30225.20181212.pdf,	12/13/2018 By: Lynn Blount
Previous Version						
1	*VA PremiumRates 30225*	*30225-VA*	*Revised*	*Previous State Filing Number: AERS-129329714 Percent Rate Change Request: 15*	*VA PremiumRates_30225_20170802.pdf,*	*08/03/2017 By: Peg VanDrisse*

Conclusion:

Thank you for your continued review of this filing and we apologize for the late response. Any questions please let us know.

Sincerely,

Lynn Blount

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/12/2018
Submitted Date	07/12/2018

Dear Bill Dismore,

Introduction:

This letter is in response to your request for information dated 8-11-2017. Thank you for your patience.

Response 1

Comments:

Please see the attached response to your objections and the revised summary.

Related Objection 1

Applies To:

- *Long Term Care Insurance Rate Request Summary (Supporting Document)*
- *VA PremiumRates 30225, [30225-VA] (Rate)*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Comments: Please update the Company Rate Information on the Rate/Rule Schedule to reflect the Overall Percentage Rate Impact and the Written Premium Change for this Program and update the Percent Rate Change Request under the Rate Action Information to reflect the same percentage which is the percentage increase being requested at this time and not the previously approved increase.

According to the Actuarial Memorandum, the proposed increase is 32.3%; however, this increase only applies to nursing home portion only of the premium and the Rate/Rule Schedule indicates a range of 0% - 32.3%. This is confirmed by Exhibit XVI which demonstrates a range of 0% - 32.3% with a premium cap of $998.98 resulting no increases for some individuals. Since there is a range, the expectation is that the Overall Percentage rate impact and the proposed rate increase should fall between 0% - 32.3%. Please amend the filing accordingly.

There are two options included in the rate sheets: simple benefit increase option and compound benefit increase option. Are the premiums for these benefits a dollar amount or a percentage of the base policy? If these are form numbers separate from the base policy, please add the form numbers to the Rate/Rule Schedule and attach a factor or premium rate table for each. If not, please amend the rate attachment to indicate what those factors are on the premium attachment for the base policy.

Are there any other riders that would affected by this rate increase? If so, please add the form number exactly as approved with a corresponding rate schedule.

Please update the Rate Request Summary for consistency with the affected form numbers and rate information on page 1.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response letter dated 7-12-18 and attachment
Comments:	
Attachment(s):	VA Response_30225.20180712.pdf VA Response Attachments_30225.20180712.xlsx

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response letter dated 7-12-18 and attachment
Comments:	
Attachment(s):	VA Response_30225.20180712.pdf VA Response Attachments_30225.20180712.xlsx

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary_30225.20180712.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA LTC Insur Rate Req Summary_30225_Revised for 7th Increase+FU 32.3% in 2017.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached revised actuarial memorandum and exhibits.

Related Objection 2

Applies To:

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

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Comments: Please provide the following:

1) Re-state the nationwide experience using Virginia approved rates.

2) Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

3) Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

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

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

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

7) Please provide the reserve basis and justification for the reserve levels provided.

8) If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?

9) Please note for pre-stability policies, as set forth in 14VAC5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia. Please provide updated exhibits if appropriate.

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Actuarial Memorandum Exhibits_30225.20180712.xlsx VA Revised Actuarial Mememorandum_30225_20180712.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA ActMem_30225_20170802.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued consideration of this filing. Please let me know if you need any further information to move this filing forward.

Sincerely,

Peg VanDrisse

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Amendment Letter

Submitted Date: 08/03/2020

Comments:

We are amending this filing to provide the non-annotated policyholder letters with updated Statements of Variability as per our phone conversation.

any additional information or questions please let me know.
Thank you,

Lynn Blount

Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743 - John Doe.20200728 (SP NonWP) BRKTD.pdf	Date Submitted: 08/03/2020 By:
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200727 (SP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743-JohnDoe.20200612 (SP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744-JohnDoe.20200728 (SP WP) BRKTD.pdf	Date Submitted: 08/03/2020 By:
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200727 (SP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200612 (SP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745-JohnDoe.20200728 (MP NonWP) BRKTD.pdf	Date Submitted: 08/03/2020 By:
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200727 (MP NonWP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745-JohnDoe.20200612 (MP NonWP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20191120 (MP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
4	Policy Change Request form	115746	OTH	Initial			115746-JohnDoe.20200728 (Change Form) BRKTD.pdf	Date Submitted: 08/03/2020 By:

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20200727 (Change Form) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20200102 Change Form Lckd.pdf*	*Date Submitted: 01/15/2020 By:*
Previous Version								
4	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20191120 Change Form lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
5	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747-John Doe.20200728 (MP WP) BRKTD.pdf	Date Submitted: 08/03/2020 By:
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200727 (MP WP) CLN.pdf*	*Date Submitted: 07/28/2020 By: Lynn Blount*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747-John Doe.20200612 (MP WP)lckd.pdf*	*Date Submitted: 06/12/2020 By:*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
5	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115743 SOV 20200730.pdf 115744 SOV 20200730.pdf 115745 SOV 20200730.pdf 115747 SOV 20200730.pdf 115746 SOV 20200728.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200728.pdf* *115744 SOV 20200728.pdf* *115745 SOV 20200728.pdf* *115746 SOV 20200728.pdf* *115747 SOV 20200728.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20200103.pdf* *115744 SOV 20200103.pdf* *115745 SOV 20200103.pdf* *115746 SOV 20200103.pdf* *115747 SOV 20200103.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV VA LTC Endorsement 112459.pdf* *115743 SOV 20191125.pdf* *115744 SOV 20191125.pdf* *115745 SOV 20191125.pdf* *115746 SOV 20191125.pdf* *115747 SOV 20191125.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*SOV 291524-VA.pdf*

State: Virginia **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

	SOV VA LTC Endorsement 112459.pdf SOV VA LTC PlcyhlderLtrs 112016 112018.pdf

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Amendment Letter

Submitted Date: 06/12/2020

Comments:

We are amending this filing as we updated the policyholder letters with the new website provided by a state message from the Virginia State Corporation Commission.

Any questions or issues please let us know.
Thank you,
Changed Items:

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743-JohnDoe.20200612 (SP NonWP)lckd.pdf	Date Submitted: 06/12/2020 By:
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20200102 (SP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
1	*Single Phase Non Waiver Premium policyholder letter*	*115743*	*OTH*	*Initial*			*115743 - John Doe.20191120 (SP NonWP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
2	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744 - John Doe.20200612 (SP WP)lckd.pdf	Date Submitted: 06/12/2020 By:
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20200102 (SP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
2	*Single Phase Waiver Premium policyholder letter*	*115744*	*OTH*	*Initial*			*115744 - John Doe.20191120 (SP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*
3	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745-JohnDoe.20200612 (MP NonWP)lckd.pdf	Date Submitted: 06/12/2020 By:
Previous Version								
3	*Multi-Phase Non Waiver Premium policyholder letter*	*115745*	*OTH*	*Initial*			*115745 - John Doe.20200102 (MP NonWP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
3	*Multi-Phase Non*	*115745*	*OTH*	*Initial*			*115745 - John*	*Date Submitted:*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
	Waiver Premium policyholder letter						*Doe.20191120 (MP NonWP)lckd.pdf*	*11/26/2019 By: Lynn Blount*
4	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747-John Doe.20200612 (MP WP)lckd.pdf	Date Submitted: 06/12/2020 By:
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20200102 (MP WP)Lckd.pdf*	*Date Submitted: 01/03/2020 By: Lynn Blount*
Previous Version								
4	*Multi-Phase Waiver Premium policyholder letter*	*115747*	*OTH*	*Initial*			*115747 - John Doe.20191120 (MP WP)lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Amendment Letter

Submitted Date: 01/15/2020

Comments:

I apologize for the error and confusion. I am amending as the clean policyholder letters and the Policy Change Request form did not get submitted with 1/3/2020 response.

Any questions please let me know.
Thank you,

Lynn Blount

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Change Request form	115746	OTH	Initial			115746 - John Doe.20200102 Change Form Lckd.pdf	Date Submitted: 01/15/2020 By:
Previous Version								
1	*Policy Change Request form*	*115746*	*OTH*	*Initial*			*115746 - John Doe.20191120 Change Form lckd.pdf*	*Date Submitted: 11/26/2019 By: Lynn Blount*

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Clean Policyholder Notification Letter Samples
Comments:	
Attachment(s):	115743 - John Doe.20200102 (SP NonWP) - With No Highlighting.pdf 115744 - John Doe.20200102 (SP WP) - With No Highlighting.pdf 115745 - John Doe.20200102 (MP NonWP) - With No Highlighting.pdf 115746 - John Doe.20200102 Change Form - No Highlighting.pdf 115747 - John Doe.20200102 (MP WP) - With No Highlighting.pdf
Previous Version	
Satisfied - Item:	*Clean Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*115743 - John Doe (SP NonWP)_30225.20191125.pdf* *115744 - John Doe (SP WP)_30225.20191125.pdf* *115745 - John Doe.20191120 (MP NonWP)clean.pdf* *115746 - John Doe (Change Form)_30225.20191125.pdf* *115747 - John Doe.20191120 (MP WP)clean.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter Samples*
Comments:	
Attachment(s):	*112016 VA LTC Waiver Policyholder Notification Letter.pdf* *112018 VA LTC Non-Waiver Policyholder Notification Letter.pdf*

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Amendment Letter

Submitted Date: 09/12/2018

Comments:

As per our conversation on 9/11/2018, we have provided the Statements of Variability for forms; 112016, 112018, 112459 and 291524. Below are the SERFF tracking numbers and disposition dates for the above forms noted above.

1. Policyholder Notification Letter (112016 VA Waiver and 112018 VA Non-waiver) – AERS-129718202; Disposition Date 4/6/2017.
2. 112459 VA LTC Endorsement - AERS-129718202; Disposition Date 4/6/2017.
3. 291524 VA LTC Coverage Change Request Form – AERS-128075059; Disposition Date 5/01/2012.

If anything further is needed please do not hesitate to call.
Thank you.
Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV 291524-VA.pdf SOV VA LTC Endorsement 112459.pdf SOV VA LTC PlcyhlderLtrs 112016 112018.pdf

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 09/23/2020 08:40 AM

Last Edited By:

Bill Dismore

Submitted On:

09/23/2020 08:41 AM

Subject:

Extension Request Granted to 9/30/2020

Comments:

Company's request for an extension has been granted to 9/30/2020.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 09/23/2020 08:18 AM

Last Edited By:

Lynn Blount

Submitted On:

09/23/2020 08:18 AM

Subject:

Extension Request

Comments:

Mr. Dismore, we respectfully request an extension to 9/30/2020 to respond to the comment letter dated 9/10/2020. We have been working on the letters but is taking a little longer than expected.

Any questions or issues please us know.
Thank you,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 07/14/2020 10:40 AM

Last Edited By:

Bill Dismore

Submitted On:

07/29/2020 09:14 AM

Subject:

Extension granted to respond by 7/28/2020

Comments:

Extension to 7/28/2020.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 07/14/2020 08:10 AM

Last Edited By:

Bill Dismore

Submitted On:

07/29/2020 09:14 AM

Subject:

Extension Request

Comments:

We respectfully request an extension to 7/27/2020 to respond to the comment letters dated 6/22/2020.

Sincerely,
Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 05/22/2020 08:40 AM

Last Edited By:

Bill Dismore

Submitted On:

06/12/2020 02:33 PM

Subject:

Status Request

Comments:

We are taking the opportunity to follow up on the status of the filing. We appreciate any updates on the timeframe for reviewing.

Thank you,
Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 04/03/2020 11:20 AM

Last Edited By:

Bill Dismore

Submitted On:

04/03/2020 11:24 AM

Subject:

Status Requests

Comments:

Rate revisions have been reviewed and accepted as justified by the Commissioner. The only remaining item is the review of the policyholder notification letter by Management. It is currently on the list for their review. As soon as I receive their feedback on the letter filed under AERS-131005529 I will be in touch with you. Thank you for your patience.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 04/03/2020 09:50 AM

Last Edited By:

Bill Dismore

Submitted On:

04/03/2020 11:24 AM

Subject:

Status Request

Comments:

We are taking the opportunity to follow up on the status of the filing. We appreciate any updates on the timeframe for reviewing.

Thank you,
Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 11/14/2019 07:15 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Extension Granted

Comments:

Extension to 11/25/2019.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 11/13/2019 08:24 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Extension Request

Comments:

We are still working on our response and respectfully request an extension to 11/25/2019 to respond to the comment letter dated 10/01/2019.

Any questions please let me know.
Thank you,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 09/12/2019 02:33 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Status Request

Comments:

Thank you for your status request. The filing has been referred to Management for review and possible approval. We are working to get these filings reviewed as soon as possible.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 09/12/2019 11:44 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Status Request

Comments:

We understand there has been a delay in reviewing due to ACA filings. We are taking the opportunity to follow up on the status of this filing, as the deemer date was 8/28/2019. We appreciate any updates on the timeframe for reviewing.

Thank you,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 07/29/2019 09:34 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Status Request

Comments:

Due to ACA Healthcare filings which must be finalized by 8/21/2019, Management has not had the opportunity to review this filing. Thank you for your continued patience.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 07/29/2019 08:39 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Status Request

Comments:

We are taking the opportunity to follow up on the status of the filing as it has a deemer date of 7/13/2019. We appreciate any updates on the timeframe for reviewing.
If there is additional information needed please let us know.

Thank you,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 06/14/2019 12:41 PM

Last Edited By:

Bill Dismore

Submitted On:

04/03/2020 11:24 AM

Subject:

Status Request

Comments:

This filing is currently under further review at management level. We will respond with additional information as soon as possible. Thank you.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 06/13/2019 03:16 PM

Last Edited By:

Bill Dismore

Submitted On:

04/03/2020 11:24 AM

Subject:

Status Request

Comments:

We are taking the opportunity to follow up on the status of the filing. We appreciate any updates on the timeframe for reviewing.

Thank you.

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 02/27/2019 02:09 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Status Request

Comments:

Due to changes in our rate analysis process, this filing is currently under further review at management level. We will respond with additional information as soon as possible. Thank you.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 02/26/2019 01:53 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Status Request

Comments:

We are taking the opportunity to follow up on the status of the filing. We appreciate any updates on the timeframe for reviewing.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 12/11/2018 03:31 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Response Due

Comments:

Apologies on reaching out to you now and the late response. The actuary will have a response to submit Wednesday, 12/12/18.

Any questions or issues please let me know.
(612) 671-6646

Sincerely,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 12/06/2018 01:56 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Extension Request

Comments:

I apologize for my long message. I was hoping to reach you by phone to extend out until Monday, December 10th. We apologize for any inconvenience this may be causing.

Sincerely,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 11/27/2018 12:02 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Response Confirmation

Comments:

As there is no response due date to your comment letter dated 9/17/2018, we believe we will have the response by 12/7/2018 if extension is granted for our RB18 (AERS-131005479) and RB31 (AERS-131005512).

Any questions please let me know.

Best Regards,
Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 11/13/2018 02:07 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Amended Filing

Comments:

Yes, you can amend the filing but understand that all supporting documentation and proposed rate sheets will also need to be amended.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 11/13/2018 01:53 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Question

Comments:

We are in the process of finalizing the response to your October 23, 2018 objection and plan to submit it no later than November 28, 2018. Since the time of the original submission in August 2017, emerging experience on this block of business indicates a much higher premium rate increase is supportable. If the Department will allow it, the company would like to revise the current premium rate increase filing to request a 40% premium rate increase for all policies, providing updated experience to support the higher requested premium rate increase. Along with a revised Actuarial Memorandum with updated experience, we will provide updated experience for the attachments to my July 12, 2018 response as well as responses to the October 23, 2018 objection.

Sincerely,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Lynn Blount on 09/12/2018 08:28 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Statements of Variability and SERFF tracking numbers

Comments:

Mr. Smith, per our conversation I have added the SOV's and tracking numbers.

Please let me know if any additional information is needed.
Stay safe from the rain/hurricane.

Sincerely,

Lynn Blount

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Filer

Created By:

Bill Dismore on 07/13/2018 07:40 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Post Submission Updates

Comments:

I "Disallowed" the recent post submission update. You should be able to submit a new update and make the necessary corrections. Please review the comments under the Disallowed Post Submission Update.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Note To Reviewer

Created By:

Peg VanDrisse on 07/12/2018 03:53 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

post submission update

Comments:

Hello,
In submitting the post submission update to insert the overall percentage change I left out the written premium change for this program in error. I am not able to submit another post submission update so am sending this note to filer with the requested information.

The written premium change for this program is $829,177.

Thank you for your patience and I apologize for this error.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Reviewer Note

Created By:

Bill Dismore on 10/26/2020 09:04 AM

Last Edited By:

Bill Dismore

Submitted On:

10/26/2020 09:05 AM

Subject:

Actuarial Review - Final Summary & Opinion Report

Comments:

1/11/2019 - Rec'd actuary's final summary and opinion report.

ACTUARIAL RESOURCES CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

January 11, 2019

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #AERS-131005529**

At the request of the Virginia SCC Bureau of Insurance (the "Bureau"), I have reviewed the filing for the above captioned submission from **Riversource Life Insurance Company** (the "Company"). This is a rate increase filing for a block of Individual Long Term Care Insurance.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-150. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, I believe that the Company has demonstrated compliance with the laws and regulations.

Other Considerations
The Bureau may wish to consider the following two policy items:

- The policies with limited benefit period and no inflation coverage would not be eligible for a rate increase if they were analyzed on a standalone basis, implying that these policies are subsidizing the other policies.
- The cumulative increase will be higher in Virginia than nationwide if the full increase is granted.

Historical Background

These forms were issued in Virginia from January 1993 through January 2001 and include 1,662 pre-stability policies as of 6/30/2018. The Bureau has approved five previous rate increases: 35% in 2005, 15% in 2008, 15% in 2009, 15% in 2012 and 15% in 2014. The Company is now requesting a rate increase of 40%, for a cumulative increase of 231%. Since the Company is capping the rates at 999.98 per unit at the advanced attained ages, the average increase is 39.8%.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

Assumptions

Morbidity – The current morbidity assumptions for claim costs is based on the original assumptions with morbidity A/E factors applied based on the Company's experience through 2017. The original assumptions were based on the 1985 NNHS and actuarial judgment.

Credibility was determined based on the formula recommended by the American Academy of Actuaries ("AAA") in a Long-term Care Credibility Monograph issued in August 2016. Under the formula recommended, 3,246 claims are needed for full LTCI data credibility. The standard is applied to cumulative historical experience to determine the credibility of the block. The Company's morbidity is based on 13,367 claims, resulting in full credibility.

Mortality – The assumed mortality is based on Company experience through 2017, varying by issue age and duration. The original mortality was based on the 1983 IAM table. The current mortality produces an A/E ratio of 100%.

Voluntary Lapse –The current lapse assumptions are based on Company experience through 2017, varying by issue age, benefit type and duration. The current lapse rates dip to a range of 0.56% to 1.7% at their minimum, but then gradually increase as attained age advances (1.1% to 2.5% depending on issue age and benefit period). The year 4+ assumption was 5.0% under the original assumption.

Interest – the average maximum valuation interest rate of 4.59% is used for discounting the projections.

Projections

Lifetime Loss Ratio

The loss ratio projections as of 6/30/2018 are summarized below. Note that the lifetime loss ratios are relatively insensitive to the rate increase since past premiums make up approximately 87% of the total PV of premium for this block.

Benefit Period	Inflation	Original LR	No Increase Future	No Increase Fut/ALR	No Increase Lifetime	With Increase Future	With Increase Fut/ALR	With Increase Lifetime	From Inception
Limited	None	60%	267%	71%	73%	192%	52%	72%	27%
Lifetime	None	68%	373%	100%	100%	269%	73%	97%	38%
Limited	Auto	77%	481%	124%	102%	346%	90%	98%	40%
Lifetime	Auto	89%	668%	187%	166%	479%	135%	156%	69%

60/80 Test

1a Accumulated value of past earned premiums	2,633,179,635	80.7%	2,124,097,105
1b Present value of future projected earned premiums at current level	388,451,096	80.7%	313,350,384
2 Present value of increased portion of future projected earned premiums	113,410,797	80.7%	91,484,661
3 Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2	3,135,041,529		2,528,932,149
4 Lifetime Incurred Claims with Rate Increase			4,013,730,846
5 Test: 4 is not less than 3			TRUE

PV of Future Loss Test

The goal of this test is to ensure that, when looking only into the future, the company is not in a better position financially than if the assumptions were to play out according to original assumptions (except for interest). This is done by calculating the present value of the future expected loss under original assumptions and comparing that to the current assumptions with and without the proposed premium action. For this filing, the loss is greater under the current assumptions than original assumptions, so this test would not limit the increase.

Benefit Period	Inflation	Original	Current	Proposed	Limit
Limited	None	68.0	(14.8)	(11.4)	40%
Lifetime	None	65.4	(60.1)	(51.9)	40%
Limited	Auto	107.8	(311.0)	(280.5)	40%
Lifetime	Auto	111.3	(1,569.4)	(1,466.1)	40%

State Rate Equity

NW Range	NW Avg	NW Prop	VA Curr	VA Prop
0%-350%	176%	196%	136%	231%

The increase is significantly higher than the nationwide average will be even if all pending increases are approved. If the Bureau wants to cap the Virginia cumulative increase at the proposed nationwide average of 196%, it would need to ask the Company to reduce its request from 40% to 25%.

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,

Shawn D. Parks, FSA, MAAA

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Reviewer Note

Created By:

Bill Dismore on 10/26/2020 09:00 AM

Last Edited By:

Bill Dismore

Submitted On:

10/26/2020 09:02 AM

Subject:

Ameriprise Financial Advisor

Comments:

10/26/2020 - spoke with company actuary, Anju this morning (612) 845-5429 and confirmed that the letter reference to "Ameriprise financial advisor" pertains to a licensed and registered financial advisor and is not a term that refers to an insurance agent.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Reviewer Note

Created By:

Bill Dismore on 09/02/2020 02:53 PM

Last Edited By:

Bill Dismore

Submitted On:

10/26/2020 09:02 AM

Subject:

9/02/2020 - Policyholder Letter Corrections

Comments:

Spoke with Anju and addressed the 3 outstanding issues to fix on the letter. He will review with Lynn Blount and they will try and have the letters fixed and filed as an amendment by Friday, 9/4/2020.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Reviewer Note

Created By:

Bill Dismore on 10/21/2019 02:42 PM

Last Edited By:

Bill Dismore

Submitted On:

04/03/2020 11:24 AM

Subject:

Request for Extension - 10/21/2019

Comments:

Call from Company received today, request for extension as Company will file brand new policyholder letters for each filing. Extended to 11/15/2019.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Reviewer Note

Created By:

Bill Dismore on 03/14/2019 01:25 PM

Last Edited By:

Bill Dismore

Submitted On:

10/26/2020 09:02 AM

Subject:

Rate Review - Co. Response to Objection of 5/06/2019.

Comments:

3/14/2019 - email to Greg Smith advising that the rate review was completed and attached a copy of ARC's final summary report.
5/06/2019 - Requested Mgmt. evaluation of Company's objection letter response to objections.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Reviewer Note

Created By:

Bill Dismore on 09/17/2018 07:55 AM

Last Edited By:

Bill Dismore

Submitted On:

10/26/2020 09:29 AM

Subject:

RRS

Comments:

Rate Review Summary

Reset Form

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

Company Name and NAIC Number: RiverSource Life Insurance Company, #65005

SERFF Tracking Number: AERS-131005529

Effective Date: Upon approval

Revised Rates

Average Annual Premium Per Member: 2,015

Average Requested Percentage Rate Change Per Member: 39.8%

Minimum Requested Percentage Rate Change Per Member: 0.0%

Maximum Requested Percentage Rate Change Per Member: 40.0%

Number of Policy Holders Affected : 1,662

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
30225-VA	

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

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

Narrative: Explanation of Justification for Rate Increase

Rates are being raised on all policies issued under these policy forms to offset anticipated claims that are higher than previously expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated increased costs and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance and included the necessary actuarial data and other items requested by the Virginia Bureau of Insurance to support the increase.

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed by Bureau of Insurance

Company Name and NAIC Number: RiverSource Life Insurance Company - NAIC #: 65005

SERFF Tracking Number: AERS-131005529

Disposition: Approved

Approval Date: 10/26/2020

Revised Rates

Average Annual Premium Per Member: $2,015

Average Requested Percentage Rate Change Per Member: 39.8%

Minimum Requested Percentage Rate Change Per Member: 0.0%

Maximum Requested Percentage Rate Change Per Member: 40.0%

Number of Policy Holders Affected: 1,662

Summary of the Bureau of Insurance's review of the rate request:

The Company requested, and the Bureau approved a rate increase of 40% for this block of individual long-term care insurance policy forms.

The filing was reviewed by the Bureau's consulting actuary and determined to comply with the requirements for a rate increase set forth in 14VAC5-200-150 of the Virginia Administrative Code for policies issued prior to October 1,2003. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 128% with the increase, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do intend to a request future rate increase on this block if the actual experience is worse than projected.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Reviewer Note

Created By:

Bill Dismore on 07/13/2018 01:22 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:46 AM

Subject:

Post Submission Update

Comments:

Received phone call from Peg VanDrisse. She explained that the 736.40% is the rate increase that their actuary stated would be necessary for the Company to certify the need for no future rate increases.

State:	*Virginia*	**Filing Company:**	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Reviewer Note

Created By:

Janet Houser on 08/10/2017 07:11 AM

Last Edited By:

Bill Dismore

Submitted On:

10/16/2020 07:44 AM

Subject:

Policyholder Letter, Change Form, Endorsement

Comments:

Previously approved & filed under AERS-129718202

112459 - Endorsement
295240-VA - Change Request form
112016 - PH waiver letter
112018 - PH non waiver letter
FAQ

State:	*Virginia*	***Filing Company:***	*RiverSource Life Insurance Company*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long Term Care*		
Project Name/Number:	*30225 2017/30225 2017*		

Post Submission Update Request Processed On 07/13/2018

Status:	Disallowed
Created By:	Peg VanDrisse
Processed By:	Bill Dismore
Comments:	Please review the "Overall % Indicated Change" as this does not appear correct based upon the Minimum and Maximum % Change currently entered and complete the "Written Premium Change for this Program."

Company Rate Information:

Company Name:RiverSource Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	32.000%	

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Post Submission Update Request Processed On 07/13/2018

Status:	Allowed
Created By:	Peg VanDrisse
Processed By:	Bill Dismore
Comments:	

Company Rate Information:

Company Name:RiverSource Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	32.000%	
Written Premium Change for this Program	$829177	

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Post Submission Update Request Processed On 12/13/2018

Status:	Allowed
Created By:	Lynn Blount
Processed By:	Bill Dismore
Comments:	

Company Rate Information:

Company Name:RiverSource Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	40.000%	736.400%
Overall % Rate Impact	40.000%	32.000%
Written Premium Change for this Program	$955323	$829177
Number of Policy Holders Affected for this Program	1662	1742
Written Premium for this Program	$2394375	$2567110
Maximum %Change (where required)	40.000%	32.300%
Minimum %Change (where required)	40.000%	0.000%

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

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 10/26/2020	Single Phase Non Waiver Premium policyholder letter	115743	OTH	Initial			115743.20201013 (SP NonWP) NONANN LCKD.pdf
2	Approved 10/26/2020	Single Phase Waiver Premium policyholder letter	115744	OTH	Initial			115744.20201013 (SP WP) NONANN LCKD.pdf
3	Approved 10/26/2020	Multi-Phase Non Waiver Premium policyholder letter	115745	OTH	Initial			115745.20201013 (MP NonWP) NONANN LCKD.pdf
4	Approved 10/26/2020	Policy Change Request form	115746	OTH	Initial			115746 Change Form 20200827 NONANN LCKD.pdf
5	Approved 10/26/2020	Multi-Phase Waiver Premium policyholder letter	115747	OTH	Initial			115747.20201013 (MP WP) NONANN LCKD.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

RiverSource Life Insurance Company
Company Address
Company website

Letter Date

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning Anniversary Date.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

For more information, review the enclosed Frequently Asked Questions or call our office at **Service Center Phone Number**.

Client Name
Client Address

Policy Number: Client Policy Number.

Dear Client Name,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a % increase on all policies like yours. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

The premium for your policy will increase on your policy anniversary, Anniversary Date. There are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage.

On Anniversary Date, your premium frequency will increase from $Current Premium to $New Premium.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your

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115743
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policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations for long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Carefully consider your options outlined below

Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances (such as your age, health, financial position and availability for support from caregivers or family) and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your premium frequency will increase from $Current Premium to $New Premium.

- Daily Benefit Amount: $Daily Benefit Amount
- Benefit Period: Benefit Period

2 **Adjust your coverage**

A few common options to adjust your coverage and manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new premium frequency, beginning Anniversary Date, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount
Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
Current Premium	**$Current Premium**				
New Premium as of Anniversary Date	**$New Premium**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**
You have the option to stop paying premiums within 120 days following your policy anniversary, Anniversary Date, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $Lifetime Maximum Benefit Amount. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps
Before making a decision, we suggest you discuss the options outlined in this letter with our Ameriprise advisor or someone else you trust. Action may be needed depending on which option you select. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage
No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, Anniversary Date.

Adjust your coverage
Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

Convert to a paid-up policy
Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

Questions? We're here to help. Please contact:

- A financial advisor at the Ameriprise Advisor Center at Advisor/Advisor Center Phone Number, Monday through Friday, 8 a.m. to 6 p.m. Central time, or
- A RiverSource client service representative at **Service Center Phone Number** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Officer Signature Block

Enclosures:
Long-Term Care Policy Change Request Form
Business Reply Envelope
Frequently Asked Questions

RiverSource Life Insurance Company
Company Address
Company Website

Letter Date

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning Anniversary Date.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

For more information, review the enclosed Frequently Asked Questions or call our office at **Service Center Phone Number**.

Client Name
Client Address

Policy Number: Client Policy Number.

Dear Client Name,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a % increase on all policies like yours. The premium for your policy will increase up to % each year, over number of years. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

Please note that you have a right to a revised premium or rate schedule upon request.

The first increase will be applied on your policy anniversary, Anniversary Date. There are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage.

On Anniversary Date, your premium frequency will increase from $Current Premium to $New Premium. This is the first increase in premium over this number of-year period.

There will be an additional premium increase (up to % each year) on your next number of policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your premium frequency will increase in future years as follows:

- On Future Anniversary Date, your premium will increase to $New Premium.
- On Future Anniversary Date, your premium will increase to $New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.

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- On Future Anniversary Date, your premium will increase to $New Premium.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium rate increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Carefully consider your options outlined below
Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances (such as your age, health, financial position and availability for support from caregivers or family) and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

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- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

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- Daily Benefit Amount: $Daily Benefit Amount
- Benefit Period: Benefit Period

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A few common options to adjust your coverage and to manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new premium frequency, beginning Anniversary Date, should you adjust these features.

	Keep Current Coverage	Shorten Benefit Period	Further Shorten Benefit Period	Reduce Daily Benefit Amount	Shorten Benefit Period & Reduce Daily Benefit Amount
Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount
Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
Current Premium	**$Current Premium**				
New Premium as of Anniversary Date	**$New Premium**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**
You have the option to stop paying premiums within 120 days following your policy anniversary, Anniversary Date, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $Lifetime Maximum Benefit Amount. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps
Before making a decision, we suggest you discuss the options outlined in this letter with our Ameriprise advisor or someone else you trust. Action may be needed depending on which option you select. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage
No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, Anniversary Date.

Adjust your coverage
Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

Convert to a paid-up policy
Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may

need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

As a reminder, any adjustments you make to your coverage now, will result in a new premium for this upcoming year. Because this premium increase is spread out over a number of-year period, your premium rate will increase again on your next policy anniversary.

Questions? We're here to help. Please contact:

- Your financial advisor, Advisor Name at Advisor Phone Number, or
- A RiverSource client service representative at **Service Center Phone Number** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Officer Signature Block

Enclosures:
Long-Term Care Policy Change Request Form
Business Reply Envelope
Frequently Asked Question

RiverSource Life Insurance Company
Company Address
Company Website

Letter Date

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning Anniversary Date.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

For more information, review the enclosed Frequently Asked Questions or call our office at **Service Center Phone Number**.

Client Name
Client Address

Policy Number: Client Policy Number.

Dear Client Name,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a % increase on all policies like yours. The premium for your policy will increase up to % each year, over number of years. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

Please note that you have a right to a revised premium or rate schedule upon request.

The first increase will be applied on your policy anniversary, Anniversary Date. There are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage.

On Anniversary Date, your premium frequency will increase from $Current Premium to $New Premium. This is the first increase in premium over this number of-year period.

There will be an additional premium increase (up to % each year) on your next number of policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your premium frequency will increase in future years as follows:

- On Future Anniversary Date, your premium will increase to $New Premium.
- On Future Anniversary Date, your premium will increase to $New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.

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- On Future Anniversary Date, your premium will increase to $New Premium.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium rate increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

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Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances (such as your age, health, financial position and availability for support from caregivers or family) and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your premium frequency will increase from $Current Premium to $New Premium.

- Daily Benefit Amount: $Daily Benefit Amount
- Benefit Period: Benefit Period

2 **Adjust your coverage**
A few common options to adjust your coverage and to manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new premium frequency, beginning Anniversary Date, should you adjust these features.

	Keep Current Coverage	Shorten Benefit Period	Further Shorten Benefit Period	Reduce Daily Benefit Amount	Shorten Benefit Period & Reduce Daily Benefit Amount
Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount
Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
Current Premium	**$Current Premium**				
New Premium as of Anniversary Date	**$New Premium**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**
You have the option to stop paying premiums within 120 days following your policy anniversary, Anniversary Date, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $Lifetime Maximum Benefit Amount. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps
Before making a decision, we suggest you discuss the options outlined in this letter with our Ameriprise advisor or someone else you trust. Action may be needed depending on which option you select. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage
No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, Anniversary Date.

Adjust your coverage
Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

Convert to a paid-up policy
Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may

need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

As a reminder, any adjustments you make to your coverage now, will result in a new premium for this upcoming year. Because this premium increase is spread out over a number of-year period, your premium rate will increase again on your next policy anniversary.

Questions? We're here to help. Please contact:

- Your financial advisor, Advisor Name at Advisor Phone Number, or
- A RiverSource client service representative at **Service Center Phone Number** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Officer Signature Block

Enclosures:
Long-Term Care Policy Change Request Form
Business Reply Envelope
Frequently Asked Question

RiverSource Life Insurance Company
Company Address
Company website

RiverSource Insurance

Long-Term Care Policy Change Request Form – Return this page

Policy Owner
Client Name

Policy number
Client Policy Number

Important information

- Do not complete this form if you wish to keep your current coverage. Instead, pay your increased premium when it becomes effective, Anniversary Date. At that time, your premium frequency will increase from $Current Premium to $New Premium.
- Your policy may contain other benefit amounts that will decrease proportionally if you reduce your Daily Benefit Amount.
- To adjust your coverage, complete this form and return it to us in the enclosed envelope by **Return Date** to ensure your request is processed as of your anniversary date.
- The coverage change options shown are common; however, you may have alternative options available to minimize the impact of this premium increase. For more information, call our office at **Service Center Phone Number**.

Select one coverage adjustment below
If you adjust your benefits or convert to a paid-up policy, you cannot increase your coverage in the future.

Coverage Change Options		New Premium as of Anniversary Date
O	Shorten your Benefit Period from Benefit Period to Benefit Period	$ **Current Premium as of**
O	Shorten your Benefit Period from Benefit Period to Benefit Period	$ **Current Premium as of**
O	Reduce your Daily Benefit Amount from $ Daily Benefit Amount to $ Daily Benefit Amount	$ **Current Premium as of**
O	Shorten your Benefit Period from Benefit Period to Benefit Period and reduce your Daily Benefit Amount from $ Daily Benefit Amount to $ Daily Benefit Amount	$ **Current Premium as of**
O	Convert to a paid-up policy and stop paying premiums	$0.00

Your premium rate will increase again on your next policy anniversary.

Detail other coverage adjustments below, if the options above do not meet your needs – please call our office or your Ameriprise financial advisor to learn more.

Acknowledge and Sign
By signing this form, you authorize RiverSource Life Insurance Company to modify your coverage based on your selection above.

X _____ Date _____
Policy Signature

If signing as fiduciary, in what capacity are you acting? _____
For fiduciary requirements, contact Service Center Phone Number.

Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuities in New York.

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RiverSource Life Insurance Company
Company Address
Company website

Letter Date

Notice of Premium Rate Increase

Client Name
Client Address

Policy Number: Client Policy Number

Dear Client Name,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a % increase on all policies like yours. The premium for your policy will increase up to % each year, over number of years. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

Please note that you have a right to a revised premium or rate schedule upon request.

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits. Your obligation to pay premiums for your policy will not restart as long as you meet the policy's provisions for having your premiums waived.

The first increase will be applied on your policy anniversary, Anniversary Date.

On Anniversary Date, your premium frequency will increase from $Current Premium to $New Premium.

There will be an additional premium increase (up to % each year) on your next number of policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your premium frequency will increase in future years as follows:

- On Future Anniversary Date, your premium will increase to $New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you

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purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium rate increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Your available options

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, you may have the options outlined below available to you. **Note that the amounts shown below may not be of equal value to you. You do not need to take any action to adjust your coverage at this time.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
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A few common options to adjust your coverage and manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new premium frequency, beginning Anniversary Date, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount
Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
Current Premium	**$Current Premium**				
New Premium as of Anniversary Date	**$New Premium**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**

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3 **Convert to a paid-up policy with reduced benefits**

You have the option to stop paying premiums within 120 days following your policy anniversary, Anniversary Date, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $Lifetime Maximum Benefit Amount. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

No action is needed at this time

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, feel free to contact us to discuss potential options you may have to minimize the impact of this premium increase.

Questions? We're here to help. Please contact:

- Your financial advisor, Advisor Name at Advisor Phone Number, or
- A RiverSource client service representative at **Service Center Phone Number** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Officer Signature Block

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Rate Information

Rate data applies to filing.

Filing Method: Review and Approve
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 15.000%
Effective Date of Last Rate Revision: 06/01/2015
Filing Method of Last Filing: Review and Approve
SERFF Tracking Number of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
RiverSource Life Insurance Company	39.800%	39.800%	$955,323	1,662	$2,394,375	40.000%	0.000%

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA PremiumRates 30225	30225-VA	Revised	Previous State Filing Number: AERS-129329714 Percent Rate Change Request: 40	VA PremiumRates_30225.20181212.pdf,

Exhibit 19
RiverSource Life Insurance Company
Premium Rates with 40% Rate Increase
Nursing Home Indemnity Policy
Policy Form 30225-VA

Premium Rates Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD						
	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible Period*		*Deductible Period*		*Deductible Period*	
Age	*20 Day*	*100 Day*	*20 Day*	*100 Day*	*20 Day*	*100 Day*
40	76.02	56.22	142.16	105.82	178.52	132.24
41	76.02	56.22	142.16	105.82	178.52	132.24
42	76.02	56.22	142.16	105.82	178.52	132.24
43	76.02	56.22	142.16	105.82	178.52	132.24
44	76.02	56.22	142.16	105.82	178.52	132.24
45	76.02	56.22	142.16	105.82	178.52	132.24
46	82.66	62.80	148.76	112.40	188.44	142.16
47	82.66	62.80	152.06	112.40	191.72	142.16
48	85.94	62.80	155.34	115.72	195.04	145.46
49	85.94	66.14	155.34	119.00	198.38	148.76
50	89.26	66.14	158.68	119.00	201.62	152.06
51	92.56	69.42	165.26	125.64	208.26	158.68
52	99.18	72.74	171.92	128.88	218.14	165.26
53	102.46	76.02	178.52	135.52	228.06	171.92
54	109.08	82.66	188.44	142.16	241.34	181.78
55	122.30	92.56	208.26	158.68	267.76	201.62
56	132.24	102.46	228.06	175.20	290.90	228.06
57	145.46	112.40	247.92	191.72	317.36	244.64
58	162.00	125.64	274.34	208.26	347.12	267.76
59	181.78	135.52	300.84	228.06	383.46	290.90
60	201.62	158.68	330.56	261.16	419.84	330.56
61	224.82	181.78	373.54	304.14	469.40	380.16
62	247.92	195.04	406.58	323.94	515.70	406.58
63	284.28	231.40	466.08	376.80	588.42	476.00
64	320.68	251.24	522.32	409.94	657.80	518.98
65	357.02	290.90	571.84	466.08	720.60	588.42
66	390.06	310.78	614.86	492.52	776.84	621.46
67	433.02	343.82	677.66	538.84	849.58	674.36
68	476.00	390.06	737.16	601.64	922.26	750.40
69	535.50	423.10	819.82	651.22	999.98	809.90
70	591.70	469.40	899.10	714.00	999.98	885.94
71	647.92	512.40	971.86	770.22	999.98	948.70
72	710.70	565.26	999.98	846.24	999.98	999.98
73	790.02	634.70	999.98	932.20	999.98	999.98
74	869.38	700.84	999.98	999.98	999.98	999.98
75	965.28	766.92	999.98	999.98	999.98	999.98
76	999.98	852.86	999.98	999.98	999.98	999.98
77	999.98	961.94	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 19
RiverSource Life Insurance Company
Premium Rates with 40% Rate Increase
Nursing Home Indemnity Policy
Policy Form 30225-VA

Premium Rates Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD						
	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible Period*		*Deductible Period*		*Deductible Period*	
Age	*20 Day*	*100 Day*	*20 Day*	*100 Day*	*20 Day*	*100 Day*
40	59.50	42.96	105.82	76.02	132.24	95.88
41	59.50	42.96	105.82	76.02	132.24	95.88
42	59.50	42.96	105.82	76.02	132.24	95.88
43	59.50	42.96	105.82	76.02	132.24	95.88
44	59.50	42.96	105.82	76.02	132.24	95.88
45	59.50	42.96	105.82	76.02	132.24	95.88
46	62.80	46.32	109.08	79.30	138.82	99.18
47	66.14	46.32	112.40	79.30	142.16	102.46
48	66.14	46.32	112.40	82.66	142.16	102.46
49	66.14	49.58	115.72	85.94	145.46	105.82
50	69.42	49.58	119.00	85.94	148.76	105.82
51	72.74	52.86	122.30	92.56	162.00	115.72
52	76.02	52.86	125.64	92.56	165.26	119.00
53	79.30	56.22	132.24	95.88	168.58	122.30
54	85.94	59.50	138.82	99.18	178.52	128.88
55	92.56	66.14	152.06	109.08	198.38	142.16
56	102.46	76.02	168.58	122.30	214.88	158.68
57	112.40	82.66	181.78	135.52	231.40	171.92
58	125.64	92.56	201.62	145.46	254.54	185.10
59	138.82	99.18	221.48	158.68	280.98	201.62
60	155.34	115.72	244.64	185.10	307.42	231.40
61	171.92	135.52	274.34	211.56	343.82	267.76
62	191.72	145.46	297.50	228.06	376.80	284.28
63	218.14	168.58	340.46	264.46	429.74	333.84
64	244.64	185.10	380.16	287.58	482.60	363.64
65	274.34	214.88	419.84	327.30	528.90	413.20
66	297.50	228.06	449.56	347.12	568.60	436.38
67	333.84	254.54	495.88	376.80	624.76	472.70
68	366.88	284.28	542.16	419.84	677.66	525.56
69	409.94	310.78	598.34	456.18	747.04	568.60
70	452.90	343.82	657.80	499.12	816.46	621.46
71	495.88	376.80	710.70	538.84	876.04	664.42
72	548.74	416.50	776.84	591.70	942.08	717.36
73	608.22	466.08	849.58	654.52	999.98	783.46
74	667.74	515.70	928.90	717.36	999.98	846.24
75	743.80	565.26	999.98	780.14	999.98	902.46
76	829.72	628.06	999.98	852.86	999.98	978.48
77	925.56	707.44	999.98	955.34	999.98	999.98
78	999.98	780.14	999.98	999.98	999.98	999.98
79	999.98	859.48	999.98	999.98	999.98	999.98
80		935.48		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 19
RiverSource Life Insurance Company
Premium Rates with 40% Rate Increase
Nursing Home Indemnity Policy
Policy Form 30225-VA

Premium Rates Per $10 Daily Benefit

3 YEAR BENEFIT PERIOD						
	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible Period*		*Deductible Period*		*Deductible Period*	
Age	*20 Day*	*100 Day*	*20 Day*	*100 Day*	*20 Day*	*100 Day*
40	52.86	39.70	92.56	69.42	115.72	85.94
41	52.86	39.70	92.56	69.42	115.72	85.94
42	52.86	39.70	92.56	69.42	115.72	85.94
43	52.86	39.70	92.56	69.42	115.72	85.94
44	52.86	39.70	92.56	69.42	115.72	85.94
45	52.86	39.70	92.56	69.42	115.72	85.94
46	56.22	42.96	95.88	72.74	122.30	92.56
47	56.22	42.96	99.18	76.02	125.64	95.88
48	59.50	42.96	102.46	76.02	128.88	95.88
49	59.50	46.32	102.46	79.30	128.88	99.18
50	62.80	46.32	105.82	79.30	132.24	99.18
51	66.14	49.58	109.08	82.66	138.82	109.08
52	66.14	49.58	112.40	85.94	142.16	112.40
53	72.74	52.86	119.00	89.26	152.06	119.00
54	76.02	56.22	125.64	95.88	158.68	122.30
55	82.66	62.80	135.52	102.46	175.20	132.24
56	92.56	69.42	148.76	115.72	191.72	145.46
57	102.46	79.30	162.00	125.64	208.26	162.00
58	112.40	85.94	181.78	138.82	231.40	175.20
59	125.64	95.88	198.38	152.06	254.54	191.72
60	138.82	109.08	218.14	171.92	277.70	218.14
61	155.34	125.64	244.64	198.38	307.42	247.92
62	171.92	135.52	267.76	211.56	340.46	267.76
63	198.38	158.68	310.78	251.24	390.06	314.02
64	221.48	175.20	343.82	271.06	433.02	340.46
65	244.64	201.62	376.80	307.42	472.70	386.76
66	267.76	214.88	403.32	323.94	505.80	406.58
67	300.84	238.00	446.26	353.72	561.94	446.26
68	333.84	271.06	489.24	396.68	611.54	499.12
69	370.24	294.22	538.84	429.74	671.04	535.50
70	406.58	323.94	591.70	469.40	733.88	581.78
71	442.94	350.36	634.70	502.46	780.14	618.16
72	492.52	393.34	700.84	558.68	849.58	674.36
73	548.74	442.94	770.22	618.16	925.56	743.80
74	601.64	482.60	836.34	674.36	985.06	793.38
75	667.74	528.90	922.26	730.52	999.98	849.58
76	740.44	585.12	999.98	796.66	999.98	912.38
77	833.02	667.74	999.98	899.10	999.98	999.98
78	928.90	740.44	999.98	985.06	999.98	999.98
79	999.98	806.56	999.98	999.98	999.98	999.98
80		866.10		999.98		999.98
81		935.48		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 19
RiverSource Life Insurance Company
Premium Rates with 40% Rate Increase
Nursing Home Indemnity Policy
Policy Form 30225-VA

Premium Rates Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD						
	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible Period*		*Deductible Period*		*Deductible Period*	
Age	*20 Day*	*100 Day*	*20 Day*	*100 Day*	*20 Day*	*100 Day*
40	46.32	33.04	79.30	59.50	99.18	72.74
41	46.32	33.04	79.30	59.50	99.18	72.74
42	46.32	33.04	79.30	59.50	99.18	72.74
43	46.32	33.04	79.30	59.50	99.18	72.74
44	46.32	33.04	79.30	59.50	99.18	72.74
45	46.32	33.04	79.30	59.50	99.18	72.74
46	46.32	36.34	82.66	62.80	102.46	76.02
47	49.58	36.34	85.94	62.80	105.82	79.30
48	49.58	36.34	85.94	62.80	105.82	79.30
49	49.58	36.34	85.94	62.80	109.08	82.66
50	52.86	39.70	89.26	66.14	112.40	89.26
51	52.86	39.70	92.56	69.42	115.72	92.56
52	56.22	42.96	95.88	72.74	122.30	95.88
53	59.50	46.32	99.18	76.02	125.64	99.18
54	62.80	46.32	105.82	79.30	135.52	99.18
55	69.42	52.86	115.72	85.94	148.76	112.40
56	79.30	56.22	128.88	92.56	165.26	119.00
57	85.94	66.14	138.82	105.82	178.52	135.52
58	95.88	72.74	152.06	115.72	195.04	148.76
59	105.82	79.30	168.58	128.88	211.56	162.00
60	122.30	89.26	191.72	142.16	241.34	178.52
61	132.24	99.18	208.26	155.34	261.16	195.04
62	148.76	112.40	234.70	178.52	297.50	224.82
63	168.58	122.30	261.16	191.72	330.56	241.34
64	195.04	138.82	300.84	218.14	380.16	274.34
65	214.88	155.34	327.30	238.00	413.20	300.84
66	241.34	171.92	363.64	261.16	456.18	327.30
67	264.46	188.44	393.34	277.70	495.88	350.36
68	290.90	211.56	429.74	310.78	535.50	386.76
69	317.36	228.06	462.82	330.56	578.48	413.20
70	343.82	251.24	495.88	363.64	614.86	449.56
71	376.80	274.34	538.84	390.06	664.42	479.34
72	409.94	297.50	581.78	423.10	707.44	512.40
73	446.26	327.30	621.46	459.50	747.04	552.00
74	489.24	360.34	677.66	499.12	799.94	588.42
75	538.84	390.06	743.80	538.84	859.48	624.76
76	595.02	433.02	809.90	588.42	932.20	674.36
77	661.14	482.60	892.52	651.22	999.98	733.88
78	727.28	532.22	968.54	710.70	999.98	790.02
79	796.66	581.78	999.98	766.92	999.98	852.86
80		634.70		826.42		915.62
81		694.18		892.52		988.40
82		756.96		961.94		999.98
83		826.42		999.98		999.98
84		902.46		999.98		999.98

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Cert of Comp.pdf
Item Status:	Received & Acknowledged
Status Date:	08/28/2020

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Revised Rate Revision Checklist_30225.20181212.pdf
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Revised Actuarial Mememorandum_30225.20181212.pdf VA Actuarial Memorandum Exhibits_30225.20181212.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Revised Long Term Care Insurance Rate Request Summary_30225.20200113.pdf
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Clean Policyholder Notification Letter Samples
Comments:	
Attachment(s):	115746 - John Doe.20200102 Change Form - No Highlighting.pdf 115743 - John Doe.20201013 (SP NonWP).pdf 115744 - John Doe.20201013 (SP WP).pdf 115747 - John Doe.20201013 (MP WP).pdf 115745 - John Doe.20201013 (MP NonWP).pdf
Item Status:	Received & Acknowledged
Status Date:	10/26/2020

Satisfied - Item:	Misc. forms

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Comments:	
Attachment(s):	112459 VA LTC Endorsement.pdf LTC Rate Increase Policyholder Q&A.pdf
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Cover Letter and Third Party Involvment Document
Comments:	
Attachment(s):	Milliman_Involvement_VA_30225_20170802.pdf VA CovLtr_30225_20170802.pdf
Item Status:	Received & Acknowledged
Status Date:	08/10/2017

Satisfied - Item:	Response letter dated 7-12-18 and attachment
Comments:	
Attachment(s):	VA Response_30225.20180712.pdf VA Response Attachments_30225.20180712.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV VA LTC Endorsement 112459.pdf 115746 SOV 20200827.pdf 115743 SOV 20201015.pdf 115744 SOV 20201015.pdf 115745 SOV 20201015.pdf 115747 SOV 20201015.pdf
Item Status:	Received & Acknowledged
Status Date:	10/26/2020

Satisfied - Item:	Response Letter 12-12-18 and Response Attachment
Comments:	
Attachment(s):	VA Response_30225.20181212.pdf VA Response Attachments_30225.20181212.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Response 5/6/2019

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Comments:	
Attachment(s):	VA Response_30225.20190506.pdf
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Response 11/25/2019
Comments:	
Attachment(s):	VA Response_30225.20191125.pdf
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Response 1/3/2020
Comments:	
Attachment(s):	VA Response_30225.20200103.pdf
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Policyholder Q&A
Comments:	
Attachment(s):	LTC Rate Increase Policyholder Q&A.pdf
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Response 1-13-2020
Comments:	
Attachment(s):	VA Response_30225.20200113.pdf
Item Status:	Received & Acknowledged
Status Date:	06/22/2020

Satisfied - Item:	Redlines 7-28-2020
Comments:	
Attachment(s):	115743 - John Doe (SP NonWP) RDLN.pdf 115744 - John Doe.20200611 (SP WP) RDLN.pdf 115745 - John Doe.20200728 (MP NonWP) RDLN.pdf 115747 - John Doe.20200728 (MP WP) RDLN.pdf
Item Status:	Received & Acknowledged
Status Date:	08/28/2020

State: *Virginia* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2017/30225 2017*

Satisfied - Item:	Annotated Policyholder Letters
Comments:	
Attachment(s):	115746 Change Form 20200819 ANN LCKD.pdf 115743.20201013 (SP NonWP) ANN LCKD.pdf 115744.20201013 (SP WP) ANN LCKD.pdf 115745.20201013 (MP NonWP) ANN LCKD.pdf 115747.20201013 (MP WP) ANN LCKD.pdf
Item Status:	Received & Acknowledged
Status Date:	10/26/2020

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	VA Cert of Read.pdf
Item Status:	Received & Acknowledged
Status Date:	08/28/2020

Satisfied - Item:	Response 7-28-2020
Comments:	
Attachment(s):	VA Response_30225.20200728.pdf
Item Status:	Received & Acknowledged
Status Date:	08/28/2020

Satisfied - Item:	Response 10/15/2020
Comments:	
Attachment(s):	VA Response_30225.20201015.pdf
Item Status:	Received & Acknowledged
Status Date:	10/26/2020

Attachment VA Actuarial Memorandum Exhibits_30225.20181212.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA Response Attachments_30225.20180712.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA Response Attachments_30225.20181212.xlsx is not a PDF document and cannot be reproduced here.

RiverSource Life Insurance Company
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

Certification of Compliance

Date: July 28, 2020

Form Number	Form Name
115743	Single Phase Non-Waiver Policyholder Letter
115744	Single Phase Waiver Premium Policyholder letter
115745	Multi-Phase Non-Waiver Policyholder letter
115746	Policy Change Request Form
115747	Multi-Phase Waiver Premium Policyholder letter

THE COMPANY HAS REVIEWED THE ENCLOSED POLICY FORMS(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.

Lynn M. Blount

Lynn M. Blount
Assistant Secretary
RiverSource Life Insurance Company
Lynn.m.blount@ampf.com

Rate Review Requirements Checklist
For all Rate Filings for Forms Issued in the Individual and Small Group Markets, Hospital Confinement Indemnity, Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis, and Medicare Supplement

NOTE: This document is intended to assist carriers in preparing rate filings for individual and selected group accident and sickness insurance coverage for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are approximate. Please review the applicable Administrative Code for the full text of the regulation.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
General Filing Requirements				
Information about the filing	14 VAC 5-100-70	When submitting an Individual Accident and Sickness form, a company must file the applicable rates, rules and classification of risks with the Commission.	Cover Letter	
Company Name and NAIC No.	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.	Cover Letter	
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for health insurance rate filings. Failure to provide the applicable information will result in a "REJECTED" filing.***		
General Information Filing Description		All submissions must provide a brief summary of the filing, including a statement describing whether the rate or rate manual is new or a revision of an existing rate or rate manual.	Cover Letter	
		Identification of SERFF or state tracking number for the previously approved rate or rate manual.	Cover Letter	
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.		
Rate Changes		(i) Include a statement regarding an increase, decrease, revision of former rates. (ii) Specify the percentage amount(s) of the change(s). (iii) Specify the number of affected policyholders. (iv) Specify the reason for the proposed change(s).	Act Mem, Section 16 Act Mem, Section 16 Act Mem, Section 20 Act Mem, Section 16	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-50 B	Include an actuarial memorandum describing the basis on which rates were determined including a description of the calculation of the anticipated loss ratio.		
Individual and Small Group Markets – Age Curve	14 VAC 5-130- 50 E 1; Virginia Rate Template	Premium rates with respect to a particular plan or coverage may only vary by: (a) Whether the plan or coverage covers an individual or family; (b) The rating area; (c) Age, consistent with the Federal Default Standard Age Curve; (d) Tobacco use, except the rate must not vary more than 1.5 to 1. If included in a small group form, employees must be given the option to avoid the tobacco surcharge by participating in certain wellness programs.		
	14 VAC 5-130-50 E 2	A premium rate must not vary by any other factor not described in 14 VAC 5-130-50 E 1.		
	14 VAC 5-130-50 E 3	For family coverage, permitted rating variations must be applied based on the portion of premium attributable to each family member covered under the plan. With respect to family members under age 21, the premiums for no more than the three oldest covered children must be taken into account in determining the total family premium.		
	14 VAC 5-130-50 E 4	The premium charged must not be adjusted more frequently than annually except that the premium rate may be changed to reflect changes to: (i) Family composition of the member or; (ii) Coverage requested by the member.		
	14 VAC 5-130-50 E 5	Premium rates for student health insurance coverage may be based on school-specific community rating and are exempt from subdivision 1 through 4 above.		
Accident and Sickness Insurance Rate Filing Requirements – Filing a Rate for a New Policy Form	14 VAC 5-130-60 A	New rate submission must include: (i) Form number of applicable policy or certificate, application, and endorsements; (ii) Rate Sheet(s); (iii) Unified Rate Review Template *(only for rates applicable in the individual and small group health insurance markets except for student health insurance coverage).*		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-60 B	An Actuarial Memorandum that includes:		
	14 VAC 5-130-60 B 1	A description of the type of policy or coverage, including benefits, renewability, general marketing method, and issue age limits.		
	14 VAC 5-130-60 B 2	A description of how rates were determined, including the general description and source of each assumption used.		
	14 VAC 5-130-60 B 3	The estimated average annual premium per policy and per member.		
	14 VAC 5-130-60 B 4	The anticipated loss ratio and a description of how it was calculated.		
	14 VAC 5-130-60 B 5	The minimum anticipated loss ratio presumed reasonable in accordance with 14 VAC 5-130-65.		
	14 VAC 5-130-60 B 6	If the anticipated loss ratio is less than the minimum anticipated loss ratio, include supporting documentation for the use of such premiums.		
	14 VAC 5-130-60 B 7	*For coverage issued in the Individual or Small Group Health Insurance Market:* A certification by a qualified actuary of the actuarial value of each plan of benefits included and the AV calculation summary.		
	14 VAC 5-130-60 B 8	A certification by a qualified actuary that, to the best of his or her knowledge and judgment, the rate filing is in compliance with the applicable laws and regulations of Virginia and the premiums are reasonable in relation to the benefits provided.		
Reasonableness of benefits in relation to initial premiums	14 VAC 5-130-65 A	Benefits are deemed reasonable in relation to premiums if the anticipated loss ratio of policy form, including riders and endorsements, is at least as great as specified in the table provided, taking into account the qualifications and adjustments in subdivisions 1 through 9 below. The below anticipated loss ratio standards do not apply to a class of business where such standards are in conflict with specific statutes or regulations.		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS						LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-65 A 1	If the expected average annual premium is at least $200 but less than $1,000.							
		Type of Coverage	Renewal Clause						
			OR	CR	GR	NC	Other		
		Hospital Indemnity	60%	55%	55%	50%	60%		
		Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis	60%	55%	50%	45%	60%		
	14 VAC 5-130-65 A 2	If the expected average annual premium is $100 or more but less than $200, subtract five percentage points from the numbers in the table.							
	14 VAC 5-130-65 A 3	If the expected average annual premium is less than $100, subtract 10 percentage points from the numbers in the table.							
	14 VAC 5-130-65 A 4	If the expected average annual premium is $1,000 or more, add five percentage points to the numbers in the table.							
	14 VAC 5-130-65 A 5	Group Medicare supplement policies are expected to return to policyholders in the form of aggregate benefits under the policy at least 75% of the aggregate amount of premiums collected.							

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-65 A 6	Medicare supplement policies issued prior to July 30, 1992, as a result of solicitation of individuals through the mail or by mass media advertising, which shall include both print and broadcast advertising, are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		
	14 VAC 5-130-65 A 7	Medicare supplement policies issued prior to July 30, 1992, sold on an individual rather than a group basis are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		
	14 VAC 5-130-65 A 8	All health insurance coverage issued in the individual health insurance market shall be originally priced to meet a minimum 75% loss ratio and, except for student health insurance coverage, must be guaranteed renewable or noncancellable.		
	14 VAC 5-130-65 A 9	All health insurance coverage issued in the small group health insurance market must be originally priced to meet a minimum 75% loss ratio and must be guaranteed renewable or noncancellable.		
	14 VAC 5-130-65 B	The average annual premium per policy per member shall be computed by the health insurance issuer based on an anticipated distribution of business by all applicable criteria having a price difference, such as age, sex, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies *(i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation).*		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
All Accident and Sickness Forms; Subscriber Contracts of Hospital, Medical or Surgical Plans; Dental Plans; Optometric Plans; Health Insurance Coverage in the Individual and Small Group Markets; Individual and Group Medicare supplement forms and subscriber contracts of hospital, medical or surgical plans – Filing a Rate Revision	14 VAC 5-130-70 A	Rate revision submission must include: (i) New Rate Sheet; (ii) All information required by SERFF; and (iii) Unified Rate Review Template (individual and small group health insurance markets except for student health insurance coverage).	Act Mem, Exhibit 19 SERFF	
	14 VAC 5-130-70 B	**Actuarial Memorandum**		
	14 VAC 5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Act Mem, Section 2	
	14 VAC 5-130-70 B 2	The scope and reason for the premium or rate revision.	Act Mem, Section 16	
	14 VAC 5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Act Mem, Exhibit 18	
	14 VAC 5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Act Mem, Section 4	
	14 VAC 5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) average overall change, including a detailed explanation of how the change was determined.	Act Mem, Section 17	
	14 VAC 5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* Submit Form 130-A showing historical and projected experience, including: (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through	Act Mem, Exhibits 11-14 Actual and projected experience are based on historical experience through June 30, 2018 which is the most recent data available.	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and (iii) If blended, provide the credibility factor assigned to the national experience.	Act Mem, Section 14 N/A	
	14 VAC 5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	Act Mem, Section 15	
	14 VAC 5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	Act Mem, Sections 5, 14, 16	
	14 VAC 5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	N/A	
	14 VAC 5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	Act Mem, Section 14 and Exhibits 11, 12 Act Mem, Exhibits 11,12	
	14 VAC 5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	Act Mem, Exhibit 17	
	14 VAC 5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	N/A	
	14 VAC 5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such members in the year immediately prior to the filing of the rate revision.	Act Mem, Section 20	
	14 VAC 5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Act Mem, Section 21	
	14 VAC 5-130-70 B 15	For coverage issued in the individual or small group health insurance markets, a certification by a qualified actuary of the		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		actuarial value of each plan of benefits included and the AV calculation summary.		
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 A 1	For individual accident and sickness insurance, individual, and group Medicare supplement insurance, and coverage issued in the individual market, with respect to filings of rate revisions for a previously approved form, benefits shall be deemed reasonable in relation to premiums provided the present values of the future and lifetime loss ratios are at least as great as the standards in 14 VAC 5-130-70 B 11.		
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 B	For coverage issued in the small group health insurance market, the anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage must be at least as great as the standards in 14 VAC 5-130-70 B 11.		
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 C	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14 VAC 5-130-65 A, except the average annual premium shall be determined on actual rather than anticipated distribution of business.		
Medicare Supplement Requirements		*Applicable requirements for Medicare Supplement insurance rate filings in addition to the above:*		
Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.		
Pre-Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 3	For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet: (a) The originally filed anticipated loss ratio when combined with the actual experience since inception; (b) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and (c) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.		
Annual Rate and Experience Filing	14 VAC 5-170-120 C	An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.		
Actuarial Certification for Medicare Supplement Rate Revision Filings	14 VAC 5-170-120 C	For annual rate and experience filings, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at: www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and 6. The premiums are reasonable in relation to the benefits provided.		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
Actuarial Certification for Medicare Supplement Rate Revision Filings	14 VAC 5-170-130 B	For proposed rate changes, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuary Standards Board including the data qualify standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.		
Chance in the Rating Structure or Methodology of a Medicare Supplement Form	14 VAC 5-170-130 D 3	A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements: (a) The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. (b) The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
For Coverage in the Individual and Small Group Health Insurance Markets Risk Pools and Index Rates	14 VAC 5-130-81 A & B	The claims experience of all enrollees in all health benefit plans are members of a single risk pool. *(Not applicable to grandfathered coverage).*		
	14 VAC 5-130-81 C	Each plan year or policy year, as applicable, a health insurance issuer shall: 1. Establish an index rate based on the total combined claim costs for providing essential health benefits within the single risk pool of the individual or small group market; 2. The index rate may be adjusted on a market-wide basis based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs in this Commonwealth and the health benefit exchange user fees, and 3. The premium rate for all of the health insurance issuer's plans shall use the applicable index rate, as adjusted in accordance with subsection D of this section.		
	14 VAC 5-130-81 D	1. The actuarial value and cost-sharing design on the plan. 2. The plan's provider network, delivery system characteristics, and utilization management practices. 3. The benefits provided under the plan that are in addition to the essential health benefits. These additional benefits shall be pooled with similar benefits within a single risk pool and the claims experience from those benefits shall be utilized to determine rate variations for plans that offer those benefits in addition to essential health benefits. 4. Administrative costs, excluding health benefit exchange user fees. 5. With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.		

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:

http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Rates Section reviews rate revisions. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

I hereby certify that I have reviewed the attached rate revision filing and determined that it is in compliance with the rate revision checklist.

Signed: Anju Gupta-Lavey Digitally signed by Anju Gupta-Lavey Date: 2018.12.12 17:35:35 -06'00'

Name (please print): Anju Gupta-Lavey

Company Name: RiverSource Life Insurance Company

Date: December 12, 2018

Phone No: 612-671-2909 FAX No: 612-671-1748

E-Mail Address anju.x.gupta-lavey@ampf.com

Clear Form

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

December 2018

Policy form 30225-VA is an individual policy form providing benefits to individuals for confinement in a nursing home. This policy form was issued in Virginia from January 15, 1993 through January 15, 2001.

1. Purpose of Filing

This Actuarial Memorandum has been prepared for the purpose of demonstrating the compliance of this premium rate increase filing with the applicable laws of the State of Virginia and with the rules of the Bureau and that the requested premium rate increase meets the dual-loss ratio standard for individual long-term care policy forms set forth in the NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases ("the Bulletin"), as adopted by the NAIC on December 18, 2013. It may not be appropriate for other purposes.

2. Description of Benefits

This is an individually underwritten policy form which pays a daily benefit for confinement in a nursing home. Benefits are payable under skilled, intermediate or custodial levels of care. Hospital confinement is not a pre-requisite for benefit entitlement.

The confinement daily benefit amount was selected at issue. The maximum period for which confinement benefits are payable was also selected at issue. The choices were: 2 years, 3 years, 4 years and unlimited (also referred to as "lifetime"). The policy also pays 60% of the confinement daily benefit for stays in a qualified Assisted Living Facility ("ALF"). A qualified ALF is one that has a minimum of 10 inpatients and has a 24-hour awake, trained and ready to respond staff.

Confinement benefit payments commence after an elimination period of 20 days or 100 days, depending on the plan initially chosen. During the continuation of confinement benefit payments, the premiums are waived after 90 days.

Benefit eligibility for nursing home coverage is based on the following: (a) sickness or injury (1996 and prior issues only); (b) the insured being unable to perform at least 2 or more following activities of daily living ("ADLs") deficiencies: Continence, Dressing, Feeding, Toileting and Transferring; or (c) cognitive impairment. Benefit eligibility for ALF coverage is based on either: (a) the insured being unable to perform at least 2 or more out of 5 ADLs; or (b) cognitive impairment.

If temporary hospitalization is required during a period of confinement in a nursing home or an ALF and there is a charge for reserving a bed in the facility, this policy will pay the daily benefit for up to 21 days during any confinement period.

At the time of issue, the insured could choose to elect No Benefit Increase Option, the Simple Benefit Increase Option or the Compound Benefit Increase Option. The Simple Benefit Increase Option increases the original daily benefit amount by a fixed amount (5% of the original daily benefit amount) each year starting with the second policy year and continuing for the life of the policy. The Compound Benefit Increase Option

increases the previous year's daily benefit amount by 5% per year starting with the second policy year and continuing for the life of the policy. The increasing benefit option will apply even when the policy is in claim status.

3. Renewability

This policy form is guaranteed renewable for life.

4. Applicability

This rate filing is applicable to inforce policies only, as this policy form is no longer being sold in the market. The rate increase will apply to the premium associated with the nursing home policy only. No rate increase is being requested for the premium associated with either the optional home care rider or the optional nonforfeiture benefit rider.

5. Actuarial Assumptions

Exhibit 1 provides a comparison of the original pricing assumptions and the current assumptions used in this rate filing for morbidity, mortality, lapses and interest.

Exhibits 2 through 5 provide experience analysis summaries for morbidity, mortality, lapse and policyholder behavior related to premium rate increases in support of the current premium rate increase assumptions.

The following discussion describes the actuarial assumptions used in the current premium rate increase analysis and summarizes our experience analysis in support of these assumptions as well as the company's management of this block of business. We believe the current assumptions are justified by the underlying experience and that the changed assumptions from original pricing are reasonable.

<u>Morbidity</u>
RiverSource Life Insurance Company ("RiverSource Life") began marketing nursing home policies with a zero-day prior hospitalization requirement in 1989. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for policies with No Benefit Increase Option. It should be noted that considerable judgment was made with regard to the frequency and severity of claims, especially for the ALF benefit.

Claim costs for the Simple and Compound Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits.

Currently assumed expected claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factors ("morbidity A/E factors"). The company took steps beginning in 2003 to improve claim experience by reviewing

and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later.

We conduct a morbidity study every year to analyze the current morbidity A/E factors. The analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available. Experience for all policies issued under policy form 30225 series, including both those issued without and with the 1997 revised rates, is used in the study since the benefit provisions are essentially identical. The current study includes actual emerging experience through anniversaries ending December 2017 and is based on 13,367 actual claims (7,333 with a lifetime benefit period and 6,034 with non-lifetime benefit periods).

The morbidity study compares actual incurred claims to expected incurred claims, where expected claims reflect the original pricing claim costs adjusted with the company's most recent set of morbidity A/E factors. If the resulting cumulative actual-to-expected ratio is near 100% while minimizing the squared error, no changes are made to the morbidity A/E factors. However, if the actual-to-expected ratio has shifted away from 100% or the squared error is too high, we develop a new set of morbidity A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

The currently assumed morbidity A/E factors are provided in Exhibit 1.

Professional judgment is applied to create morbidity A/E factors for periods beyond that for which there is actual experience. It has been credibly observed on older forms, including policy form series 30225 issued without and with the 1997 revised rates, that experience has been favorable at younger attained ages but much worse than priced for at older attained ages. Thus, we believe morbidity A/E factors that increase by duration are appropriate.

Exhibit 2 provides a comparison of actual and expected experience, where expected experience reflects claim costs using current morbidity A/E factors. As shown in this exhibit, the ratio of total actual-to-expected claims using the current morbidity A/E factors is 100.0%. Claim counts split by issue age band are also provided in Exhibit 2.

<u>Mortality</u>

We conduct a mortality study every year to develop durational mortality actual-to-expected adjustment factors ("mortality A/E factors") that are applied to the 1983 Individual Annuity Mortality ("IAM") Basic table. The mortality study is based on actual experience for all long-term care ("LTC") policies combined. The current study includes 57,082 deaths incurred on policies from policy anniversaries in 2000 through policy anniversaries in 2017.

The current mortality A/E factors were developed subject to the constraint that the factors must be non-decreasing by duration. The mortality A/E factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

At the older issue ages, the current mortality A/E factors increase to 100% of the table or higher. In general, that has not been the case through duration 26 for younger issue ages, but we expect that it will as insureds reach a very advanced age. For this reason, the mortality A/E factors extend to duration 35 for younger issue ages.

The currently assumed mortality A/E factors are provided in Exhibit 1.

Exhibit 3 provides a comparison of actual and expected deaths, where the expected basis reflects the 1983 IAM Basic table with the currently assumed mortality A/E factors. The mortality A/E factors fit the observed data very well with the resulting ratio of actual-to-expected deaths at or near 100%.

Lapse Rates

We conduct a lapse study each year to develop a best-estimate lapse assumption. The lapse study is based on actual experience for all LTC policies combined. The current study includes 36,977 lapses on policies from policy anniversaries in 2000 through policy anniversaries in 2017, including 12,434 lapses in durations 8 and later. The exposures and actual lapses close to the implementation of premium rate increases are excluded from this analysis. For non-lifetime benefit periods, lapses exclude policies that have maximized their benefits; a separate study is conducted to develop a best-estimate assumption for policy terminations due to expiration of benefits.

Lapse experience varies by issue age and benefit period (i.e. lifetime benefit period versus non-lifetime benefit periods). We applied judgment to the results of the lapse study to develop the best-estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We have also made an effort to reflect that lapse rates seem to increase some at older attained ages.

The current assumptions for lapse rates and policy terminations due to expiration of benefits are provided in Exhibit 1. As shown in this exhibit, currently assumed ultimate lapse rates range from 1.1% to 2.5% based on issue age band and benefit period category. Exhibit 4 provides a comparison of the actual and expected lapse experience, where the expected basis reflects the currently assumed lapse rates (not including policy terminations due to expiration of benefits).

We also conduct a study each year to develop best-estimate assumptions for the additional lapses and benefit reductions associated with premium rate increases. Exhibit 5 provides the total lapses and benefit reductions the company has experienced at different premium rate increase levels from 2005 through 2017. Based on our actual experience, in the year of premium increase notification to policyholders, an additional 1.5% of inforce policyholders is assumed to lapse, and a 2.7% reduction in benefits due to election of reduced benefit options is also assumed.

We have experienced much stronger customer loyalty than anticipated at the time the LTC policy forms were initially priced. The resulting high policy persistency has unfortunately had an adverse impact on loss ratios.

Adverse Selection
Adverse selection of 4.2% in the year of premium increase notification to policyholders grading down to 0% in the 6th year after premium increase notification is assumed.

Expenses
Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2005, 2008, 2009, 2011, 2013, 2016 and 2018 so that total commissions paid before and after past sought nationwide increases in premium are similar. In addition, as part of this premium rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after the full amount of the nationwide requested increase in premium are similar.

The assumptions used in this rate filing are based on actual inforce experience of RiverSource Life and are deemed reasonable for this particular policy form. These are best-estimate assumptions and do not include any provision for profit or contingencies.

Exhibits 6 through 10 provide the assumptions used in the prior 2004, 2007, 2009, 2011 and 2014 premium rate increase filings, respectively.

6. Marketing Method

This policy form was marketed by agents of RiverSource Life.

7. Underwriting Description

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

8. Premiums

Premiums are unisex and payable for life. Premium rates vary by issue age, the initial daily benefit amount, the benefit period, the elimination period and the Benefit Increase Option.

9. Issue Age Range

The issue ages were from 40 to 79, except for the benefit structures with 100-day elimination period and non-lifetime benefit periods which were issued to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of June 30, 2018) are applied to the annual premium ("AP"):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.0000*AP + 0.0	43.0%
Semi-Annual	0.5020*AP + 0.4	8.8%
Quarterly	0.2580*AP + 0.5	8.5%
Monthly	0.0868*AP + 0.6	39.7%

12. Active Life Reserves

Active life reserves ("ALR"), although they have significant impact, have not been used in the analysis in this rate filing, except as provided in Exhibits 13 and 14.

13. Trend Assumptions

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

14. Past and Future Policy Experience

Nationwide experience for policy form 30225 is provided in Exhibit 11, and Virginia experience for policy form 30225-VA is provided in Exhibit 12. Exhibits 13 and 14 provide historical nationwide and Virginia experience, respectively, for earned premiums, paid claims and incurred claims, while Exhibit 15 provides historical nationwide and Virginia experiencefor earned premiums, incurred claims, increase in active life reserves and incurred loss ratios including active life reserves. These exhibits include any previously implemented premium rate increases as described below in section 15.

The proposed premium rates have been developed using nationwide experience.

Historical experience is shown by claim incurral year with the loss ratio for each calendar year. The following formula provides an <u>illustration</u> of the historical incurred loss ratio calculation for each calendar year:

$$ILR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

ILR_j = incurred loss ratio for year *j*

${}_jPmt_t^k$ = claim payments at time *t* for claims incurred at time *k* in year *j*

${}_jCR^k_{ValDate}$ = open claim reserve held on June 30, 2018 for claims incurred at time *k* in year *j*

${}_jIBNR^k_{ValDate}$ = incurred but not reported reserve as of June 30, 2018 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = June 30, 2018

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.045 = 0.956938

A historical annual paid loss ratio is calculated in Exhibits 13 and 14, without and with interest, as historical paid claims divided by historical earned premiums, and a historical annual incurred loss ratio is calculated in Exhibits 11 through 14, without and with interest, as historical incurred claims divided by historical earned premiums. Historical earned premiums in Exhibits 11 through 15 are calculated based on the issue and, if appropriate, termination date for each policy. Historical paid claims in Exhibits 11 and 12 are calculated as the sum of the actual claim payments made in the calendar year. Historical incurred claims in Exhibits 11 through 15 are determined by discounting claim payments and open claim reserves to the actual original loss date for each claim and by discounting IBNR to the time it is assumed to occur. These items are then summed to produce a total for each calendar year. For purposes of accumulating historical experience for a historical or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual incurred loss ratio is calculated in Exhibits 11 and 12, without and with interest, as anticipated incurred claims divided by anticipated earned premiums. Anticipated earned premiums, paid claims and incurred claims are projected on a seriatim basis and then summed to produce a total for each calendar year. For purposes of discounting projected future experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

Lifetime loss ratios in Exhibits 11 and 12 are as of June 30, 2018 and are calculated as the sum of accumulated historical experience and discounted projected future experience where accumulation and discounting of the total for each calendar year occur at 4.59%, which is the average maximum statutory valuation interest rate used for contract reserves determined by weighting the active life reserve balance as of June 30, 2018 by issue year, and assume mid-year values.

The incurred loss ratio in Exhibit 15 is defined as the sum of incurred claims and increase in active life reserves divided by earned premiums. The values in this exhibit are shown without interest accumulation.

Exhibit 16 provides anticipated incurred loss ratios before and after the requested premium rate increase for nationwide and Virginia-specific experience, where the anticipated incurred loss ratio is equal to anticipated incurred claims less policy reserves divided by anticipated earned premiums. The anticipated incurred loss ratios in this exhibit are calculated in a manner consistent with Exhibits 11 and 12.

15. History of Previous Premium Rate Revisions

Five prior premium rate increases have been approved and implemented on this policy form in Virginia. A 35% increase was approved in October 2005 and implemented on each policyholder's next policy anniversary beginning in March 2006. A 15% increase was approved in May 2008 and implemented on each policyholder's next policy anniversary beginning in August 2008. A 15% increase was approved in May 2009 and implemented on each policyholder's next policy anniversary beginning in August 2009. A 15% increase was approved in May 2012 and implemented on each policyholder's next policy anniversary beginning in October 2012. A 15% increase was approved in December 2014 and implemented on each policyholder's next policy anniversary beginning in June 2015.

The actual and projected premiums in Exhibits 11, 13 and 14 reflect the accumulated premium rate increases as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis.

16. Requested Premium Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting a premium rate increase of 40%.

Projected experience assuming the requested premium rate increase is implemented is provided in Exhibits 11 and 12.

Exhibit 17 provides the demonstration that the requested premium rate increase meets the dual-loss ratio standard for individual LTC policy forms set forth in the Bulletin. Actual and projected earned premiums and incurred claims in this exhibit are consistent with those shown in Exhibits 11 and 12.

The reason for the requested premium rate increase is due to a combination of actual lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A premium rate increase is considered an effective way to reduce projected losses.

Table 1 shows the isolated impact on the projected lifetime loss ratio of future deviations in each key driver from original assumptions and the corresponding premium rate

increase needed to produce the target lifetime loss ratio of 100.6%, which represents the lifetime loss ratio using historical experience combined with projected future experience based on our original pricing assumptions.

Note that Table 1 has been developed using nationwide historical experience through June 30, 2018, where actual and projected premiums reflect the accumulated rate increases as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis, and the loss ratio with all current assumptions corresponds to Exhibit 11 before the requested premium rate increase.

Table 1
RiverSource Life Insurance Company
Impact on Lifetime Loss Ratio of Changing from Original Pricing to Current Assumptions
Nationwide Experience Before Any Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form 30225

Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Premium Rate Increase Needed to Produce a Lifetime Loss Ratio of 100.6%
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions	100.6%	N/A	N/A
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	108.2%	7.6%	76.1%
Mortality	102.0%	1.4%	13.6%
Lapse	115.9%	15.3%	129.9%
Interest	104.6%	4.0%	38.0%
Historical Experience through 6/30/2018 & Projections with All Current Assumptions	135.0%	34.4%	266.1%

Note that the lifetime loss ratio for each changed assumption in Table 1 does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the lifetime loss ratio (i.e. 34.4%) is greater than the sum of the impact of each changed assumption (i.e. 28.3% = 7.6% + 1.4% + 15.3% + 4.0%).

As the results in Table 1 show, a premium rate increase that far exceeds the requested increase is currently actuarially justified. RiverSource Life is requesting a premium rate increase at this time that is lower than the current actuarially justified increase, as we believe that it is appropriate to limit the current premium rate increase request to 40% in order to minimize the impact on policyholders to the extent that we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates.

If it is the Bureau's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Bureau inform the company prior to approving the requested premium rate increase, as the company would like to amend this filing to request a significantly larger premium rate increase at this time.

Exhibit 18 provides a comparison of the current and proposed premium rates and the percentage increase in the premium rate. The proposed premium rates are equal to 1.4 times the current premium rates, subject to a maximum premium rate of $999.98.

Premium rate tables with the requested rate increase are provided in Exhibit 19.

17. Virginia Average Annual Premium (Based on June 30, 2018 Inforce)

Before rate increase: $1,441
After rate increase: $2,016

These values assume all previously approved premium rate increases have been fully implemented on all policies.

18. Proposed Effective Date

The premium rate increase will apply to policies on their policy anniversary date following a 90-day notification period.

19. Nationwide Distribution of Business (Based on June 30, 2018 Inforce Count)

By Issue Age:

Issue Ages	Percent Distribution
<55	36.6%
55-59	30.3%
60-64	21.7%
65-69	8.8%
70-74	2.3%
75-79	0.3%
>79	<0.1%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	18.9%
100-day	81.1%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	2.2%
3-Year	8.3%
4-Year	19.7%
Unlimited	69.8%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	11.4%
Simple	40.2%
Compound	48.4%

By Gender:

Gender	Percent Distribution
Female	62.1%
Male	37.9%

20. Number of Policyholders

As of June 30, 2018, the number of policies and annual premium inforce, assuming all premium rate increases previously approved in Virginia have been fully implemented on all policies in both the state and nationwide, is:

	Number of Insureds	Annual Premium
Virginia	1,662	$2,394,375
Nationwide	40,516	$59,257,514

21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This Actuarial Memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the State of Virginia. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits based on the loss ratio standards set forth in 14VAC5-200-150.B.

Anju Gupta-Lavey

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Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company
Date: December 12, 2018

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Morbidity Assumptions

Original Pricing Assumptions:

RiverSource Life Insurance Company ("RiverSource Life") began marketing nursing home policies with a zero-day prior hospitalization requirement in 1989. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for policies with No Benefit Increase Option . It should be noted that considerable judgment was made with regard to the frequency and severity of claims, especially for the ALF benefit. Claim costs for the Simple and Compound Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits.

The following selection factors were used:

Duration	Factor
1	40%
2	50%
3	60%
4	70%
5	80%
6	90%
7+	100%

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Morbidity Assumptions

Current Assumptions:
Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factors. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2017.

Lifetime Benefit Period Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.150	0.580	1.190	1.370	1.980	2.310	2.150
2	0.150	0.580	1.190	1.370	1.980	2.310	2.150
3	0.150	0.580	1.190	1.370	1.980	2.310	2.150
4	0.212	0.604	1.144	1.388	1.942	2.226	2.120
5	0.274	0.628	1.098	1.406	1.904	2.142	2.090
6	0.336	0.652	1.052	1.424	1.866	2.058	2.060
7	0.398	0.676	1.006	1.442	1.828	1.974	2.030
8	0.460	0.700	0.960	1.460	1.790	1.890	2.000
9	0.486	0.708	1.008	1.488	1.770	1.830	1.954
10	0.512	0.716	1.056	1.516	1.750	1.770	1.908
11	0.538	0.724	1.104	1.544	1.730	1.710	1.862
12	0.564	0.732	1.152	1.572	1.710	1.650	1.816
13	0.590	0.740	1.200	1.600	1.690	1.590	1.770
14	0.632	0.828	1.236	1.564	1.638	1.568	1.776
15	0.674	0.916	1.272	1.528	1.586	1.546	1.782
16	0.716	1.004	1.308	1.492	1.534	1.524	1.788
17	0.758	1.092	1.344	1.456	1.482	1.502	1.794
18	0.800	1.180	1.380	1.420	1.430	1.480	1.800
19	0.814	1.212	1.386	1.438	1.438	1.496	1.802
20	0.828	1.244	1.392	1.456	1.446	1.512	1.804
21	0.842	1.276	1.398	1.474	1.454	1.528	1.806
22	0.856	1.308	1.404	1.492	1.462	1.544	1.808
23	0.870	1.340	1.410	1.510	1.470	1.560	1.810
24	0.884	1.336	1.406	1.510	1.482	1.564	1.828
25	0.898	1.332	1.402	1.510	1.494	1.568	1.846
26	0.912	1.328	1.398	1.510	1.506	1.572	1.864
27	0.926	1.324	1.394	1.510	1.518	1.576	1.882
28	0.940	1.320	1.390	1.510	1.530	1.580	1.900
29	0.952	1.322	1.391	1.512	1.529	1.578	1.898
30	0.963	1.323	1.392	1.513	1.528	1.577	1.897
31	0.975	1.325	1.393	1.515	1.528	1.575	1.895
32	0.987	1.327	1.393	1.517	1.527	1.573	1.893
33	0.998	1.328	1.394	1.518	1.526	1.572	1.892
34	1.010	1.330	1.395	1.520	1.525	1.570	1.890
35	1.022	1.332	1.396	1.522	1.524	1.568	1.888
36	1.033	1.333	1.397	1.523	1.523	1.567	1.887
37	1.045	1.335	1.398	1.525	1.523	1.565	1.885
38	1.057	1.337	1.398	1.527	1.522	1.563	1.883
39	1.068	1.338	1.399	1.528	1.521	1.562	1.882
40+	1.080	1.340	1.400	1.530	1.520	1.560	1.880

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Morbidity Assumptions

Current Assumptions:

Non-Lifetime Benefit Periods Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<53	53–57	58–62	63–67	68–72	73–77	78-82	83+
1	0.100	0.300	0.440	0.640	0.730	1.430	1.700	1.940
2	0.100	0.300	0.440	0.640	0.730	1.430	1.700	1.940
3	0.100	0.300	0.440	0.640	0.730	1.430	1.700	1.940
4	0.120	0.310	0.484	0.672	0.784	1.416	1.666	1.904
5	0.140	0.320	0.528	0.704	0.838	1.402	1.632	1.868
6	0.160	0.330	0.572	0.736	0.892	1.388	1.598	1.832
7	0.180	0.340	0.616	0.768	0.946	1.374	1.564	1.796
8	0.200	0.350	0.660	0.800	1.000	1.360	1.530	1.760
9	0.250	0.360	0.668	0.840	1.030	1.348	1.514	1.772
10	0.300	0.370	0.676	0.880	1.060	1.336	1.498	1.784
11	0.350	0.380	0.684	0.920	1.090	1.324	1.482	1.796
12	0.400	0.390	0.692	0.960	1.120	1.312	1.466	1.808
13	0.450	0.400	0.700	1.000	1.150	1.300	1.450	1.820
14	0.460	0.472	0.752	1.042	1.156	1.302	1.446	1.842
15	0.470	0.544	0.804	1.084	1.162	1.304	1.442	1.864
16	0.480	0.616	0.856	1.126	1.168	1.306	1.438	1.886
17	0.490	0.688	0.908	1.168	1.174	1.308	1.434	1.908
18	0.500	0.760	0.960	1.210	1.180	1.310	1.430	1.930
19	0.542	0.772	0.994	1.224	1.196	1.314	1.442	1.954
20	0.584	0.784	1.028	1.238	1.212	1.318	1.454	1.978
21	0.626	0.796	1.062	1.252	1.228	1.322	1.466	2.002
22	0.668	0.808	1.096	1.266	1.244	1.326	1.478	2.026
23	0.710	0.820	1.130	1.280	1.260	1.330	1.490	2.050
24	0.752	0.840	1.140	1.280	1.272	1.348	1.488	2.050
25	0.794	0.860	1.150	1.280	1.284	1.366	1.486	2.050
26	0.836	0.880	1.160	1.280	1.296	1.384	1.484	2.050
27	0.878	0.900	1.170	1.280	1.308	1.402	1.482	2.050
28	0.920	0.920	1.180	1.280	1.320	1.420	1.480	2.050
29	0.928	0.929	1.180	1.280	1.321	1.421	1.480	2.049
30	0.937	0.938	1.180	1.280	1.322	1.422	1.480	2.048
31	0.945	0.948	1.180	1.280	1.323	1.423	1.480	2.048
32	0.953	0.957	1.180	1.280	1.323	1.423	1.480	2.047
33	0.962	0.966	1.180	1.280	1.324	1.424	1.480	2.046
34	0.970	0.975	1.180	1.280	1.325	1.425	1.480	2.045
35	0.978	0.984	1.180	1.280	1.326	1.426	1.480	2.044
36	0.987	0.993	1.180	1.280	1.327	1.427	1.480	2.043
37	0.995	1.003	1.180	1.280	1.328	1.428	1.480	2.043
38	1.003	1.012	1.180	1.280	1.328	1.428	1.480	2.042
39	1.012	1.021	1.180	1.280	1.329	1.429	1.480	2.041
40+	1.020	1.030	1.180	1.280	1.330	1.430	1.480	2.040

The following adverse selection factors are used:

First Year of Premium Increase Notification	Adverse Selection Factor
1	4.20%
2	3.20%
3	2.20%
4	1.20%
5	0.20%
6	0.00%

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Mortality Assumptions

Original Pricing Assumptions:
1983 Individual Annuity Mortality Basic Table

Current Assumptions:
1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience

Mortality Actual-to-Expected Adjustment Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	54%	66%	66%	74%	73%	88%
11	54%	66%	70%	78%	74%	88%
12	54%	66%	70%	78%	86%	89%
13	54%	66%	70%	82%	86%	92%
14	54%	66%	70%	85%	86%	92%
15	54%	66%	72%	85%	93%	94%
16	54%	66%	77%	85%	93%	99%
17	60%	67%	77%	87%	97%	99%
18	60%	67%	80%	95%	101%	100%
19	60%	71%	80%	95%	101%	100%
20	60%	71%	83%	95%	101%	103%
21	66%	77%	83%	96%	110%	106%
22	67%	82%	90%	108%	110%	110%
23	68%	82%	90%	108%	110%	110%
24	79%	84%	90%	108%	110%	110%
25	83%	84%	94%	108%	110%	110%
26	84%	86%	102%	108%	110%	110%
27	85%	95%	102%	108%	110%	110%
28	90%	97%	102%	108%	110%	110%
29	90%	97%	102%	108%	110%	110%
30	90%	100%	102%	108%	110%	110%
31	90%	100%	102%	108%	110%	110%
32	95%	100%	102%	108%	110%	110%
33	95%	100%	102%	108%	110%	110%
34	95%	100%	102%	108%	110%	110%
35+	100%	100%	102%	108%	110%	110%

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Lapse Assumptions

Original Pricing Assumptions:

Duration	Rate
1	8%
2	7%
3	6%
4+	5%

Current Assumptions:

Lifetime Benefit Period

	Issue Age Band		
Duration	<63	63-72	73+
1	7.02%	7.00%	7.15%
2	6.60%	4.75%	3.60%
3	4.89%	3.67%	3.60%
4	3.69%	2.75%	1.90%
5	2.68%	2.00%	1.40%
6	1.90%	1.70%	1.40%
7	1.52%	1.16%	1.40%
8	1.11%	1.16%	1.30%
9	1.07%	1.16%	1.10%
10	0.89%	1.16%	1.10%
11	0.88%	1.16%	1.10%
12	0.65%	0.87%	1.40%
13	0.65%	0.87%	1.40%
14	0.65%	0.87%	1.45%
15	0.65%	0.98%	1.45%
16	0.60%	0.98%	1.75%
17	0.60%	0.98%	1.75%
18	0.56%	1.20%	1.80%
19	0.56%	1.20%	1.80%
20	0.56%	1.20%	1.90%
21	0.65%	1.20%	1.90%
22	0.75%	1.20%	2.00%
23	0.80%	1.20%	2.00%
24	0.85%	1.25%	2.00%
25	0.90%	1.25%	2.00%
26	0.95%	1.25%	2.00%
27	1.00%	1.25%	2.00%
28	1.00%	1.25%	2.00%
29	1.00%	1.25%	2.00%
30	1.00%	1.30%	2.00%
31	1.10%	1.30%	2.00%
32	1.10%	1.30%	2.00%
33	1.10%	1.30%	2.00%
34	1.10%	1.30%	2.00%
35	1.10%	1.35%	2.00%
36	1.10%	1.35%	2.00%
37	1.10%	1.35%	2.00%
38	1.10%	1.35%	2.00%
39	1.10%	1.35%	2.00%
40+	1.10%	1.40%	2.00%

Non-Lifetime Benefit Periods

	Issue Age Band		
Duration	<63	63-72	73+
1	6.86%	7.04%	5.30%
2	5.92%	4.78%	4.60%
3	4.11%	3.29%	3.05%
4	3.06%	2.84%	2.88%
5	2.29%	1.92%	2.10%
6	1.70%	1.84%	1.90%
7	1.48%	1.41%	1.70%
8	1.15%	1.36%	1.70%
9	1.05%	1.24%	1.70%
10	0.90%	1.20%	1.98%
11	0.90%	1.20%	1.98%
12	0.90%	1.15%	2.10%
13	0.74%	1.15%	2.10%
14	0.74%	1.15%	2.20%
15	0.73%	1.15%	2.20%
16	0.73%	1.15%	2.50%
17	0.73%	1.25%	2.50%
18	0.87%	1.25%	2.50%
19	0.87%	1.65%	2.50%
20	0.87%	1.85%	2.50%
21	0.90%	1.75%	2.50%
22	0.95%	1.90%	2.50%
23	1.00%	1.90%	2.50%
24	1.10%	1.90%	2.50%
25	1.10%	1.90%	2.50%
26	1.20%	1.90%	2.50%
27	1.30%	1.90%	2.50%
28	1.40%	1.90%	2.50%
29	1.40%	1.90%	2.50%
30	1.40%	1.90%	2.50%
31	1.40%	1.90%	2.50%
32	1.40%	1.90%	2.50%
33	1.40%	1.90%	2.50%
34	1.40%	1.90%	2.50%
35	1.40%	1.90%	2.50%
36	1.40%	1.90%	2.50%
37	1.40%	1.90%	2.50%
38	1.40%	1.90%	2.50%
39	1.40%	1.90%	2.50%
40+	1.40%	1.90%	2.50%

In theyear of premium increase notification to policyholders, an additional 1.50% of inforce policyholders is assumed to lapse. It is also assumed that, due to the election of reduced benefit options, benefits will be reduced by 2.7% in the year of premium increase notification.

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Benefit Expiry Assumptions for Policies with Non-Lifetime Benefit Periods

Original Pricing Assumptions: N/A

Current Assumptions:

	Issue Age Band		
Duration	<63	63-72	73+
1	0.00%	0.00%	0.00%
2	0.00%	0.00%	0.00%
3	0.00%	0.00%	0.00%
4	0.00%	0.00%	0.02%
5	0.00%	0.00%	0.10%
6	0.00%	0.02%	0.20%
7	0.00%	0.05%	0.54%
8	0.00%	0.05%	0.57%
9	0.00%	0.08%	0.73%
10	0.01%	0.10%	1.19%
11	0.01%	0.10%	1.45%
12	0.01%	0.20%	1.65%
13	0.02%	0.20%	1.65%
14	0.02%	0.20%	2.40%
15	0.02%	0.42%	2.40%
16	0.02%	0.42%	2.60%
17	0.02%	0.55%	2.60%
18	0.05%	0.55%	3.40%
19	0.05%	0.70%	3.50%
20	0.05%	0.85%	3.60%
21	0.15%	1.10%	3.60%
22	0.15%	1.20%	3.60%
23	0.20%	1.60%	3.60%
24	0.20%	1.60%	3.60%
25	0.30%	1.85%	3.60%
26	0.30%	2.00%	3.60%
27	0.30%	2.10%	3.60%
28	0.60%	2.30%	3.60%
29	1.00%	2.50%	3.60%
30	1.20%	2.60%	3.60%
31	1.50%	2.60%	3.60%
32	1.70%	2.60%	3.60%
33	1.80%	2.60%	3.60%
34	1.90%	2.60%	3.60%
35	2.00%	2.60%	3.60%
36+	2.10%	2.60%	3.60%

Interest Rate Assumptions

Original Pricing Assumption:	5.00%
Current Assumption:	4.59%

Exhibit 2
RiverSource Life Insurance Company
Nationwide Nursing Home Claim Experience
For Policy Anniversaries through 2017
All Policies Issued under Policy Form 30225
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION									
	Lifetime Benefit Period			Non-Lifetime Benefit Periods			All		
Duration	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
1	2,071,669	3,870,388	53.5%	1,620,579	2,507,734	64.6%	3,692,248	6,378,122	57.9%
2	5,439,347	5,399,940	100.7%	2,547,530	3,382,918	75.3%	7,986,878	8,782,858	90.9%
3	7,749,434	7,272,495	106.6%	5,023,954	4,437,946	113.2%	12,773,388	11,710,441	109.1%
4	12,505,445	9,466,563	132.1%	6,258,703	5,693,343	109.9%	18,764,148	15,159,905	123.8%
5	16,154,598	12,115,702	133.3%	7,701,924	7,230,447	106.5%	23,856,521	19,346,149	123.3%
6	12,647,109	15,205,666	83.2%	10,744,648	9,063,855	118.5%	23,391,757	24,269,521	96.4%
7	19,825,096	18,816,988	105.4%	11,365,547	11,106,279	102.3%	31,190,643	29,923,267	104.2%
8	18,810,382	20,875,650	90.1%	10,824,600	12,160,874	89.0%	29,634,983	33,036,524	89.7%
9	25,414,067	23,316,440	109.0%	12,188,758	13,026,912	93.6%	37,602,826	36,343,352	103.5%
10	28,113,073	25,983,444	108.2%	13,530,343	13,838,485	97.8%	41,643,415	39,821,929	104.6%
11	28,081,544	28,972,881	96.9%	17,074,187	14,755,778	115.7%	45,155,731	43,728,659	103.3%
12	33,435,868	32,365,686	103.3%	16,271,401	15,794,085	103.0%	49,707,270	48,159,771	103.2%
13	35,339,991	36,176,761	97.7%	15,641,897	16,905,235	92.5%	50,981,888	53,081,997	96.0%
14	41,526,747	40,254,951	103.2%	15,567,132	18,312,840	85.0%	57,093,879	58,567,791	97.5%
15	44,751,918	44,618,385	100.3%	20,232,357	19,885,807	101.7%	64,984,275	64,504,192	100.7%
16	46,376,595	49,249,201	94.2%	21,992,419	21,518,984	102.2%	68,369,014	70,768,185	96.6%
17	54,407,888	54,389,425	100.0%	22,948,076	23,507,171	97.6%	77,355,964	77,896,597	99.3%
18	54,250,425	59,738,454	90.8%	23,226,583	25,350,318	91.6%	77,477,008	85,088,772	91.1%
19	63,142,906	64,766,906	97.5%	26,924,628	26,513,653	101.6%	90,067,534	91,280,559	98.7%
20	64,720,311	64,885,905	99.7%	28,538,145	25,659,702	111.2%	93,258,456	90,545,607	103.0%
21	57,975,427	56,657,193	102.3%	21,706,772	22,465,995	96.6%	79,682,198	79,123,188	100.7%
22	41,283,479	37,337,214	110.6%	17,323,815	14,760,724	117.4%	58,607,294	52,097,938	112.5%
23	19,329,799	21,984,606	87.9%	6,481,565	8,047,796	80.5%	25,811,364	30,032,402	85.9%
24	8,767,758	8,676,242	101.1%	3,337,184	2,999,562	111.3%	12,104,941	11,675,803	103.7%
25	0	9,559	0.0%	0	0	0.0%	0	9,559	0.0%
Total	**742,120,876**	**742,406,646**	**100.0%**	**339,072,747**	**338,926,441**	**100.0%**	**1,081,193,623**	**1,081,333,087**	**100.0%**

SPLIT BY ISSUE AGE				
Issue Age	Actual	Expected	A/E	Claim Count
<43	1,031,544	476,886	216.3%	3
43-47	3,080,900	2,697,943	114.2%	18
48-52	25,744,547	25,413,657	101.3%	209
53-57	115,282,266	104,372,310	110.5%	866
58-62	224,346,880	225,800,099	99.4%	2,149
63-67	283,992,899	279,053,178	101.8%	3,333
68-72	223,773,235	230,859,841	96.9%	3,219
73-77	143,225,976	149,240,265	96.0%	2,328
78-82	51,877,808	53,654,809	96.7%	1,021
83+	8,837,567	9,764,098	90.5%	221
Total	**1,081,193,623**	**1,081,333,087**	**100.0%**	**13,367**

Exhibit 3
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2017
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	**Actual Deaths**	**Expected Deaths**	**A/E**	**Difference**
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	799	101%	12
6	1,130	1,114	101%	16
7	1,473	1,433	103%	40
8	1,733	1,725	100%	8
9	2,155	2,173	99%	(18)
10	2,639	2,651	100%	(12)
11	3,204	3,181	101%	23
12	3,474	3,477	100%	(3)
13	3,658	3,656	100%	2
14	3,791	3,802	100%	(11)
15	3,893	3,972	98%	(79)
16	3,930	3,929	100%	1
17	3,810	3,840	99%	(30)
18	3,677	3,673	100%	4
19	3,271	3,286	100%	(15)
20	2,890	2,894	100%	(4)
21	2,670	2,660	100%	10
22	2,265	2,239	101%	26
23	1,757	1,731	101%	26
24	1,335	1,359	98%	(24)
25	1,008	1,037	97%	(29)
26	735	745	99%	(10)
27	435	415	105%	20
28	73	60	122%	13
Total	**57,082**	**57,112**	**100%**	**(30)**

SUMMARY BY ISSUE AGE				
Issue Age	**Actual Deaths**	**Expected Deaths**	**A/E**	**Difference**
<43	34	38	90%	(4)
43-47	209	228	92%	(19)
48-52	1,545	1,572	98%	(27)
53-57	4,768	4,661	102%	107
58-62	10,722	10,761	100%	(39)
63-67	15,081	15,065	100%	16
68-72	13,439	13,466	100%	(27)
73-77	8,027	8,015	100%	12
78-82	2,890	2,930	99%	(40)
83+	367	375	98%	(8)
Total	**57,082**	**57,112**	**100%**	**(30)**

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	**Expected Deaths**	**A/E**	**Difference**
57,082	**57,112**	**100%**	**(30)**

Exhibit 4
RiverSource Life Insurance Company
Long-Term Care Lapse Experience *(Excludes Policy Terminations due to Expiration of Benefits)*
For Policy Anniversaries in 2000 through Policy Anniversaries in 2017
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

LIFETIME BENEFIT PERIOD

	Issue Ages 35-62					Issue Ages 63-72					Issue Ages 73+					All Issue Ages				
Duration	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected
1	1,358	19,350	7.0%	7.0%	100%	263	3,720	7.1%	7.0%	101%	37	516	7.2%	7.2%	100%	1,658	23,585	7.0%	7.0%	100%
2	1,669	25,282	6.6%	6.6%	100%	265	5,631	4.7%	4.8%	99%	30	833	3.6%	3.6%	100%	1,964	31,746	6.2%	6.2%	100%
3	1,552	31,726	4.9%	4.9%	100%	287	7,814	3.7%	3.7%	100%	42	1,169	3.6%	3.6%	100%	1,881	40,709	4.6%	4.6%	100%
4	1,416	38,350	3.7%	3.7%	100%	265	9,674	2.7%	2.8%	100%	29	1,440	2.0%	1.9%	106%	1,710	49,464	3.5%	3.5%	100%
5	1,271	47,402	2.7%	2.7%	100%	254	12,697	2.0%	2.0%	100%	27	1,959	1.4%	1.4%	98%	1,552	62,058	2.5%	2.5%	100%
6	972	51,229	1.9%	1.9%	100%	254	14,944	1.7%	1.7%	100%	31	2,421	1.3%	1.4%	91%	1,257	68,594	1.8%	1.8%	100%
7	787	51,757	1.5%	1.5%	100%	197	16,094	1.2%	1.2%	106%	47	2,693	1.7%	1.4%	125%	1,031	70,544	1.5%	1.4%	102%
8	554	49,966	1.1%	1.1%	100%	196	16,780	1.2%	1.2%	101%	38	2,793	1.4%	1.3%	105%	788	69,539	1.1%	1.1%	100%
9	498	46,551	1.1%	1.1%	100%	187	16,901	1.1%	1.2%	95%	31	2,821	1.1%	1.1%	100%	716	66,273	1.1%	1.1%	99%
10	375	42,022	0.9%	0.9%	100%	211	17,120	1.2%	1.2%	106%	32	2,882	1.1%	1.1%	101%	618	62,025	1.0%	1.0%	102%
11	360	40,973	0.9%	0.9%	100%	200	18,840	1.1%	1.2%	92%	34	3,255	1.0%	1.1%	95%	594	63,067	0.9%	1.0%	97%
12	245	36,470	0.7%	0.7%	103%	155	17,794	0.9%	0.9%	100%	43	2,981	1.4%	1.4%	103%	443	57,245	0.8%	0.8%	102%
13	234	34,465	0.7%	0.7%	104%	144	16,287	0.9%	0.9%	102%	32	2,531	1.3%	1.4%	90%	410	53,283	0.8%	0.8%	102%
14	212	32,699	0.6%	0.7%	100%	119	14,128	0.8%	0.9%	97%	31	1,985	1.6%	1.5%	108%	362	48,812	0.7%	0.7%	99%
15	179	29,749	0.6%	0.7%	93%	116	11,688	1.0%	1.0%	101%	20	1,500	1.3%	1.5%	92%	315	42,937	0.7%	0.8%	96%
16	159	26,526	0.6%	0.6%	100%	96	9,859	1.0%	1.0%	99%	25	1,140	2.2%	1.8%	125%	280	37,524	0.7%	0.7%	102%
17	147	25,596	0.6%	0.6%	96%	91	9,424	1.0%	1.0%	99%	23	975	2.4%	1.8%	135%	261	35,994	0.7%	0.7%	99%
18	134	22,805	0.6%	0.6%	105%	100	8,088	1.2%	1.2%	103%	19	708	2.7%	1.8%	149%	253	31,600	0.8%	0.8%	107%
19	95	19,446	0.5%	0.6%	87%	73	6,264	1.2%	1.2%	97%	6	469	1.3%	1.8%	71%	174	26,178	0.7%	0.7%	90%
20	91	15,558	0.6%	0.6%	104%	61	5,138	1.2%	1.2%	99%	5	327	1.5%	1.9%	80%	157	21,023	0.7%	0.7%	101%
21	79	13,278	0.6%	0.7%	92%	63	5,160	1.2%	1.2%	102%	9	292	3.1%	1.9%	162%	151	18,730	0.8%	0.8%	98%
22	75	9,334	0.8%	0.8%	107%	43	4,492	1.0%	1.2%	80%	9	263	3.4%	2.0%	171%	127	14,088	0.9%	0.9%	98%
23	40	6,007	0.7%	0.8%	83%	37	3,091	1.2%	1.2%	100%	5	145	3.5%	2.0%	173%	82	9,244	0.9%	1.0%	93%
24	38	3,777	1.0%	0.9%	118%	41	2,044	2.0%	1.3%	160%	3	75	4.0%	2.0%	200%	82	5,896	1.4%	1.0%	139%
25	25	2,334	1.1%	0.9%	119%	22	1,281	1.7%	1.3%	137%	2	39	5.1%	2.0%	257%	49	3,655	1.3%	1.0%	130%
26	10	1,767	0.6%	1.0%	60%	14	1,007	1.4%	1.3%	111%	0	30	0.0%	2.0%	0%	24	2,805	0.9%	1.1%	80%
27	10	593	1.7%	1.0%	169%	6	332	1.8%	1.3%	144%	0	7	0.0%	2.0%	0%	16	933	1.7%	1.1%	156%
28	0	99	0.0%	1.0%	0%	0	38	0.0%	1.3%	0%	0	1	0.0%	2.0%	0%	0	139	0.0%	1.1%	0%
All Durations	**12,585**	**725,111**	**1.7%**	**1.7%**	**100%**	**3,760**	**256,330**	**1.5%**	**1.5%**	**100%**	**610**	**36,249**	**1.7%**	**1.6%**	**105%**	**16,955**	**1,017,690**	**1.7%**	**1.7%**	**100%**
Durations 8 and later	**3,560**	**460,014**	**0.8%**	**0.8%**	**100%**	**1,975**	**185,757**	**1.1%**	**1.1%**	**100%**	**367**	**25,218**	**1.5%**	**1.4%**	**107%**	**5,902**	**670,989**	**0.9%**	**0.9%**	**100%**

NON-LIFETIME BENEFIT PERIODS

	Issue Ages 35-62					Issue Ages 63-72					Issue Ages 73+					All Issue Ages				
Duration	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected
1	1,941	28,299	6.9%	6.9%	100%	683	9,710	7.0%	7.0%	100%	116	2,176	5.3%	5.3%	101%	2,740	40,185	6.8%	6.8%	100%
2	2,079	35,117	5.9%	5.9%	100%	644	13,479	4.8%	4.8%	100%	151	3,289	4.6%	4.6%	100%	2,874	51,884	5.5%	5.5%	100%
3	1,599	38,925	4.1%	4.1%	100%	542	16,450	3.3%	3.3%	100%	128	4,198	3.0%	3.1%	100%	2,269	59,572	3.8%	3.8%	100%
4	1,227	40,039	3.1%	3.1%	100%	503	17,692	2.8%	2.8%	100%	133	4,623	2.9%	2.9%	100%	1,863	62,354	3.0%	3.0%	100%
5	977	42,609	2.3%	2.3%	100%	390	20,343	1.9%	1.9%	100%	122	5,582	2.2%	2.1%	104%	1,489	68,535	2.2%	2.2%	100%
6	719	42,322	1.7%	1.7%	100%	406	22,124	1.8%	1.8%	100%	117	6,415	1.8%	1.9%	96%	1,242	70,860	1.8%	1.8%	99%
7	585	39,534	1.5%	1.5%	100%	315	22,297	1.4%	1.4%	100%	113	6,670	1.7%	1.7%	100%	1,013	68,500	1.5%	1.5%	100%
8	437	37,990	1.2%	1.2%	100%	305	22,368	1.4%	1.4%	100%	116	6,590	1.8%	1.7%	104%	858	66,947	1.3%	1.3%	101%
9	384	36,945	1.0%	1.1%	99%	272	21,999	1.2%	1.2%	100%	103	6,301	1.6%	1.7%	96%	759	65,245	1.2%	1.2%	99%
10	275	31,771	0.9%	0.9%	96%	207	20,515	1.0%	1.2%	84%	117	5,862	2.0%	2.0%	101%	599	58,147	1.0%	1.1%	92%
11	264	28,952	0.9%	0.9%	101%	271	20,426	1.3%	1.2%	111%	113	5,733	2.0%	2.0%	100%	648	55,110	1.2%	1.1%	105%
12	255	27,535	0.9%	0.9%	103%	220	19,259	1.1%	1.2%	99%	111	5,039	2.2%	2.1%	105%	586	51,833	1.1%	1.1%	102%
13	213	28,680	0.7%	0.7%	100%	217	18,422	1.2%	1.2%	102%	85	4,364	1.9%	2.1%	93%	515	51,466	1.0%	1.0%	100%
14	205	27,025	0.8%	0.7%	103%	182	16,526	1.1%	1.2%	96%	87	3,502	2.5%	2.2%	113%	474	47,053	1.0%	1.0%	101%
15	166	24,458	0.7%	0.7%	93%	168	14,283	1.2%	1.2%	102%	56	2,641	2.1%	2.2%	96%	390	41,382	0.9%	1.0%	97%
16	143	20,482	0.7%	0.7%	96%	136	11,910	1.1%	1.2%	99%	49	2,040	2.4%	2.5%	96%	328	34,433	1.0%	1.0%	97%
17	122	16,771	0.7%	0.7%	100%	137	10,402	1.3%	1.3%	105%	34	1,641	2.1%	2.5%	83%	293	28,814	1.0%	1.0%	100%
18	120	12,852	0.9%	0.9%	107%	99	8,358	1.2%	1.3%	95%	37	1,175	3.1%	2.5%	126%	256	22,385	1.1%	1.1%	104%
19	77	9,375	0.8%	0.9%	94%	102	6,179	1.7%	1.7%	100%	25	756	3.3%	2.5%	132%	204	16,310	1.3%	1.2%	101%
20	54	7,093	0.8%	0.9%	88%	89	4,855	1.8%	1.9%	99%	13	525	2.5%	2.5%	99%	156	12,473	1.3%	1.3%	95%
21	63	5,952	1.1%	0.9%	118%	81	4,400	1.8%	1.8%	105%	11	402	2.7%	2.5%	109%	155	10,754	1.4%	1.3%	110%
22	40	4,204	1.0%	1.0%	100%	59	3,422	1.7%	1.9%	91%	8	281	2.9%	2.5%	114%	107	7,907	1.4%	1.4%	96%
23	26	2,774	0.9%	1.0%	94%	46	2,324	2.0%	1.9%	104%	6	140	4.3%	2.5%	172%	78	5,238	1.5%	1.4%	103%
24	18	1,818	1.0%	1.1%	90%	25	1,488	1.7%	1.9%	88%	5	67	7.5%	2.5%	299%	48	3,373	1.4%	1.5%	96%
25	18	1,035	1.7%	1.1%	158%	19	938	2.0%	1.9%	107%	0	38	0.0%	2.5%	0%	37	2,010	1.8%	1.5%	123%
26	8	709	1.1%	1.2%	94%	18	653	2.8%	1.9%	145%	2	20	10.1%	2.5%	405%	28	1,383	2.0%	1.5%	131%
27	3	225	1.3%	1.3%	103%	5	200	2.5%	1.9%	132%	0	4	0.0%	2.5%	0%	8	429	1.9%	1.6%	117%
28	3	50	6.0%	1.4%	428%	2	22	9.0%	1.9%	476%	0	0	0.0%	0.0%	0%	5	72	6.9%	1.6%	446%
All Durations	**12,021**	**593,541**	**2.0%**	**2.0%**	**100%**	**6,143**	**331,044**	**1.9%**	**1.9%**	**100%**	**1,858**	**80,071**	**2.3%**	**2.3%**	**101%**	**20,022**	**1,004,656**	**2.0%**	**2.0%**	**100%**
Durations 8 and later	**2,894**	**326,697**	**0.9%**	**0.9%**	**100%**	**2,660**	**208,948**	**1.3%**	**1.3%**	**100%**	**978**	**47,120**	**2.1%**	**2.0%**	**102%**	**6,532**	**582,765**	**1.1%**	**1.1%**	**100%**

Exhibit 5
RiverSource Life Insurance Company
Lapses and Benefit Reductions[1]
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Total Lapses in Year of Rate Increase															
Increase	Average	Year of Increase													Weighted
Percent	Increase	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Average
< 10%	6.9%			0.9%	1.5%	1.3%	0.7%	1.2%	0.9%	0.7%	1.0%	0.3%	1.4%	0.3%	1.1%
10% - 14.9%	10.8%	0.7%	0.0%	1.4%	1.6%	2.0%	1.3%	1.3%	1.1%	1.0%	0.7%	0.7%	0.5%	0.5%	1.2%
15% - 19.9%	15.4%	0.7%	2.5%	1.4%	1.7%	1.8%	1.4%	1.2%	1.2%	1.2%	1.1%	1.1%	1.0%	1.0%	1.4%
20% - 29.9%	22.3%	1.8%	1.6%	1.2%	1.6%	2.5%		4.4%	2.2%	1.6%	1.9%	0.5%	0.6%	0.9%	1.4%
30%+	28.9%	2.9%	2.6%	2.2%	2.9%	2.2%	1.4%	1.1%	0.8%	1.0%		1.4%	0.6%	0.3%	2.5%
Total	16.4%	2.6%	2.4%	1.2%	1.8%	1.9%	1.4%	1.2%	1.2%	1.1%	1.0%	1.0%	0.9%	0.9%	1.5%

Overall Reduction in Benefits in Relation to Rate Increase Percentage															
Increase	Average	Year of Increase													Weighted
Percent	Increase	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Average
< 10%	6.9%			0.3%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.0%	0.0%	0.3%
10% - 14.9%	10.8%	0.6%	1.2%	0.5%	0.4%	0.5%	0.5%	0.5%	0.5%	0.6%	0.4%	0.4%	0.2%	0.3%	0.5%
15% - 19.9%	15.4%	1.1%	0.8%	0.5%	0.7%	0.8%	0.7%	0.8%	0.8%	0.9%	0.8%	0.9%	0.8%	0.8%	0.8%
20% - 29.9%	22.3%	1.6%	1.7%	1.7%	1.3%	2.4%		1.7%	1.0%	1.0%	1.0%	1.3%	1.2%	1.2%	1.4%
30%+	28.9%	2.6%	2.3%	2.1%	2.1%	2.0%	1.5%	1.4%	1.2%	1.0%		1.9%	1.9%	2.1%	2.3%
Total	16.4%	1.4%	1.3%	0.8%	0.7%	0.8%	0.7%	0.8%	0.8%	0.9%	0.7%	0.9%	0.8%	0.8%	0.9%

[1] The total percent reduction in benefit is typically no more than the percentage increase in premium.

Exhibit 6
RiverSource Life Insurance Company
Prior 2004 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factor. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending September 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band					
Duration	<58	58–62	63–67	68–72	73–77	78+
1	0.70	1.00	1.00	1.60	2.00	2.50
2	0.70	1.00	1.00	1.60	2.00	2.50
3	0.70	1.00	1.00	1.60	2.00	2.50
4	0.70	1.00	1.10	1.60	2.00	2.50
5	0.70	1.00	1.10	1.60	2.00	2.25
6	0.70	1.00	1.10	1.60	1.90	2.00
7	0.80	1.00	1.10	1.65	1.90	1.85
8	0.80	1.00	1.10	1.65	1.80	1.85
9	0.80	1.10	1.20	1.65	1.80	1.85
10	0.90	1.10	1.20	1.65	1.80	1.85
11	0.90	1.10	1.30	1.65	1.80	1.85
12	0.90	1.20	1.30	1.65	1.80	1.85
13	1.00	1.20	1.30	1.65	1.80	1.85
14	1.00	1.20	1.30	1.65	1.80	1.85
15	1.00	1.25	1.40	1.65	1.80	1.85
16	1.00	1.25	1.40	1.65	1.80	1.85
17	1.10	1.30	1.40	1.65	1.80	1.85
18	1.10	1.30	1.40	1.65	1.80	1.85
19	1.10	1.35	1.40	1.65	1.80	1.85
20	1.15	1.35	1.40	1.65	1.80	1.85
21	1.15	1.35	1.40	1.65	1.80	1.85
22	1.15	1.35	1.40	1.65	1.80	1.85
23	1.20	1.35	1.40	1.65	1.80	1.85
24	1.20	1.35	1.40	1.65	1.80	1.85
25+	1.20	1.35	1.40	1.65	1.80	1.85

Exhibit 6
RiverSource Life Insurance Company
Prior 2004 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<58	58–62	63–67	68–72	73–77	78-82	83+
1	0.50	0.50	0.70	0.80	1.60	1.80	1.85
2	0.50	0.60	0.70	0.80	1.60	1.80	1.85
3	0.50	0.70	0.70	0.80	1.60	1.80	1.85
4	0.60	0.70	0.70	0.90	1.50	1.80	1.90
5	0.60	0.70	0.70	0.90	1.50	1.70	1.90
6	0.60	0.70	0.70	0.90	1.50	1.70	1.90
7	0.70	0.70	0.70	1.00	1.40	1.65	1.95
8	0.70	0.70	0.80	1.00	1.40	1.65	1.95
9	0.70	0.70	0.80	1.00	1.40	1.65	1.95
10	0.70	0.80	0.80	1.10	1.40	1.65	1.95
11	0.70	0.80	0.80	1.10	1.40	1.65	1.95
12	0.80	0.80	0.80	1.10	1.40	1.65	1.95
13	0.80	0.80	0.80	1.10	1.45	1.65	1.95
14	0.80	0.80	0.90	1.20	1.45	1.65	1.95
15	0.80	0.80	0.90	1.20	1.45	1.65	1.95
16	0.80	0.80	0.90	1.20	1.45	1.65	1.95
17	0.80	0.90	1.00	1.30	1.45	1.65	1.95
18	0.80	0.90	1.00	1.30	1.45	1.65	1.95
19	0.80	0.90	1.00	1.30	1.45	1.65	1.95
20	0.80	0.90	1.10	1.30	1.45	1.65	1.95
21	0.80	0.90	1.10	1.30	1.45	1.65	1.95
22	0.90	0.90	1.10	1.30	1.45	1.65	1.95
23	0.90	1.00	1.10	1.30	1.45	1.65	1.95
24	0.90	1.00	1.10	1.30	1.45	1.65	1.95
25	0.90	1.00	1.10	1.30	1.45	1.65	1.95
26	0.90	1.00	1.10	1.30	1.45	1.65	1.95
27+	1.00	1.00	1.10	1.30	1.45	1.65	1.95

An adverse selection assumption of 5% in the year of the rate increase notification to policyholders grading down to 0% in the 6th year after rate increase notification was also assumed.

Exhibit 6
RiverSource Life Insurance Company
Prior 2004 Rate Increase Assumptions
Policy Form 30225

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience

Mortality Actual-to-Expected Adjustment Factors

	Issue Age Band		
Duration	<66	63-72	73+
1	20%	20%	20%
2	25%	30%	25%
3	35%	50%	35%
4	55%	50%	40%
5	60%	50%	45%
6	60%	65%	75%
7	60%	65%	75%
8	75%	80%	80%
9	75%	80%	95%
10	75%	85%	95%
11	80%	85%	95%
12	80%	85%	95%
13	85%	90%	100%
14	85%	90%	100%
15	90%	95%	100%
16	90%	95%	100%
17	95%	100%	100%
18	95%	100%	100%
19	95%	100%	100%
20+	100%	100%	100%

Exhibit 6
RiverSource Life Insurance Company
Prior 2004 Rate Increase Assumptions
Policy Form 30225

Lapse Assumptions

Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	7.0%	5.5%	3.5%
2	7.0%	5.5%	3.5%
3	5.5%	4.5%	3.5%
4	4.5%	3.0%	2.5%
5	3.0%	2.3%	2.0%
6	2.0%	1.8%	1.8%
7	1.5%	1.3%	1.5%
8	1.2%	1.2%	1.3%
9	1.0%	1.1%	1.3%
10	0.9%	1.0%	1.3%
11	0.9%	0.9%	1.3%
12	0.9%	0.9%	1.3%
13	0.9%	0.9%	1.3%
14	0.9%	0.9%	1.3%
15	0.9%	0.9%	1.3%
16	0.9%	0.9%	1.3%
17	0.9%	1.0%	1.3%
18	0.9%	1.1%	1.3%
19	0.9%	1.1%	1.3%
20	0.9%	1.1%	1.3%
21	0.9%	1.1%	1.3%
22	0.9%	1.1%	1.3%
23	0.9%	1.1%	1.3%
24	0.9%	1.1%	1.3%
25	0.9%	1.1%	1.3%
26	0.9%	1.1%	1.3%
27	1.0%	1.1%	1.3%
28	1.0%	1.1%	1.3%
29	1.0%	1.1%	1.3%
30	1.0%	1.1%	1.3%
31	1.0%	1.1%	1.3%
32	1.0%	1.1%	1.3%
33+	1.0%	1.1%	1.3%

Non-Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	6.0%	5.5%	4.0%
2	6.0%	4.5%	4.0%
3	5.0%	3.5%	3.7%
4	3.8%	3.0%	3.3%
5	2.8%	2.5%	2.6%
6	2.2%	2.2%	2.6%
7	1.6%	1.9%	2.6%
8	1.3%	1.5%	2.8%
9	1.2%	1.3%	3.0%
10	1.2%	1.3%	3.5%
11	1.2%	1.3%	4.0%
12	1.2%	1.3%	4.0%
13	1.2%	1.3%	4.0%
14	1.2%	1.3%	4.0%
15	1.2%	1.4%	4.0%
16	1.2%	1.6%	4.0%
17	1.2%	1.8%	4.0%
18	1.2%	2.1%	4.0%
19	1.2%	2.4%	4.0%
20	1.2%	2.7%	4.0%
21	1.2%	3.5%	4.0%
22	1.2%	3.7%	4.0%
23	1.2%	3.8%	4.0%
24	1.2%	3.9%	4.0%
25	1.4%	4.0%	4.0%
26	1.5%	4.0%	4.0%
27	1.6%	4.0%	4.0%
28	1.3%	4.0%	4.0%
29	1.5%	4.0%	4.0%
30	1.8%	4.0%	4.0%
31	2.0%	4.0%	4.0%
32	2.0%	4.0%	4.0%
33+	2.0%	4.0%	4.0%

In the year of rate increase notification to policyholders, an additional 5.0% of inforce policyholders is assumed to lapse.

Interest Rate Assumptions

Current Assumption:	5.00%

Exhibit 7
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factor. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2006.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53-57	58-62	63-67	68-72	73-77	78+
1	0.70	0.70	0.90	1.00	1.50	2.00	2.50
2	0.70	0.70	0.90	1.00	1.50	2.00	2.50
3	0.70	0.70	0.90	1.00	1.50	2.00	2.50
4	0.70	0.70	0.90	1.10	1.50	2.00	2.50
5	0.70	0.70	0.90	1.10	1.60	2.00	2.25
6	0.70	0.70	0.90	1.10	1.60	1.90	2.00
7	0.80	0.80	0.90	1.10	1.60	1.90	1.80
8	0.80	0.80	0.90	1.10	1.60	1.80	1.80
9	0.80	0.80	1.00	1.20	1.60	1.80	1.80
10	0.80	0.80	1.00	1.30	1.60	1.80	1.80
11	0.80	0.80	1.00	1.45	1.60	1.80	1.80
12	0.80	0.80	1.10	1.45	1.60	1.80	1.80
13	0.80	0.90	1.20	1.45	1.60	1.80	1.80
14	0.80	1.00	1.20	1.45	1.60	1.80	1.80
15	0.80	1.00	1.25	1.45	1.60	1.80	1.80
16	0.80	1.00	1.25	1.45	1.60	1.80	1.80
17	0.80	1.10	1.30	1.45	1.60	1.80	1.80
18	0.90	1.10	1.30	1.45	1.60	1.80	1.80
19	1.00	1.10	1.35	1.45	1.60	1.80	1.80
20	1.00	1.15	1.35	1.45	1.60	1.80	1.80
21	1.00	1.15	1.35	1.45	1.60	1.80	1.80
22	1.10	1.15	1.35	1.45	1.60	1.80	1.80
23	1.10	1.20	1.35	1.45	1.60	1.80	1.80
24	1.10	1.20	1.35	1.45	1.60	1.80	1.80
25	1.15	1.20	1.35	1.45	1.60	1.80	1.80
26	1.15	1.20	1.35	1.45	1.60	1.80	1.80
27	1.15	1.20	1.35	1.45	1.60	1.80	1.80
28+	1.20	1.20	1.35	1.45	1.60	1.80	1.80

Exhibit 7
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<53	53-57	58-62	63-67	68-72	73-77	78-82	83+
1	0.50	0.50	0.50	0.70	0.75	1.60	1.80	1.85
2	0.50	0.50	0.60	0.70	0.75	1.60	1.80	1.85
3	0.50	0.50	0.70	0.70	0.75	1.60	1.80	1.85
4	0.50	0.50	0.70	0.70	0.90	1.50	1.80	1.90
5	0.60	0.60	0.70	0.70	0.90	1.50	1.70	1.90
6	0.60	0.60	0.70	0.70	0.90	1.50	1.70	1.90
7	0.60	0.60	0.70	0.70	1.10	1.35	1.50	1.95
8	0.70	0.70	0.70	0.75	1.10	1.35	1.50	1.95
9	0.70	0.70	0.70	0.80	1.10	1.35	1.50	1.95
10	0.70	0.70	0.80	0.90	1.20	1.35	1.50	1.95
11	0.70	0.70	0.80	0.90	1.20	1.35	1.50	1.95
12	0.70	0.70	0.80	0.90	1.20	1.35	1.50	1.95
13	0.70	0.70	0.80	0.90	1.20	1.35	1.50	1.95
14	0.70	0.70	0.80	0.90	1.20	1.35	1.50	1.95
15	0.70	0.80	0.80	0.90	1.20	1.35	1.50	1.95
16	0.70	0.80	0.80	0.90	1.20	1.35	1.50	1.95
17	0.70	0.80	0.90	1.00	1.30	1.35	1.50	1.95
18	0.70	0.80	0.90	1.00	1.30	1.35	1.50	1.95
19	0.70	0.80	0.90	1.00	1.30	1.35	1.50	1.95
20	0.80	0.80	0.90	1.10	1.30	1.35	1.50	1.95
21	0.80	0.80	0.90	1.10	1.30	1.35	1.50	1.95
22	0.80	0.90	1.00	1.10	1.30	1.35	1.50	1.95
23	0.80	0.90	1.00	1.10	1.30	1.35	1.50	1.95
24	0.80	0.90	1.00	1.10	1.30	1.35	1.50	1.95
25	0.80	0.90	1.00	1.10	1.30	1.35	1.50	1.95
26	0.80	0.90	1.00	1.10	1.30	1.35	1.50	1.95
27	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.95
28	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.95
29	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.95
30	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.95
31+	1.00	1.00	1.00	1.10	1.30	1.35	1.50	1.95

An additional 2.5% of inforce policyholders is assumed to lapse plus a 2.5% reduction in benefits due to election of reduced benefit options in the year of rate increase notification to policyholders is also assumed.

Exhibit 7
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form 30225

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience

Mortality Actual-to-Expected Adjustment Factors

	Issue Age Band				
Duration	<60	60-64	65-69	70-74	75+
1	15%	20%	20%	30%	20%
2	30%	25%	20%	35%	20%
3	40%	45%	45%	40%	35%
4	40%	45%	50%	40%	40%
5	40%	45%	50%	40%	40%
6	50%	55%	60%	70%	75%
7	50%	55%	60%	70%	75%
8	50%	60%	65%	70%	75%
9	75%	75%	80%	85%	80%
10	75%	75%	80%	85%	80%
11	90%	75%	80%	85%	95%
12	90%	85%	90%	90%	100%
13	90%	85%	90%	90%	100%
14	95%	85%	90%	90%	100%
15	100%	85%	90%	100%	100%
16	100%	85%	90%	100%	100%
17	100%	100%	100%	100%	100%
18+	100%	100%	100%	100%	100%

Exhibit 7
RiverSource Life Insurance Company
Prior 2007 Rate Increase Assumptions
Policy Form 30225

Lapse Assumptions

Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	7.0%	5.5%	3.5%
2	7.0%	5.5%	3.5%
3	5.5%	4.5%	3.5%
4	4.5%	3.0%	2.5%
5	2.6%	2.1%	2.0%
6	1.5%	1.7%	1.7%
7	1.3%	1.1%	1.3%
8	0.9%	1.1%	1.3%
9	0.9%	1.1%	1.3%
10	0.9%	1.0%	1.3%
11	0.9%	0.9%	1.3%
12	0.9%	0.9%	1.3%
13	0.9%	0.9%	1.3%
14	0.9%	0.9%	1.3%
15	0.9%	0.9%	1.3%
16	0.9%	0.9%	1.3%
17	0.9%	1.0%	1.3%
18	0.9%	1.1%	1.3%
19	0.9%	1.1%	1.3%
20	0.9%	1.1%	1.3%
21	0.9%	1.1%	1.3%
22	0.9%	1.1%	1.3%
23	0.9%	1.1%	1.3%
24	0.9%	1.1%	1.3%
25	0.9%	1.1%	1.3%
26	0.9%	1.1%	1.3%
27	1.0%	1.1%	1.3%
28	1.0%	1.1%	1.3%
29	1.0%	1.1%	1.3%
30	1.0%	1.1%	1.3%
31	1.0%	1.1%	1.3%
32	1.0%	1.1%	1.3%
33	1.0%	1.1%	1.3%
34	1.0%	1.1%	1.3%
35	1.0%	1.1%	1.3%
36+	1.0%	1.1%	1.3%

Non-Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	6.0%	5.5%	4.0%
2	6.0%	4.5%	4.0%
3	5.0%	3.5%	3.7%
4	3.8%	3.0%	3.3%
5	2.4%	2.0%	2.0%
6	1.8%	1.8%	2.0%
7	1.4%	1.6%	2.6%
8	1.2%	1.3%	2.8%
9	1.2%	1.3%	3.0%
10	1.2%	1.3%	3.5%
11	1.2%	1.3%	4.0%
12	1.2%	1.3%	4.2%
13	1.2%	1.3%	4.3%
14	1.2%	1.3%	4.4%
15	1.2%	1.6%	4.5%
16	1.2%	1.8%	4.5%
17	1.2%	2.0%	4.5%
18	1.2%	2.6%	4.5%
19	1.2%	2.8%	4.5%
20	1.2%	3.0%	4.5%
21	1.2%	3.5%	4.5%
22	1.2%	3.7%	4.5%
23	1.2%	3.8%	4.5%
24	1.2%	3.9%	4.5%
25	1.4%	4.0%	4.5%
26	1.5%	4.0%	4.5%
27	1.6%	4.0%	4.5%
28	2.1%	4.0%	4.5%
29	2.4%	4.0%	4.5%
30	2.6%	4.0%	4.5%
31	2.9%	4.0%	4.5%
32	3.1%	4.0%	4.5%
33	3.2%	4.0%	4.5%
34	3.3%	4.0%	4.5%
35	3.4%	4.0%	4.5%
36+	3.5%	4.0%	4.5%

An additional 2.5% of inforce policyholders was assumed to lapse plus a 2.5% reduction in benefits due to election of reduced benefit options in the year of rate increase notification to policyholders was also assumed.

Interest Rate Assumptions

Current Assumption:	5.00%

Exhibit 8
RiverSource Life Insurance Company
Prior 2009 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factor. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2007.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53-57	58-62	63-67	68-72	73-77	78+
1	0.40	0.40	1.00	1.00	1.50	2.00	2.50
2	0.40	0.40	1.00	1.00	1.50	2.10	2.50
3	0.40	0.40	1.00	1.00	1.50	2.10	2.50
4	0.40	0.40	1.00	1.25	1.70	2.10	2.50
5	0.40	0.40	1.00	1.25	1.70	2.10	2.25
6	0.40	0.40	0.90	1.25	1.70	1.90	2.25
7	0.40	0.50	0.90	1.25	1.70	1.90	1.80
8	0.40	0.50	0.90	1.25	1.70	1.80	1.80
9	0.40	0.50	0.90	1.25	1.55	1.80	1.80
10	0.40	0.60	0.90	1.35	1.55	1.80	1.80
11	0.40	0.60	0.90	1.45	1.55	1.80	1.80
12	0.50	0.60	1.00	1.45	1.55	1.75	1.80
13	0.50	0.70	1.10	1.45	1.55	1.75	1.80
14	0.50	0.80	1.10	1.45	1.55	1.75	1.80
15	0.60	0.90	1.25	1.45	1.55	1.75	1.80
16	0.60	0.90	1.25	1.45	1.55	1.75	1.80
17	0.60	1.00	1.30	1.45	1.55	1.75	1.80
18	0.60	1.10	1.30	1.45	1.55	1.75	1.80
19	0.70	1.10	1.35	1.45	1.55	1.75	1.80
20	0.80	1.15	1.35	1.45	1.55	1.75	1.80
21	0.80	1.15	1.35	1.45	1.55	1.75	1.80
22	0.80	1.15	1.35	1.45	1.55	1.75	1.80
23	1.00	1.20	1.35	1.45	1.55	1.75	1.80
24	1.10	1.20	1.35	1.45	1.55	1.75	1.80
25	1.10	1.20	1.35	1.45	1.55	1.75	1.80
26	1.15	1.20	1.35	1.45	1.55	1.75	1.80
27	1.15	1.20	1.35	1.45	1.55	1.75	1.80
28	1.15	1.20	1.35	1.45	1.55	1.75	1.80
29+	1.20	1.20	1.35	1.45	1.55	1.75	1.80

Exhibit 8
RiverSource Life Insurance Company
Prior 2009 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<53	53-57	58-62	63-67	68-72	73-77	78-82	83+
1	0.30	0.30	0.50	0.70	0.70	1.60	1.80	1.85
2	0.30	0.30	0.50	0.70	0.70	1.60	1.80	1.85
3	0.30	0.30	0.70	0.75	0.75	1.50	1.80	1.85
4	0.30	0.30	0.70	0.75	0.75	1.50	1.80	1.90
5	0.40	0.40	0.70	0.75	0.75	1.50	1.80	1.90
6	0.40	0.40	0.70	0.75	0.75	1.50	1.80	1.90
7	0.40	0.40	0.70	0.75	1.10	1.35	1.50	1.95
8	0.40	0.40	0.70	0.75	1.10	1.35	1.50	1.95
9	0.40	0.40	0.70	0.80	1.10	1.35	1.50	1.95
10	0.40	0.40	0.70	1.00	1.20	1.35	1.50	1.95
11	0.40	0.40	0.70	1.00	1.20	1.35	1.50	1.95
12	0.40	0.40	0.70	1.10	1.20	1.35	1.50	1.95
13	0.40	0.50	0.70	1.10	1.20	1.35	1.50	1.95
14	0.40	0.50	0.80	1.10	1.20	1.35	1.50	1.95
15	0.40	0.55	0.80	1.10	1.20	1.35	1.50	1.95
16	0.40	0.60	0.80	1.10	1.20	1.35	1.50	1.95
17	0.40	0.65	0.90	1.10	1.30	1.35	1.50	1.95
18	0.50	0.70	0.90	1.10	1.30	1.35	1.50	1.95
19	0.50	0.80	0.90	1.10	1.30	1.35	1.50	1.95
20	0.55	0.80	0.90	1.10	1.30	1.35	1.50	1.95
21	0.60	0.80	1.00	1.10	1.30	1.35	1.50	1.95
22	0.65	0.90	1.00	1.10	1.30	1.35	1.50	1.95
23	0.70	0.90	1.00	1.10	1.30	1.35	1.50	1.95
24	0.80	0.90	1.00	1.10	1.30	1.35	1.50	1.95
25	0.80	0.90	1.00	1.10	1.30	1.35	1.50	1.95
26	0.80	1.00	1.00	1.10	1.30	1.35	1.50	1.95
27	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.95
28	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.95
29	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.95
30	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.95
31+	1.00	1.00	1.00	1.10	1.30	1.35	1.50	1.95

The following adverse selection factors are used, which includes some anti-selection from prior increases:

Calendar Year	Without Current Requested Increase	With Current Requested Increase
2008	4.0%	4.0%
2009	3.0%	4.0%
2010	2.0%	4.0%
2011	1.5%	3.0%
2012	1.0%	2.0%
2013	1.0%	1.0%
2014+	0.0%	0.0%

Exhibit 8
RiverSource Life Insurance Company
Prior 2009 Rate Increase Assumptions
Policy Form 30225

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience

Mortality Actual-to-Expected Adjustment Factors

	Issue Age Band				
Duration	<63	63-67	68-72	73-77	78+
1	20%	25%	20%	20%	25%
2	30%	40%	30%	25%	25%
3	40%	45%	45%	40%	35%
4	45%	45%	45%	45%	35%
5	50%	45%	55%	50%	55%
6	55%	55%	60%	60%	65%
7	60%	60%	60%	65%	65%
8	60%	65%	65%	75%	80%
9	60%	70%	75%	80%	90%
10	70%	75%	80%	80%	90%
11	75%	75%	85%	80%	90%
12	75%	75%	85%	90%	95%
13	75%	80%	90%	95%	100%
14	75%	80%	95%	95%	100%
15	75%	80%	95%	95%	100%
16	90%	90%	95%	100%	100%
17	90%	90%	100%	100%	100%
18	90%	90%	100%	100%	100%
19	90%	95%	100%	100%	100%
20	90%	95%	100%	100%	100%
21	95%	100%	100%	100%	100%
22	95%	100%	100%	100%	100%
23	95%	100%	100%	100%	100%
24	95%	100%	100%	100%	100%
25+	100%	100%	100%	100%	100%

Exhibit 8
RiverSource Life Insurance Company
Prior 2009 Rate Increase Assumptions
Policy Form 30225

Lapse Assumptions

Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	6.8%	6.7%	6.8%
2	6.4%	4.4%	3.4%
3	4.7%	3.5%	3.4%
4	3.6%	2.6%	1.9%
5	2.6%	1.9%	1.3%
6	1.5%	1.7%	1.3%
7	1.3%	1.1%	1.3%
8	0.9%	1.1%	1.3%
9	0.9%	1.1%	1.3%
10	0.8%	1.0%	1.3%
11	0.7%	0.9%	1.4%
12	0.7%	0.9%	1.4%
13	0.7%	0.9%	1.5%
14	0.7%	0.9%	1.5%
15	0.7%	0.9%	1.5%
16	0.8%	0.9%	1.5%
17	0.8%	1.0%	1.5%
18	0.8%	1.1%	1.5%
19	0.8%	1.1%	1.5%
20	0.8%	1.1%	1.5%
21	0.9%	1.3%	1.5%
22	0.9%	1.3%	1.5%
23	0.9%	1.3%	1.5%
24	0.9%	1.3%	1.5%
25	0.9%	1.3%	1.5%
26	0.9%	1.3%	1.5%
27	1.0%	1.3%	1.5%
28	1.0%	1.3%	1.5%
29	1.0%	1.3%	1.5%
30	1.0%	1.3%	1.5%
31	1.1%	1.3%	1.5%
32	1.1%	1.3%	1.5%
33	1.1%	1.3%	1.5%
34	1.1%	1.3%	1.5%
35	1.1%	1.3%	1.5%
36+	1.1%	1.3%	1.5%

Non-Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	6.9%	7.1%	5.4%
2	6.0%	4.9%	4.6%
3	4.2%	3.4%	3.1%
4	3.1%	2.9%	2.9%
5	2.4%	2.0%	2.3%
6	1.8%	1.8%	2.3%
7	1.4%	1.6%	2.6%
8	1.2%	1.3%	2.8%
9	1.2%	1.3%	3.0%
10	1.1%	1.3%	3.5%
11	1.0%	1.4%	4.0%
12	0.9%	1.4%	4.2%
13	0.8%	1.4%	4.3%
14	0.8%	1.5%	4.4%
15	0.8%	1.6%	4.6%
16	0.8%	1.8%	4.8%
17	0.8%	2.0%	5.0%
18	0.8%	2.6%	5.0%
19	0.9%	2.8%	5.0%
20	0.9%	3.0%	5.0%
21	0.9%	3.5%	5.0%
22	0.9%	3.7%	5.0%
23	1.0%	3.8%	5.0%
24	1.2%	3.9%	5.0%
25	1.4%	4.0%	5.0%
26	1.5%	4.0%	5.0%
27	1.6%	4.0%	5.0%
28	2.1%	4.0%	5.0%
29	2.4%	4.0%	5.0%
30	2.6%	4.0%	5.0%
31	2.9%	4.0%	5.0%
32	3.1%	4.0%	5.0%
33	3.2%	4.0%	5.0%
34	3.3%	4.0%	5.0%
35	3.4%	4.0%	5.0%
36+	3.5%	4.0%	5.0%

An additional 2.0% of inforce policyholders is assumed to lapse plus a 0.8% reduction in benefits due to election of reduced benefit options in the year of rate increase notification to policyholders is also assumed.

Interest Rate Assumptions	
Current Assumption:	5.00%

Exhibit 9
RiverSource Life Insurance Company
Prior 2011 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factor. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2009.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<48	48-52	53–57	58–62	63–67	68–72	73–77	78+
1	0.40	0.40	0.40	1.00	1.00	1.00	1.00	2.50
2	0.32	0.40	0.40	1.00	1.00	1.00	2.40	2.50
3	0.27	0.40	0.40	1.60	1.60	1.50	2.40	2.40
4	0.23	0.40	0.40	1.60	1.60	2.00	2.15	2.40
5	0.20	0.40	0.50	1.60	1.10	2.00	2.15	2.40
6	0.18	0.40	0.50	1.00	1.10	2.00	2.00	2.40
7	0.20	0.40	0.50	1.00	1.10	2.00	2.00	1.90
8	0.24	0.40	0.50	1.00	1.40	2.00	1.70	1.90
9	0.28	0.40	0.50	1.00	1.40	1.75	1.70	1.90
10	0.32	0.40	0.60	0.85	1.40	1.60	1.70	1.90
11	0.36	0.40	0.60	0.75	1.45	1.60	1.80	1.90
12	0.40	0.50	0.60	0.80	1.50	1.60	1.65	1.90
13	0.40	0.50	0.60	0.95	1.50	1.60	1.65	1.90
14	0.40	0.50	0.65	0.95	1.50	1.60	1.65	1.90
15	0.40	0.60	0.70	1.05	1.50	1.60	1.65	1.90
16	0.40	0.60	0.80	1.10	1.50	1.60	1.65	1.90
17	0.50	0.60	0.80	1.15	1.50	1.60	1.65	1.90
18	0.50	0.60	0.90	1.15	1.50	1.60	1.65	1.90
19	0.50	0.65	0.95	1.20	1.50	1.60	1.65	1.90
20	0.60	0.70	0.95	1.25	1.50	1.60	1.65	1.90
21	0.60	0.80	1.00	1.25	1.50	1.60	1.65	1.90
22	0.60	0.80	1.00	1.30	1.50	1.60	1.65	1.90
23	0.60	0.90	1.05	1.30	1.50	1.60	1.65	1.90
24	0.65	0.95	1.05	1.30	1.50	1.60	1.65	1.90
25	0.70	0.95	1.10	1.30	1.50	1.60	1.65	1.90
26	0.80	1.00	1.10	1.30	1.50	1.60	1.65	1.90
27	0.80	1.00	1.15	1.30	1.50	1.60	1.65	1.90
28	0.90	1.05	1.15	1.30	1.50	1.60	1.65	1.90
29	0.95	1.05	1.15	1.30	1.50	1.60	1.65	1.90
30	0.95	1.10	1.15	1.30	1.50	1.60	1.65	1.90
31	1.00	1.10	1.15	1.30	1.50	1.60	1.65	1.90
32	1.00	1.10	1.15	1.30	1.50	1.60	1.65	1.90
33	1.05	1.10	1.15	1.30	1.50	1.60	1.65	1.90
34	1.05	1.10	1.15	1.30	1.50	1.60	1.65	1.90
35+	1.10	1.10	1.15	1.30	1.50	1.60	1.65	1.90

Exhibit 9
RiverSource Life Insurance Company
Prior 2011 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band								
Duration	<48	48-52	53–57	58–62	63–67	68–72	73–77	78-82	83+
1	0.30	0.30	0.30	0.40	0.50	0.50	1.60	1.00	2.00
2	0.24	0.30	0.30	0.40	0.50	0.50	1.60	1.00	2.00
3	0.20	0.30	0.30	0.55	0.75	0.80	1.50	1.90	2.00
4	0.17	0.30	0.30	0.55	0.75	0.80	1.50	1.90	2.00
5	0.15	0.35	0.35	0.55	0.75	0.80	1.50	1.90	2.00
6	0.13	0.35	0.35	0.55	0.75	0.80	1.50	1.90	2.00
7	0.15	0.35	0.35	0.55	0.75	1.05	1.35	1.50	2.00
8	0.18	0.35	0.35	0.55	0.75	1.05	1.35	1.50	1.50
9	0.21	0.35	0.35	0.55	0.75	1.05	1.35	1.50	1.50
10	0.28	0.35	0.35	0.70	1.00	1.05	1.35	1.50	1.50
11	0.32	0.40	0.40	0.70	1.00	1.15	1.35	1.50	1.75
12	0.35	0.40	0.40	0.70	1.05	1.20	1.35	1.50	1.75
13	0.35	0.40	0.50	0.70	1.05	1.20	1.35	1.50	1.75
14	0.35	0.40	0.50	0.90	1.05	1.20	1.35	1.50	1.75
15	0.35	0.40	0.55	0.90	1.05	1.30	1.35	1.50	1.75
16	0.40	0.40	0.60	0.90	1.05	1.30	1.35	1.50	1.75
17	0.40	0.40	0.65	0.90	1.05	1.30	1.35	1.50	1.75
18	0.40	0.50	0.70	0.90	1.05	1.30	1.35	1.50	1.75
19	0.40	0.50	0.75	0.90	1.10	1.30	1.35	1.50	1.75
20	0.40	0.55	0.75	0.90	1.10	1.30	1.35	1.50	1.75
21	0.40	0.60	0.75	1.00	1.10	1.30	1.35	1.50	1.75
22	0.40	0.65	0.85	1.00	1.10	1.30	1.35	1.50	1.75
23	0.50	0.70	0.85	1.00	1.10	1.30	1.35	1.50	1.75
24	0.50	0.75	0.85	1.00	1.10	1.30	1.35	1.50	1.75
25	0.55	0.75	0.90	1.00	1.10	1.30	1.35	1.50	1.75
26	0.60	0.80	0.95	1.00	1.10	1.30	1.35	1.50	1.75
27	0.65	0.85	0.95	1.00	1.10	1.30	1.35	1.50	1.75
28	0.70	0.85	1.00	1.00	1.10	1.30	1.35	1.50	1.75
29	0.75	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.75
30	0.75	0.90	1.00	1.00	1.10	1.30	1.35	1.50	1.75
31	0.80	0.95	1.00	1.00	1.10	1.30	1.35	1.50	1.75
32	0.85	0.95	1.00	1.00	1.10	1.30	1.35	1.50	1.75
33	0.85	1.00	1.00	1.00	1.10	1.30	1.35	1.50	1.75
34	0.90	1.00	1.00	1.00	1.10	1.30	1.35	1.50	1.75
35	0.90	1.00	1.00	1.00	1.10	1.30	1.35	1.50	1.75
36	0.95	1.00	1.00	1.00	1.10	1.30	1.35	1.50	1.75
37	0.95	1.00	1.00	1.00	1.10	1.30	1.35	1.50	1.75
38+	1.00	1.00	1.00	1.00	1.10	1.30	1.35	1.50	1.75

The following adverse selection factors are used:

Year of Policyholder Notification *	Without Current Requested Increase	With Current Requested Increase
1	0.0%	2.8%
2	0.0%	1.8%
3	0.0%	0.8%
4	0.0%	0.0%

* For currently requested increase

Exhibit 9
RiverSource Life Insurance Company
Prior 2011 Rate Increase Assumptions
Policy Form 30225

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience

Mortality Actual-to-Expected Adjustment Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	45%	40%	35%
4	40%	50%	45%	45%	45%	35%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	55%	55%	60%	60%	65%	65%
8	55%	55%	60%	60%	70%	75%
9	55%	55%	70%	75%	75%	85%
10	55%	65%	70%	80%	75%	85%
11	65%	70%	70%	80%	75%	85%
12	65%	70%	70%	80%	85%	90%
13	65%	70%	75%	85%	95%	100%
14	65%	75%	75%	90%	95%	100%
15	70%	75%	75%	90%	95%	100%
16	70%	75%	85%	90%	95%	100%
17	70%	75%	85%	90%	100%	100%
18	75%	75%	85%	90%	100%	100%
19	85%	75%	85%	95%	100%	100%
20	85%	80%	90%	100%	100%	100%
21	85%	85%	90%	100%	100%	100%
22	85%	85%	90%	100%	100%	100%
23	85%	85%	95%	100%	100%	100%
24	85%	90%	95%	100%	100%	100%
25	90%	90%	100%	100%	100%	100%
26	90%	90%	100%	100%	100%	100%
27	90%	90%	100%	100%	100%	100%
28	90%	95%	100%	100%	100%	100%
29	90%	95%	100%	100%	100%	100%
30	90%	100%	100%	100%	100%	100%
31	90%	100%	100%	100%	100%	100%
32	95%	100%	100%	100%	100%	100%
33	95%	100%	100%	100%	100%	100%
34	95%	100%	100%	100%	100%	100%
35+	100%	100%	100%	100%	100%	100%

Exhibit 9
RiverSource Life Insurance Company
Prior 2011 Rate Increase Assumptions
Policy Form 30225

Lapse Assumptions

Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	6.8%	6.7%	6.8%
2	6.4%	4.4%	3.4%
3	4.7%	3.5%	3.4%
4	3.6%	2.6%	1.9%
5	2.6%	1.9%	1.3%
6	1.6%	1.7%	1.3%
7	1.4%	1.1%	1.3%
8	1.0%	1.1%	1.3%
9	1.0%	1.1%	1.3%
10	0.8%	1.0%	1.3%
11	0.7%	0.9%	1.4%
12	0.7%	0.9%	1.5%
13	0.7%	0.9%	1.5%
14	0.7%	0.9%	1.6%
15	0.7%	0.9%	1.6%
16	0.7%	1.0%	1.7%
17	0.7%	1.1%	1.8%
18	0.7%	1.2%	1.8%
19	0.7%	1.2%	1.8%
20	0.8%	1.2%	1.8%
21	0.8%	1.3%	1.8%
22	0.8%	1.3%	1.8%
23	0.8%	1.4%	1.8%
24	0.9%	1.4%	1.8%
25	0.9%	1.4%	1.8%
26	0.9%	1.4%	1.8%
27	1.0%	1.4%	1.8%
28	1.0%	1.4%	1.8%
29	1.0%	1.4%	1.8%
30	1.0%	1.4%	1.8%
31	1.1%	1.4%	1.8%
32	1.1%	1.4%	1.8%
33	1.1%	1.4%	1.8%
34	1.1%	1.4%	1.8%
35	1.1%	1.4%	1.8%
36+	1.1%	1.4%	1.8%

Non-Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	6.9%	7.1%	5.4%
2	6.0%	4.9%	4.6%
3	4.2%	3.4%	3.1%
4	3.1%	2.9%	2.9%
5	2.4%	2.0%	2.3%
6	1.8%	1.8%	2.3%
7	1.4%	1.6%	2.4%
8	1.2%	1.3%	2.6%
9	1.2%	1.3%	2.8%
10	1.1%	1.3%	3.5%
11	1.0%	1.4%	4.0%
12	0.9%	1.4%	4.2%
13	0.8%	1.4%	4.4%
14	0.8%	1.5%	4.7%
15	0.8%	1.6%	4.9%
16	0.8%	1.8%	5.1%
17	0.8%	2.0%	5.3%
18	0.8%	2.2%	5.4%
19	0.9%	2.4%	5.4%
20	0.9%	2.6%	5.4%
21	0.9%	2.8%	5.4%
22	0.9%	3.0%	5.4%
23	1.0%	3.2%	5.4%
24	1.2%	3.4%	5.4%
25	1.4%	3.6%	5.4%
26	1.5%	3.8%	5.4%
27	1.6%	4.0%	5.4%
28	2.1%	4.0%	5.4%
29	2.4%	4.0%	5.4%
30	2.6%	4.0%	5.4%
31	2.9%	4.0%	5.4%
32	3.1%	4.0%	5.4%
33	3.2%	4.0%	5.4%
34	3.3%	4.0%	5.4%
35	3.4%	4.0%	5.4%
36+	3.5%	4.0%	5.4%

An additional 2.0% of inforce policyholders is assumed to lapse plus a 0.8% reduction in benefits due to election of reduced benefit options in the year of rate increase notification to policyholders is also assumed.

Interest Rate Assumptions	
Current Assumption:	5.00%

Exhibit 10
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factor. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2012.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.05	0.40	1.00	0.90	1.00	1.00	1.85
2	0.10	0.45	1.00	0.95	1.00	2.40	1.85
3	0.15	0.45	1.00	1.40	1.50	2.40	1.85
4	0.20	0.45	1.00	1.40	2.00	2.15	1.85
5	0.25	0.55	1.00	1.40	2.00	2.15	1.85
6	0.30	0.55	1.00	1.40	2.00	2.00	1.85
7	0.35	0.55	1.00	1.40	2.00	2.00	1.85
8	0.40	0.55	1.00	1.40	2.00	1.70	1.85
9	0.45	0.60	1.00	1.40	1.75	1.75	1.85
10	0.45	0.65	1.00	1.40	1.60	1.75	1.85
11	0.45	0.65	1.00	1.40	1.60	1.85	1.85
12	0.55	0.65	1.00	1.40	1.60	1.70	1.85
13	0.55	0.65	1.00	1.40	1.60	1.70	1.85
14	0.55	0.65	1.00	1.40	1.60	1.70	1.85
15	0.65	0.70	1.10	1.40	1.60	1.70	1.85
16	0.65	0.70	1.15	1.40	1.60	1.70	1.85
17	0.65	0.70	1.15	1.40	1.60	1.70	1.85
18	0.70	0.70	1.15	1.40	1.60	1.70	1.85
19	0.70	0.70	1.15	1.40	1.60	1.70	1.85
20	0.75	0.75	1.15	1.40	1.60	1.70	1.85
21	0.75	0.75	1.20	1.40	1.60	1.70	1.85
22	0.75	0.75	1.20	1.40	1.60	1.70	1.85
23	0.75	0.80	1.20	1.40	1.60	1.70	1.85
24	0.80	0.80	1.25	1.40	1.60	1.70	1.85
25	0.80	0.85	1.25	1.40	1.60	1.70	1.85
26	0.85	0.85	1.25	1.40	1.60	1.70	1.85
27	0.85	0.90	1.25	1.40	1.60	1.70	1.85
28	0.85	0.90	1.25	1.40	1.60	1.70	1.85
29	0.90	0.95	1.25	1.40	1.60	1.70	1.85
30+	1.00	1.00	1.25	1.40	1.60	1.70	1.85

Exhibit 10
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form 30225

Morbidity Assumptions

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<53	53–57	58–62	63–67	68–72	73–77	78-82	83+
1	0.10	0.30	0.55	0.45	0.70	1.35	1.00	2.00
2	0.10	0.30	0.55	0.50	0.75	1.35	1.00	2.00
3	0.10	0.30	0.55	0.75	0.80	1.35	1.90	2.00
4	0.20	0.30	0.60	0.75	0.85	1.35	1.90	2.00
5	0.20	0.30	0.60	0.75	0.90	1.35	1.90	2.00
6	0.20	0.30	0.70	0.75	0.95	1.35	1.90	2.00
7	0.30	0.30	0.70	0.75	1.00	1.35	1.50	2.00
8	0.35	0.30	0.70	0.75	1.05	1.35	1.50	1.50
9	0.40	0.30	0.70	0.75	1.05	1.35	1.50	1.50
10	0.40	0.30	0.70	1.00	1.10	1.35	1.50	1.50
11	0.45	0.30	0.70	1.00	1.10	1.35	1.50	1.75
12	0.45	0.35	0.70	1.05	1.15	1.35	1.50	1.75
13	0.45	0.40	0.70	1.05	1.15	1.35	1.50	1.75
14	0.45	0.45	0.90	1.05	1.20	1.35	1.50	1.75
15	0.45	0.55	0.95	1.10	1.20	1.40	1.50	1.90
16	0.45	0.65	1.00	1.10	1.20	1.40	1.50	1.90
17	0.45	0.65	1.00	1.10	1.30	1.40	1.50	1.90
18	0.50	0.75	1.00	1.15	1.35	1.40	1.50	1.90
19	0.50	0.75	1.00	1.15	1.35	1.40	1.50	1.90
20	0.55	0.75	1.00	1.15	1.35	1.40	1.50	1.90
21	0.60	0.75	1.00	1.15	1.35	1.40	1.50	2.00
22	0.65	0.75	1.00	1.15	1.35	1.40	1.50	2.00
23	0.70	0.75	1.00	1.15	1.35	1.40	1.50	2.00
24	0.75	0.75	1.00	1.15	1.35	1.40	1.50	2.00
25	0.75	0.85	1.00	1.15	1.35	1.40	1.50	2.00
26	0.80	0.85	1.00	1.15	1.35	1.40	1.50	2.00
27	0.90	0.85	1.00	1.15	1.35	1.40	1.50	2.00
28	0.90	0.90	1.00	1.15	1.35	1.40	1.50	2.00
29	0.95	0.95	1.00	1.15	1.35	1.40	1.50	2.00
30	0.95	0.95	1.00	1.15	1.35	1.40	1.50	2.00
31	1.00	1.00	1.00	1.15	1.35	1.40	1.50	2.00
32	1.00	1.00	1.00	1.15	1.35	1.40	1.50	2.00
33	1.00	1.00	1.00	1.15	1.35	1.40	1.50	2.00
34	1.00	1.00	1.00	1.15	1.35	1.40	1.50	2.00
35+	1.00	1.00	1.00	1.15	1.35	1.40	1.50	2.00

The following adverse selection factors are used:

Year of Policyholder Notification	With Requested Increase
1	2.0%
2	1.0%
3	0.0%

Exhibit 10
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form 30225

Mortality Assumptions

1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience

Mortality Actual-to-Expected Adjustment Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	67%	71%	78%	74%	88%
12	57%	67%	72%	78%	90%	89%
13	57%	67%	75%	83%	90%	92%
14	57%	68%	77%	89%	90%	95%
15	57%	69%	78%	90%	95%	98%
16	64%	69%	81%	90%	95%	100%
17	67%	69%	81%	91%	100%	100%
18	70%	70%	84%	95%	100%	100%
19	72%	70%	85%	96%	100%	100%
20	72%	73%	86%	97%	100%	100%
21	75%	75%	88%	100%	100%	100%
22	80%	77%	90%	100%	100%	100%
23	80%	80%	95%	100%	100%	100%
24	85%	82%	95%	100%	100%	100%
25	85%	85%	100%	100%	100%	100%
26	85%	90%	100%	100%	100%	100%
27	87%	90%	100%	100%	100%	100%
28	87%	95%	100%	100%	100%	100%
29	90%	95%	100%	100%	100%	100%
30	90%	100%	100%	100%	100%	100%
31	90%	100%	100%	100%	100%	100%
32	95%	100%	100%	100%	100%	100%
33	95%	100%	100%	100%	100%	100%
34	95%	100%	100%	100%	100%	100%
35+	100%	100%	100%	100%	100%	100%

Exhibit 10
RiverSource Life Insurance Company
Prior 2014 Rate Increase Assumptions
Policy Form 30225

Lapse Assumptions

Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	6.9%	6.8%	7.0%
2	6.5%	4.5%	3.5%
3	4.8%	3.5%	3.5%
4	3.6%	2.6%	1.9%
5	2.6%	1.9%	1.3%
6	1.9%	1.6%	1.3%
7	1.5%	1.1%	1.3%
8	1.1%	1.1%	1.3%
9	1.1%	1.1%	1.3%
10	0.8%	1.2%	1.3%
11	0.8%	1.0%	1.4%
12	0.7%	0.9%	1.5%
13	0.7%	0.9%	1.5%
14	0.7%	0.9%	1.6%
15	0.7%	0.9%	1.6%
16	0.7%	1.0%	1.7%
17	0.7%	1.1%	1.7%
18	0.7%	1.3%	1.8%
19	0.7%	1.3%	1.8%
20	0.8%	1.3%	1.9%
21	0.8%	1.3%	1.9%
22	0.8%	1.3%	2.0%
23	0.8%	1.3%	2.0%
24	0.9%	1.4%	2.0%
25	0.9%	1.4%	2.0%
26	0.9%	1.4%	2.0%
27	1.0%	1.4%	2.0%
28	1.0%	1.4%	2.0%
29	1.0%	1.4%	2.0%
30	1.0%	1.4%	2.0%
31	1.1%	1.4%	2.0%
32	1.1%	1.4%	2.0%
33	1.1%	1.4%	2.0%
34	1.1%	1.4%	2.0%
35	1.1%	1.4%	2.0%
36+	1.1%	1.4%	2.0%

Non-Lifetime Benefit

Duration	Issue Age Band <63	63-72	73+
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.5%
9	1.2%	1.3%	2.7%
10	1.0%	1.3%	3.4%
11	1.0%	1.5%	3.9%
12	0.9%	1.5%	4.0%
13	0.8%	1.5%	4.4%
14	0.8%	1.5%	4.8%
15	0.7%	1.6%	4.9%
16	0.7%	1.8%	5.4%
17	0.8%	2.0%	5.4%
18	0.8%	2.2%	5.4%
19	0.9%	2.4%	5.4%
20	0.9%	2.6%	5.4%
21	0.9%	2.8%	5.4%
22	0.9%	3.0%	5.4%
23	1.0%	3.2%	5.4%
24	1.2%	3.4%	5.4%
25	1.4%	3.6%	5.4%
26	1.5%	3.8%	5.4%
27	1.6%	4.0%	5.4%
28	2.1%	4.0%	5.4%
29	2.4%	4.0%	5.4%
30	2.6%	4.0%	5.4%
31	2.9%	4.0%	5.4%
32	3.1%	4.0%	5.4%
33	3.2%	4.0%	5.4%
34	3.3%	4.0%	5.4%
35	3.4%	4.0%	5.4%
36+	3.5%	4.0%	5.4%

In the year of rate increase notification to policyholders, an additional 1.3% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed.

Interest Rate Assumptions

Current Assumption:	5.00%

Exhibit 11
RiverSource Life Insurance Company
Nationwide Experience
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

		Loss Ratios Without Interest			Loss Ratios With Interest					
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
Historical Experience	1992	145	0	0.0%	466	0	0.0%	8	4.59%	3.2156
	1993	2,909,024	147,512	5.1%	8,943,349	453,503	5.1%	9,505	4.59%	3.0743
	1994	14,056,704	1,815,958	12.9%	41,316,756	5,337,630	12.9%	24,702	4.59%	2.9393
	1995	29,135,421	3,976,229	13.6%	81,875,487	11,173,880	13.6%	43,830	4.59%	2.8102
	1996	46,810,205	7,171,649	15.3%	125,765,938	19,268,216	15.3%	68,305	4.59%	2.6867
	1997	64,570,203	7,987,382	12.4%	165,861,095	20,517,140	12.4%	82,836	4.59%	2.5687
	1998	74,151,184	14,712,431	19.8%	182,104,365	36,131,560	19.8%	85,519	4.59%	2.4559
	1999	72,417,515	19,544,568	27.0%	170,034,000	45,890,017	27.0%	81,690	4.59%	2.3480
	2000	69,236,806	20,192,843	29.2%	155,424,352	45,329,351	29.2%	78,645	4.59%	2.2448
	2001	66,450,827	25,399,853	38.2%	142,617,334	54,513,382	38.2%	76,270	4.59%	2.1462
	2002	64,118,028	33,643,796	52.5%	131,565,485	69,034,599	52.5%	74,151	4.59%	2.0519
	2003	61,783,221	37,046,031	60.0%	121,205,477	72,676,396	60.0%	72,174	4.59%	1.9618
	2004	59,832,034	35,024,517	58.5%	112,221,315	65,692,190	58.5%	70,387	4.59%	1.8756
	2005	53,683,352	31,693,273	59.0%	96,265,595	56,832,736	59.0%	67,721	4.59%	1.7932
	2006	56,406,223	45,574,231	80.8%	96,704,877	78,134,116	80.8%	65,484	4.59%	1.7144
	2007	65,081,269	48,500,553	74.5%	106,676,131	79,498,318	74.5%	63,602	4.59%	1.6391
	2008	63,265,813	51,078,855	80.7%	99,144,865	80,046,489	80.7%	61,270	4.59%	1.5671
	2009	67,159,184	56,215,312	83.7%	100,622,807	84,225,897	83.7%	58,764	4.59%	1.4983
	2010	71,979,064	55,138,167	76.6%	103,106,751	78,982,928	76.6%	56,605	4.59%	1.4325
	2011	69,544,731	78,247,815	112.5%	95,243,429	107,162,544	112.5%	54,446	4.59%	1.3695
	2012	66,057,789	72,340,623	109.5%	86,493,747	94,720,269	109.5%	52,286	4.59%	1.3094
	2013	68,707,515	81,909,392	119.2%	86,011,161	102,537,864	119.2%	50,164	4.59%	1.2518
	2014	67,092,737	89,010,438	132.7%	80,300,078	106,532,322	132.7%	48,035	4.59%	1.1969
	2015	64,435,154	98,047,291	152.2%	73,731,524	112,193,046	152.2%	45,876	4.59%	1.1443
	2016	67,205,605	109,589,969	163.1%	73,523,424	119,892,228	163.1%	43,685	4.59%	1.0940
	2017	63,363,878	121,389,881	191.6%	66,275,324	126,967,509	191.6%	41,511	4.59%	1.0459
	1/1/2018-6/30/2018	29,807,845	60,912,847	204.4%	30,144,501	61,600,811	204.4%	40,516	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	29,008,150	65,614,704	226.2%	28,684,184	64,881,913	226.2%	38,929	4.59%	0.9888
	2019	54,718,180	138,413,899	253.0%	52,314,434	132,333,436	253.0%	36,561	4.59%	0.9561
	2020	50,380,169	147,328,093	292.4%	46,051,034	134,668,288	292.4%	34,160	4.59%	0.9141
	2021	46,137,938	155,584,336	337.2%	40,320,680	135,967,631	337.2%	31,740	4.59%	0.8739
	2022	42,012,580	163,077,958	388.2%	35,102,569	136,255,742	388.2%	29,320	4.59%	0.8355
	2023	38,031,723	169,674,924	446.1%	30,380,536	135,539,880	446.1%	26,924	4.59%	0.7988
	2024	34,226,876	175,247,448	512.0%	26,140,060	133,841,570	512.0%	24,574	4.59%	0.7637
	2025	30,624,725	179,503,174	586.1%	22,361,524	131,069,408	586.1%	22,293	4.59%	0.7302
	2026	27,245,362	182,442,635	669.6%	19,020,051	127,363,630	669.6%	20,100	4.59%	0.6981
	2027	24,098,387	184,190,013	764.3%	16,084,107	122,934,862	764.3%	18,006	4.59%	0.6674
	2028	21,182,699	184,491,500	871.0%	13,516,995	117,726,770	871.0%	16,018	4.59%	0.6381
	2029	18,498,054	183,199,348	990.4%	11,285,344	111,766,764	990.4%	14,148	4.59%	0.6101
	2030	16,046,607	180,390,374	1124.2%	9,359,699	105,218,474	1124.2%	12,405	4.59%	0.5833
	2031	13,823,139	176,059,212	1273.7%	7,708,594	98,180,961	1273.7%	10,792	4.59%	0.5577
	2032	11,820,077	170,123,295	1439.3%	6,302,005	90,703,114	1439.3%	9,314	4.59%	0.5332
	2033	10,033,691	162,625,880	1620.8%	5,114,569	82,896,837	1620.8%	7,977	4.59%	0.5097
	2034	8,456,680	153,620,302	1816.6%	4,121,337	74,866,374	1816.6%	6,780	4.59%	0.4873
	2035	7,075,900	143,295,744	2025.1%	3,296,930	66,766,923	2025.1%	5,716	4.59%	0.4659
	2036	5,876,288	131,865,406	2244.0%	2,617,707	58,742,014	2244.0%	4,780	4.59%	0.4455
	2037	4,842,399	119,588,988	2469.6%	2,062,379	50,932,974	2469.6%	3,963	4.59%	0.4259
	2038	3,958,735	106,964,306	2702.0%	1,611,960	43,554,859	2702.0%	3,258	4.59%	0.4072
	2039	3,209,952	94,484,750	2943.5%	1,249,644	36,783,186	2943.5%	2,654	4.59%	0.3893
	2040	2,581,072	82,494,719	3196.1%	960,678	30,704,615	3196.1%	2,143	4.59%	0.3722
	2041	2,057,678	71,240,036	3462.2%	732,225	25,350,792	3462.2%	1,714	4.59%	0.3559
	2042	1,626,089	60,918,714	3746.3%	553,225	20,725,643	3746.3%	1,358	4.59%	0.3402
	2043	1,273,530	51,617,808	4053.1%	414,244	16,789,846	4053.1%	1,065	4.59%	0.3253
	2044	988,263	43,328,775	4384.3%	307,333	13,474,525	4384.3%	828	4.59%	0.3110
	2045	759,669	36,006,974	4739.8%	225,866	10,705,663	4739.8%	636	4.59%	0.2973
	2046	578,279	29,592,526	5117.3%	164,382	8,411,992	5117.3%	484	4.59%	0.2843
	2047	435,778	24,015,497	5510.9%	118,433	6,526,770	5510.9%	364	4.59%	0.2718
	2048	324,971	19,220,471	5914.5%	84,439	4,994,139	5914.5%	271	4.59%	0.2598
	2049	239,713	15,157,009	6323.0%	59,550	3,765,304	6323.0%	199	4.59%	0.2484
	2050	174,829	11,774,053	6734.6%	41,523	2,796,420	6734.6%	145	4.59%	0.2375
	2051	126,007	9,007,179	7148.2%	28,613	2,045,291	7148.2%	104	4.59%	0.2271
	2052	89,702	6,798,011	7578.4%	19,474	1,475,836	7578.4%	74	4.59%	0.2171
	2053	63,033	5,062,149	8030.9%	13,083	1,050,705	8030.9%	51	4.59%	0.2076
	2054	43,689	3,717,117	8508.1%	8,670	737,636	8508.1%	35	4.59%	0.1984
	2055	29,839	2,688,887	9011.2%	5,661	510,151	9011.2%	24	4.59%	0.1897
	2056	20,057	1,913,581	9540.8%	3,638	347,106	9540.8%	16	4.59%	0.1814
	2057	13,244	1,337,345	10097.4%	2,297	231,926	10097.4%	10	4.59%	0.1734
	2058	8,573	915,678	10681.1%	1,421	151,823	10681.1%	7	4.59%	0.1658
	Past	1,499,261,475	1,206,311,414	80.5%	2,633,179,635	1,735,344,941	65.9%			
	Future	512,742,327	3,844,592,819	749.8%	388,451,096	2,343,791,795	603.4%			
	Lifetime	2,012,003,802	5,050,904,233	251.0%	3,021,630,731	4,079,136,736	135.0%			

Exhibit 11
RiverSource Life Insurance Company
Nationwide Experience
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase
Policy Form 30225

		Loss Ratios Without Interest			Loss Ratios With Interest					
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
Historical Experience	1992	145	0	0.0%	466	0	0.0%	8	4.59%	3.2156
	1993	2,909,024	147,512	5.1%	8,943,349	453,503	5.1%	9,505	4.59%	3.0743
	1994	14,056,704	1,815,958	12.9%	41,316,756	5,337,630	12.9%	24,702	4.59%	2.9393
	1995	29,135,421	3,976,229	13.6%	81,875,487	11,173,880	13.6%	43,830	4.59%	2.8102
	1996	46,810,205	7,171,649	15.3%	125,765,938	19,268,216	15.3%	68,305	4.59%	2.6867
	1997	64,570,203	7,987,382	12.4%	165,861,095	20,517,140	12.4%	82,836	4.59%	2.5687
	1998	74,151,184	14,712,431	19.8%	182,104,365	36,131,560	19.8%	85,519	4.59%	2.4559
	1999	72,417,515	19,544,568	27.0%	170,034,000	45,890,017	27.0%	81,690	4.59%	2.3480
	2000	69,236,806	20,192,843	29.2%	155,424,352	45,329,351	29.2%	78,645	4.59%	2.2448
	2001	66,450,827	25,399,853	38.2%	142,617,334	54,513,382	38.2%	76,270	4.59%	2.1462
	2002	64,118,028	33,643,796	52.5%	131,565,485	69,034,599	52.5%	74,151	4.59%	2.0519
	2003	61,783,221	37,046,031	60.0%	121,205,477	72,676,396	60.0%	72,174	4.59%	1.9618
	2004	59,832,034	35,024,517	58.5%	112,221,315	65,692,190	58.5%	70,387	4.59%	1.8756
	2005	53,683,352	31,693,273	59.0%	96,265,595	56,832,736	59.0%	67,721	4.59%	1.7932
	2006	56,406,223	45,574,231	80.8%	96,704,877	78,134,116	80.8%	65,484	4.59%	1.7144
	2007	65,081,269	48,500,553	74.5%	106,676,131	79,498,318	74.5%	63,602	4.59%	1.6391
	2008	63,265,813	51,078,855	80.7%	99,144,865	80,046,489	80.7%	61,270	4.59%	1.5671
	2009	67,159,184	56,215,312	83.7%	100,622,807	84,225,897	83.7%	58,764	4.59%	1.4983
	2010	71,979,064	55,138,167	76.6%	103,106,751	78,982,928	76.6%	56,605	4.59%	1.4325
	2011	69,544,731	78,247,815	112.5%	95,243,429	107,162,544	112.5%	54,446	4.59%	1.3695
	2012	66,057,789	72,340,623	109.5%	86,493,747	94,720,269	109.5%	52,286	4.59%	1.3094
	2013	68,707,515	81,909,392	119.2%	86,011,161	102,537,864	119.2%	50,164	4.59%	1.2518
	2014	67,092,737	89,010,438	132.7%	80,300,078	106,532,322	132.7%	48,035	4.59%	1.1969
	2015	64,435,154	98,047,291	152.2%	73,731,524	112,193,046	152.2%	45,876	4.59%	1.1443
	2016	67,205,605	109,589,969	163.1%	73,523,424	119,892,228	163.1%	43,685	4.59%	1.0940
	2017	63,363,878	121,389,881	191.6%	66,275,324	126,967,509	191.6%	41,511	4.59%	1.0459
	1/1/2018-6/30/2018	29,807,845	60,912,847	204.4%	30,144,501	61,600,811	204.4%	40,516	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	29,008,150	65,614,704	226.2%	28,684,184	64,881,913	226.2%	38,929	4.59%	0.9888
	2019	60,336,290	138,263,658	229.2%	57,685,743	132,189,795	229.2%	36,084	4.59%	0.9561
	2020	67,818,769	148,062,040	218.3%	61,991,147	135,339,168	218.3%	33,645	4.59%	0.9141
	2021	62,393,083	154,942,133	248.3%	54,526,309	135,406,400	248.3%	31,261	4.59%	0.8739
	2022	56,814,455	160,713,530	282.9%	47,469,909	134,280,202	282.9%	28,877	4.59%	0.8355
	2023	51,431,199	165,466,284	321.7%	41,084,318	132,177,930	321.7%	26,518	4.59%	0.7988
	2024	46,285,926	169,434,257	366.1%	35,349,907	129,401,867	366.1%	24,203	4.59%	0.7637
	2025	41,414,729	173,141,765	418.1%	30,240,156	126,424,442	418.1%	21,956	4.59%	0.7302
	2026	36,844,787	175,873,905	477.3%	25,721,432	122,777,985	477.3%	19,797	4.59%	0.6981
	2027	32,589,090	177,473,673	544.6%	21,751,099	118,452,142	544.6%	17,735	4.59%	0.6674
	2028	28,646,152	177,686,528	620.3%	18,279,535	113,384,416	620.3%	15,777	4.59%	0.6381
	2029	25,015,645	176,371,538	705.0%	15,261,614	107,601,235	705.0%	13,935	4.59%	0.6101
	2030	21,700,486	173,603,818	800.0%	12,657,505	101,259,997	800.0%	12,218	4.59%	0.5833
	2031	18,693,620	169,379,067	906.1%	10,424,661	94,455,720	906.1%	10,629	4.59%	0.5577
	2032	15,984,809	163,618,608	1023.6%	8,522,477	87,235,068	1023.6%	9,174	4.59%	0.5332
	2033	13,569,009	156,364,729	1152.4%	6,916,660	79,705,281	1152.4%	7,857	4.59%	0.5097
	2034	11,436,351	147,669,094	1291.2%	5,573,470	71,966,072	1291.2%	6,677	4.59%	0.4873
	2035	9,569,063	137,713,550	1439.2%	4,458,590	64,165,968	1439.2%	5,630	4.59%	0.4659
	2036	7,946,774	126,702,769	1594.4%	3,540,045	56,442,217	1594.4%	4,708	4.59%	0.4455
	2037	6,548,600	114,885,937	1754.4%	2,789,050	48,929,944	1754.4%	3,904	4.59%	0.4259
	2038	5,353,580	102,740,653	1919.1%	2,179,927	41,835,027	1919.1%	3,209	4.59%	0.4072
	2039	4,340,967	90,740,056	2090.3%	1,689,951	35,325,366	2090.3%	2,614	4.59%	0.3893
	2040	3,490,503	79,214,138	2269.4%	1,299,169	29,483,579	2269.4%	2,110	4.59%	0.3722
	2041	2,782,692	68,398,186	2458.0%	990,222	24,339,518	2458.0%	1,688	4.59%	0.3559
	2042	2,199,034	58,481,590	2659.4%	748,151	19,896,489	2659.4%	1,337	4.59%	0.3402
	2043	1,722,253	49,547,267	2876.9%	560,201	16,116,357	2876.9%	1,049	4.59%	0.3253
	2044	1,336,473	41,586,444	3111.7%	415,621	12,932,689	3111.7%	815	4.59%	0.3110
	2045	1,027,335	34,555,776	3363.6%	305,449	10,274,190	3363.6%	627	4.59%	0.2973
	2046	782,033	28,397,358	3631.2%	222,301	8,072,253	3631.2%	477	4.59%	0.2843
	2047	589,323	23,043,710	3910.2%	160,162	6,262,664	3910.2%	359	4.59%	0.2718
	2048	439,473	18,441,345	4196.2%	114,190	4,791,695	4196.2%	267	4.59%	0.2598
	2049	324,175	14,541,608	4485.7%	80,532	3,612,426	4485.7%	196	4.59%	0.2484
	2050	236,429	11,295,293	4777.5%	56,153	2,682,711	4777.5%	143	4.59%	0.2375
	2051	170,405	8,640,421	5070.5%	38,694	1,962,010	5070.5%	102	4.59%	0.2271
	2052	121,308	6,520,853	5375.4%	26,336	1,415,665	5375.4%	72	4.59%	0.2171
	2053	85,243	4,855,517	5696.1%	17,693	1,007,817	5696.1%	51	4.59%	0.2076
	2054	59,083	3,565,219	6034.3%	11,725	707,493	6034.3%	35	4.59%	0.1984
	2055	40,353	2,578,894	6390.8%	7,656	489,282	6390.8%	24	4.59%	0.1897
	2056	27,124	1,835,228	6766.2%	4,920	332,894	6766.2%	16	4.59%	0.1814
	2057	17,911	1,282,537	7160.6%	3,106	222,421	7160.6%	10	4.59%	0.1734
	2058	11,593	878,119	7574.3%	1,922	145,596	7574.3%	7	4.59%	0.1658
	Past	1,499,261,475	1,206,311,414	80.5%	2,633,179,635	1,735,344,941	65.9%			
	Future	669,204,274	3,724,121,801	556.5%	501,861,894	2,278,385,905	454.0%			
	Lifetime	2,168,465,749	4,930,433,215	227.4%	3,135,041,529	4,013,730,846	128.0%			

Exhibit 12
RiverSource Life Insurance Company
Virginia Experience
Before Premium Rate Increase
Policy Form 30225-VA

		Loss Ratios Without Interest			Loss Ratios With Interest					
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
Historical Experience	1992	0	0	0.0%	0	0	0.0%	0	4.59%	3.2156
	1993	98,911	0	0.0%	304,085	0	0.0%	292	4.59%	3.0743
	1994	418,251	387,631	92.7%	1,229,361	1,139,362	92.7%	748	4.59%	2.9393
	1995	902,173	213	0.0%	2,535,259	598	0.0%	1,435	4.59%	2.8102
	1996	1,529,003	155,443	10.2%	4,108,003	417,632	10.2%	2,393	4.59%	2.6867
	1997	2,144,691	0	0.0%	5,509,055	0	0.0%	2,963	4.59%	2.5687
	1998	2,525,199	826,897	32.7%	6,201,515	2,030,738	32.7%	3,018	4.59%	2.4559
	1999	2,386,462	1,511,750	63.3%	5,603,337	3,549,541	63.3%	2,846	4.59%	2.3480
	2000	2,296,726	679,862	29.6%	5,155,743	1,526,170	29.6%	2,760	4.59%	2.2448
	2001	2,227,293	21,598	1.0%	4,780,236	46,355	1.0%	2,695	4.59%	2.1462
	2002	2,166,919	806,147	37.2%	4,446,359	1,654,154	37.2%	2,643	4.59%	2.0519
	2003	2,101,953	1,632,938	77.7%	4,123,583	3,203,476	77.7%	2,569	4.59%	1.9618
	2004	2,035,176	1,326,314	65.2%	3,817,189	2,487,642	65.2%	2,511	4.59%	1.8756
	2005	1,963,665	1,529,432	77.9%	3,521,267	2,742,594	77.9%	2,466	4.59%	1.7932
	2006	2,059,483	815,594	39.6%	3,530,852	1,398,283	39.6%	2,378	4.59%	1.7144
	2007	2,265,531	1,187,177	52.4%	3,713,482	1,945,928	52.4%	2,300	4.59%	1.6391
	2008	2,200,404	975,365	44.3%	3,448,288	1,528,509	44.3%	2,234	4.59%	1.5671
	2009	2,330,340	1,157,978	49.7%	3,491,485	1,734,968	49.7%	2,165	4.59%	1.4983
	2010	2,528,782	2,412,270	95.4%	3,622,365	3,455,468	95.4%	2,099	4.59%	1.4325
	2011	2,478,536	1,425,618	57.5%	3,394,423	1,952,424	57.5%	2,052	4.59%	1.3695
	2012	2,413,911	2,325,436	96.3%	3,160,690	3,044,845	96.3%	1,998	4.59%	1.3094
	2013	2,533,119	2,239,807	88.4%	3,171,073	2,803,891	88.4%	1,923	4.59%	1.2518
	2014	2,499,016	2,629,479	105.2%	2,990,953	3,147,097	105.2%	1,854	4.59%	1.1969
	2015	2,441,613	3,172,095	129.9%	2,793,876	3,629,748	129.9%	1,798	4.59%	1.1443
	2016	2,586,004	4,041,730	156.3%	2,829,107	4,421,683	156.3%	1,744	4.59%	1.0940
	2017	2,514,901	2,891,792	115.0%	2,630,456	3,024,664	115.0%	1,689	4.59%	1.0459
	1/1/2018-6/30/2018	1,197,796	2,365,955	197.5%	1,211,324	2,392,677	197.5%	1,662	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	1,175,559	2,532,348	215.4%	1,162,431	2,504,067	215.4%	1,601	4.59%	0.9888
	2019	2,234,803	5,396,176	241.5%	2,136,629	5,159,124	241.5%	1,516	4.59%	0.9561
	2020	2,080,250	5,812,391	279.4%	1,901,496	5,312,936	279.4%	1,428	4.59%	0.9141
	2021	1,926,474	6,232,694	323.5%	1,683,576	5,446,851	323.5%	1,338	4.59%	0.8739
	2022	1,774,260	6,634,143	373.9%	1,482,439	5,542,994	373.9%	1,247	4.59%	0.8355
	2023	1,624,665	7,018,323	432.0%	1,297,816	5,606,383	432.0%	1,155	4.59%	0.7988
	2024	1,479,023	7,359,729	497.6%	1,129,573	5,620,839	497.6%	1,063	4.59%	0.7637
	2025	1,338,727	7,651,072	571.5%	977,510	5,586,651	571.5%	973	4.59%	0.7302
	2026	1,204,848	7,879,305	654.0%	841,107	5,500,561	654.0%	885	4.59%	0.6981
	2027	1,077,922	8,056,868	747.4%	719,443	5,377,436	747.4%	800	4.59%	0.6674
	2028	958,155	8,165,088	852.2%	611,413	5,210,264	852.2%	718	4.59%	0.6381
	2029	845,870	8,209,868	970.6%	516,051	5,008,699	970.6%	639	4.59%	0.6101
	2030	741,525	8,188,566	1104.3%	432,518	4,776,244	1104.3%	565	4.59%	0.5833
	2031	645,266	8,104,688	1256.0%	359,838	4,519,650	1256.0%	496	4.59%	0.5577
	2032	557,068	7,940,316	1425.4%	297,007	4,233,467	1425.4%	431	4.59%	0.5332
	2033	477,209	7,695,788	1612.7%	243,252	3,922,847	1612.7%	372	4.59%	0.5097
	2034	405,723	7,363,616	1814.9%	197,728	3,588,635	1814.9%	318	4.59%	0.4873
	2035	342,262	6,933,199	2025.7%	159,473	3,230,440	2025.7%	270	4.59%	0.4659
	2036	286,407	6,422,698	2242.5%	127,586	2,861,116	2242.5%	227	4.59%	0.4455
	2037	237,689	5,850,863	2461.6%	101,232	2,491,884	2461.6%	190	4.59%	0.4259
	2038	195,594	5,242,169	2680.1%	79,644	2,134,562	2680.1%	157	4.59%	0.4072
	2039	159,571	4,633,843	2903.9%	62,122	1,803,968	2903.9%	128	4.59%	0.3893
	2040	129,051	4,047,920	3136.7%	48,033	1,506,640	3136.7%	104	4.59%	0.3722
	2041	103,450	3,502,209	3385.4%	36,813	1,246,262	3385.4%	84	4.59%	0.3559
	2042	82,191	3,004,903	3656.0%	27,963	1,022,322	3656.0%	67	4.59%	0.3402
	2043	64,713	2,559,320	3954.9%	21,049	832,476	3954.9%	53	4.59%	0.3253
	2044	50,487	2,163,146	4284.6%	15,701	672,702	4284.6%	41	4.59%	0.3110
	2045	39,022	1,813,539	4647.5%	11,602	539,205	4647.5%	32	4.59%	0.2973
	2046	29,873	1,505,435	5039.4%	8,492	427,936	5039.4%	24	4.59%	0.2843
	2047	22,646	1,233,241	5445.7%	6,155	335,162	5445.7%	19	4.59%	0.2718
	2048	16,995	997,930	5872.1%	4,416	259,297	5872.1%	14	4.59%	0.2598
	2049	12,621	796,131	6308.0%	3,135	197,775	6308.0%	10	4.59%	0.2484
	2050	9,273	625,364	6744.0%	2,202	148,528	6744.0%	8	4.59%	0.2375
	2051	6,738	483,263	7172.3%	1,530	109,736	7172.3%	5	4.59%	0.2271
	2052	4,840	368,787	7619.0%	1,051	80,063	7619.0%	4	4.59%	0.2171
	2053	3,436	278,063	8092.8%	713	57,715	8092.8%	3	4.59%	0.2076
	2054	2,408	207,019	8595.4%	478	41,081	8595.4%	2	4.59%	0.1984
	2055	1,666	152,032	9128.2%	316	28,844	9128.2%	1	4.59%	0.1897
	2056	1,135	109,969	9692.3%	206	19,947	9692.3%	1	4.59%	0.1814
	2057	760	78,181	10288.4%	132	13,558	10288.4%	1	4.59%	0.1734
	2058	499	54,480	10917.2%	83	9,033	10917.2%	0	4.59%	0.1658
	Past	52,845,858	36,518,522	69.1%	91,323,367	53,278,446	58.3%			
	Future	22,350,672	173,304,681	775.4%	16,709,950	102,987,901	616.3%			
	Lifetime	75,196,529	209,823,203	279.0%	108,033,317	156,266,347	144.6%			

Exhibit 12
RiverSource Life Insurance Company
Virginia Experience
With Requested Premium Rate Increase
Policy Form 30225-VA

		Loss Ratios Without Interest			Loss Ratios With Interest					
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
Historical Experience	1992	0	0	0.0%	0	0	0.0%	0	4.59%	3.2156
	1993	98,911	0	0.0%	304,085	0	0.0%	292	4.59%	3.0743
	1994	418,251	387,631	92.7%	1,229,361	1,139,362	92.7%	748	4.59%	2.9393
	1995	902,173	213	0.0%	2,535,259	598	0.0%	1,435	4.59%	2.8102
	1996	1,529,003	155,443	10.2%	4,108,003	417,632	10.2%	2,393	4.59%	2.6867
	1997	2,144,691	0	0.0%	5,509,055	0	0.0%	2,963	4.59%	2.5687
	1998	2,525,199	826,897	32.7%	6,201,515	2,030,738	32.7%	3,018	4.59%	2.4559
	1999	2,386,462	1,511,750	63.3%	5,603,337	3,549,541	63.3%	2,846	4.59%	2.3480
	2000	2,296,726	679,862	29.6%	5,155,743	1,526,170	29.6%	2,760	4.59%	2.2448
	2001	2,227,293	21,598	1.0%	4,780,236	46,355	1.0%	2,695	4.59%	2.1462
	2002	2,166,919	806,147	37.2%	4,446,359	1,654,154	37.2%	2,643	4.59%	2.0519
	2003	2,101,953	1,632,938	77.7%	4,123,583	3,203,476	77.7%	2,569	4.59%	1.9618
	2004	2,035,176	1,326,314	65.2%	3,817,189	2,487,642	65.2%	2,511	4.59%	1.8756
	2005	1,963,665	1,529,432	77.9%	3,521,267	2,742,594	77.9%	2,466	4.59%	1.7932
	2006	2,059,483	815,594	39.6%	3,530,852	1,398,283	39.6%	2,378	4.59%	1.7144
	2007	2,265,531	1,187,177	52.4%	3,713,482	1,945,928	52.4%	2,300	4.59%	1.6391
	2008	2,200,404	975,365	44.3%	3,448,288	1,528,509	44.3%	2,234	4.59%	1.5671
	2009	2,330,340	1,157,978	49.7%	3,491,485	1,734,968	49.7%	2,165	4.59%	1.4983
	2010	2,528,782	2,412,270	95.4%	3,622,365	3,455,468	95.4%	2,099	4.59%	1.4325
	2011	2,478,536	1,425,618	57.5%	3,394,423	1,952,424	57.5%	2,052	4.59%	1.3695
	2012	2,413,911	2,325,436	96.3%	3,160,690	3,044,845	96.3%	1,998	4.59%	1.3094
	2013	2,533,119	2,239,807	88.4%	3,171,073	2,803,891	88.4%	1,923	4.59%	1.2518
	2014	2,499,016	2,629,479	105.2%	2,990,953	3,147,097	105.2%	1,854	4.59%	1.1969
	2015	2,441,613	3,172,095	129.9%	2,793,876	3,629,748	129.9%	1,798	4.59%	1.1443
	2016	2,586,004	4,041,730	156.3%	2,829,107	4,421,683	156.3%	1,744	4.59%	1.0940
	2017	2,514,901	2,891,792	115.0%	2,630,456	3,024,664	115.0%	1,689	4.59%	1.0459
	1/1/2018-6/30/2018	1,197,796	2,365,955	197.5%	1,211,324	2,392,677	197.5%	1,662	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	1,175,559	2,532,348	215.4%	1,162,431	2,504,067	215.4%	1,601	4.59%	0.9888
	2019	2,463,869	5,389,428	218.7%	2,355,632	5,152,672	218.7%	1,496	4.59%	0.9561
	2020	2,799,277	5,839,165	208.6%	2,558,737	5,337,410	208.6%	1,407	4.59%	0.9141
	2021	2,605,260	6,204,735	238.2%	2,276,779	5,422,417	238.2%	1,318	4.59%	0.8739
	2022	2,399,420	6,535,680	272.4%	2,004,776	5,460,725	272.4%	1,228	4.59%	0.8355
	2023	2,197,119	6,841,998	311.4%	1,755,105	5,465,531	311.4%	1,137	4.59%	0.7988
	2024	2,000,163	7,113,894	355.7%	1,527,583	5,433,088	355.7%	1,047	4.59%	0.7637
	2025	1,810,436	7,378,479	407.6%	1,321,942	5,387,609	407.6%	958	4.59%	0.7302
	2026	1,629,385	7,594,415	466.1%	1,137,478	5,301,679	466.1%	872	4.59%	0.6981
	2027	1,457,737	7,762,133	532.5%	972,945	5,180,719	532.5%	788	4.59%	0.6674
	2028	1,295,771	7,863,214	606.8%	826,851	5,017,634	606.8%	707	4.59%	0.6381
	2029	1,143,922	7,903,393	690.9%	697,887	4,821,724	690.9%	630	4.59%	0.6101
	2030	1,002,811	7,880,180	785.8%	584,922	4,596,368	785.8%	557	4.59%	0.5833
	2031	872,634	7,796,984	893.5%	486,632	4,348,056	893.5%	488	4.59%	0.5577
	2032	753,359	7,636,615	1013.7%	401,662	4,071,546	1013.7%	425	4.59%	0.5332
	2033	645,360	7,399,466	1146.6%	328,966	3,771,800	1146.6%	366	4.59%	0.5097
	2034	548,685	7,078,372	1290.1%	267,400	3,449,623	1290.1%	313	4.59%	0.4873
	2035	462,862	6,663,181	1439.6%	215,665	3,104,629	1439.6%	266	4.59%	0.4659
	2036	387,327	6,171,355	1593.3%	172,542	2,749,150	1593.3%	224	4.59%	0.4455
	2037	321,442	5,620,906	1748.7%	136,902	2,393,945	1748.7%	187	4.59%	0.4259
	2038	264,513	5,035,331	1903.6%	107,707	2,050,339	1903.6%	154	4.59%	0.4072
	2039	215,798	4,450,350	2062.3%	84,011	1,732,534	2062.3%	126	4.59%	0.3893
	2040	174,523	3,887,096	2227.3%	64,958	1,446,781	2227.3%	103	4.59%	0.3722
	2041	139,902	3,362,635	2403.6%	49,784	1,196,595	2403.6%	83	4.59%	0.3559
	2042	111,152	2,884,799	2595.4%	37,816	981,460	2595.4%	66	4.59%	0.3402
	2043	87,515	2,456,745	2807.2%	28,466	799,111	2807.2%	52	4.59%	0.3253
	2044	68,276	2,076,227	3040.9%	21,233	645,672	3040.9%	41	4.59%	0.3110
	2045	52,772	1,740,494	3298.2%	15,690	517,487	3298.2%	31	4.59%	0.2973
	2046	40,399	1,444,666	3576.0%	11,484	410,662	3576.0%	24	4.59%	0.2843
	2047	30,626	1,183,358	3863.9%	8,323	321,605	3863.9%	18	4.59%	0.2718
	2048	22,983	957,490	4166.1%	5,972	248,789	4166.1%	14	4.59%	0.2598
	2049	17,068	763,814	4475.1%	4,240	189,747	4475.1%	10	4.59%	0.2484
	2050	12,540	599,940	4784.1%	2,978	142,490	4784.1%	7	4.59%	0.2375
	2051	9,112	463,588	5087.6%	2,069	105,268	5087.6%	5	4.59%	0.2271
	2052	6,546	353,752	5404.2%	1,421	76,799	5404.2%	4	4.59%	0.2171
	2053	4,647	266,713	5739.9%	964	55,359	5739.9%	3	4.59%	0.2076
	2054	3,257	198,559	6096.1%	646	39,403	6096.1%	2	4.59%	0.1984
	2055	2,252	145,813	6473.7%	427	27,664	6473.7%	1	4.59%	0.1897
	2056	1,534	105,466	6873.5%	278	19,130	6873.5%	1	4.59%	0.1814
	2057	1,028	74,976	7295.9%	178	13,003	7295.9%	1	4.59%	0.1734
	2058	675	52,245	7741.5%	112	8,662	7741.5%	0	4.59%	0.1658
	Past	52,845,858	36,518,522	69.1%	91,323,367	53,278,446	58.3%			
	Future	29,239,519	167,709,992	573.6%	21,641,594	99,998,950	462.1%			
	Lifetime	82,085,376	204,228,515	248.8%	112,964,960	153,277,396	135.7%			

Exhibit 13
RiverSource Life Insurance Company
Historical Nationwide Experience
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form 30225

	Loss Ratios Without Interest					Loss Ratios With Interest						
Calendar Year	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
1992	145	0	0	0.0%	0.0%	466	0	0	0.0%	0.0%	4.59%	3.2156
1993	2,909,024	13,547	147,512	0.5%	5.1%	8,943,349	41,647	453,503	0.5%	5.1%	4.59%	3.0743
1994	14,056,704	208,825	1,815,958	1.5%	12.9%	41,316,756	613,798	5,337,630	1.5%	12.9%	4.59%	2.9393
1995	29,135,421	625,670	3,976,229	2.1%	13.6%	81,875,487	1,758,238	11,173,880	2.1%	13.6%	4.59%	2.8102
1996	46,810,205	1,857,109	7,171,649	4.0%	15.3%	125,765,938	4,989,533	19,268,216	4.0%	15.3%	4.59%	2.6867
1997	64,570,203	3,431,602	7,987,382	5.3%	12.4%	165,861,095	8,814,737	20,517,140	5.3%	12.4%	4.59%	2.5687
1998	74,151,184	5,325,832	14,712,431	7.2%	19.8%	182,104,365	13,079,459	36,131,560	7.2%	19.8%	4.59%	2.4559
1999	72,417,515	8,076,349	19,544,568	11.2%	27.0%	170,034,000	18,963,008	45,890,017	11.2%	27.0%	4.59%	2.3480
2000	69,236,806	11,757,458	20,192,843	17.0%	29.2%	155,424,352	26,393,409	45,329,351	17.0%	29.2%	4.59%	2.2448
2001	66,450,827	15,674,175	25,399,853	23.6%	38.2%	142,617,334	33,640,049	54,513,382	23.6%	38.2%	4.59%	2.1462
2002	64,118,028	20,051,909	33,643,796	31.3%	52.5%	131,565,485	41,145,044	69,034,599	31.3%	52.5%	4.59%	2.0519
2003	61,783,221	24,598,396	37,046,031	39.8%	60.0%	121,205,477	48,256,797	72,676,396	39.8%	60.0%	4.59%	1.9618
2004	59,832,034	29,009,793	35,024,517	48.5%	58.5%	112,221,315	54,410,939	65,692,190	48.5%	58.5%	4.59%	1.8756
2005	53,683,352	32,888,900	31,693,273	61.3%	59.0%	96,265,595	58,976,748	56,832,736	61.3%	59.0%	4.59%	1.7932
2006	56,406,223	35,618,379	45,574,231	63.1%	80.8%	96,704,877	61,065,444	78,134,116	63.1%	80.8%	4.59%	1.7144
2007	65,081,269	39,769,278	48,500,553	61.1%	74.5%	106,676,131	65,186,694	79,498,318	61.1%	74.5%	4.59%	1.6391
2008	63,265,813	45,121,862	51,078,855	71.3%	80.7%	99,144,865	70,711,190	80,046,489	71.3%	80.7%	4.59%	1.5671
2009	67,159,184	50,627,278	56,215,312	75.4%	83.7%	100,622,807	75,853,496	84,225,897	75.4%	83.7%	4.59%	1.4983
2010	71,979,064	55,600,814	55,138,167	77.2%	76.6%	103,106,751	79,645,649	78,982,928	77.2%	76.6%	4.59%	1.4325
2011	69,544,731	59,310,543	78,247,815	85.3%	112.5%	95,243,429	81,227,426	107,162,544	85.3%	112.5%	4.59%	1.3695
2012	66,057,789	67,040,614	72,340,623	101.5%	109.5%	86,493,747	87,780,623	94,720,269	101.5%	109.5%	4.59%	1.3094
2013	68,707,515	73,250,783	81,909,392	106.6%	119.2%	86,011,161	91,698,628	102,537,864	106.6%	119.2%	4.59%	1.2518
2014	67,092,737	78,653,337	89,010,438	117.2%	132.7%	80,300,078	94,136,404	106,532,322	117.2%	132.7%	4.59%	1.1969
2015	64,435,154	83,964,243	98,047,291	130.3%	152.2%	73,731,524	96,078,168	112,193,046	130.3%	152.2%	4.59%	1.1443
2016	67,205,605	95,797,243	109,589,969	142.5%	163.1%	73,523,424	104,802,885	119,892,228	142.5%	163.1%	4.59%	1.0940
2017	63,363,878	103,938,755	121,389,881	164.0%	191.6%	66,275,324	108,714,537	126,967,509	164.0%	191.6%	4.59%	1.0459
1/1/2018-6/30/2018	29,807,845	53,918,973	60,912,847	180.9%	204.4%	30,144,501	54,527,946	61,600,811	180.9%	204.4%	4.59%	1.0113
Total	1,499,261,475	996,131,667	1,206,311,414	66.4%	80.5%	2,633,179,635	1,382,512,495	1,735,344,941	52.5%	65.9%		

Exhibit 14
RiverSource Life Insurance Company
Historical Virginia Experience
Policy Form 30225-VA

	Loss Ratios Without Interest					Loss Ratios With Interest						
Calendar Year	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Incurred Loss Ratio	Earned Premiums	Paid Claims	Incurred Claims	Paid Loss Ratio	Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
1992	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	4.59%	3.2156
1993	98,911	0	0	0.0%	0.0%	304,085	0	0	0.0%	0.0%	4.59%	3.0743
1994	418,251	6,490	387,631	1.6%	92.7%	1,229,361	19,077	1,139,362	1.6%	92.7%	4.59%	2.9393
1995	902,173	21,320	213	2.4%	0.0%	2,535,259	59,914	598	2.4%	0.0%	4.59%	2.8102
1996	1,529,003	36,792	155,443	2.4%	10.2%	4,108,003	98,850	417,632	2.4%	10.2%	4.59%	2.6867
1997	2,144,691	114,365	0	5.3%	0.0%	5,509,055	293,770	0	5.3%	0.0%	4.59%	2.5687
1998	2,525,199	96,075	826,897	3.8%	32.7%	6,201,515	235,947	2,030,738	3.8%	32.7%	4.59%	2.4559
1999	2,386,462	168,375	1,511,750	7.1%	63.3%	5,603,337	395,338	3,549,541	7.1%	63.3%	4.59%	2.3480
2000	2,296,726	311,758	679,862	13.6%	29.6%	5,155,743	699,842	1,526,170	13.6%	29.6%	4.59%	2.2448
2001	2,227,293	442,777	21,598	19.9%	1.0%	4,780,236	950,292	46,355	19.9%	1.0%	4.59%	2.1462
2002	2,166,919	547,360	806,147	25.3%	37.2%	4,446,359	1,123,143	1,654,154	25.3%	37.2%	4.59%	2.0519
2003	2,101,953	761,208	1,632,938	36.2%	77.7%	4,123,583	1,493,328	3,203,476	36.2%	77.7%	4.59%	1.9618
2004	2,035,176	1,021,139	1,326,314	50.2%	65.2%	3,817,189	1,915,255	2,487,642	50.2%	65.2%	4.59%	1.8756
2005	1,963,665	995,965	1,529,432	50.7%	77.9%	3,521,267	1,785,977	2,742,594	50.7%	77.9%	4.59%	1.7932
2006	2,059,483	1,250,293	815,594	60.7%	39.6%	3,530,852	2,143,547	1,398,283	60.7%	39.6%	4.59%	1.7144
2007	2,265,531	1,337,956	1,187,177	59.1%	52.4%	3,713,482	2,193,072	1,945,928	59.1%	52.4%	4.59%	1.6391
2008	2,200,404	1,542,727	975,365	70.1%	44.3%	3,448,288	2,417,631	1,528,509	70.1%	44.3%	4.59%	1.5671
2009	2,330,340	1,389,060	1,157,978	59.6%	49.7%	3,491,485	2,081,192	1,734,968	59.6%	49.7%	4.59%	1.4983
2010	2,528,782	1,650,590	2,412,270	65.3%	95.4%	3,622,365	2,364,395	3,455,468	65.3%	95.4%	4.59%	1.4325
2011	2,478,536	1,971,187	1,425,618	79.5%	57.5%	3,394,423	2,699,595	1,952,424	79.5%	57.5%	4.59%	1.3695
2012	2,413,911	2,063,176	2,325,436	85.5%	96.3%	3,160,690	2,701,450	3,044,845	85.5%	96.3%	4.59%	1.3094
2013	2,533,119	2,132,622	2,239,807	84.2%	88.4%	3,171,073	2,669,712	2,803,891	84.2%	88.4%	4.59%	1.2518
2014	2,499,016	2,051,013	2,629,479	82.1%	105.2%	2,990,953	2,454,759	3,147,097	82.1%	105.2%	4.59%	1.1969
2015	2,441,613	2,395,377	3,172,095	98.1%	129.9%	2,793,876	2,740,969	3,629,748	98.1%	129.9%	4.59%	1.1443
2016	2,586,004	2,798,968	4,041,730	108.2%	156.3%	2,829,107	3,062,092	4,421,683	108.2%	156.3%	4.59%	1.0940
2017	2,514,901	3,082,178	2,891,792	122.6%	115.0%	2,630,456	3,223,798	3,024,664	122.6%	115.0%	4.59%	1.0459
1/1/2018-6/30/2018	1,197,796	1,605,797	2,365,955	134.1%	197.5%	1,211,324	1,623,933	2,392,677	134.1%	197.5%	4.59%	1.0113
Total	52,845,858	29,794,569	36,518,522	56.4%	69.1%	91,323,367	41,446,878	53,278,446	45.4%	58.3%		

Exhibit 15
RiverSource Life Insurance Company
Incurred Loss Ratios Including the Change in Active Life Reserves, Without Interest

Nationwide Experience Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis Policy Form 30225				
Calendar Year	(A) Earned Premiums	(B) Incurred Claims	(C) Change in Active Life Reserves	(D) = (B+C) / (A) Incurred Loss Ratio
1992	145	0	2,281	1574.9%
1993	2,909,024	147,512	2,368,233	86.5%
1994	14,056,704	1,815,958	7,321,985	65.0%
1995	29,135,421	3,976,229	22,383,260	90.5%
1996	46,810,205	7,171,649	44,668,293	110.7%
1997	64,570,203	7,987,382	69,128,296	119.4%
1998	74,151,184	14,712,431	93,466,562	145.9%
1999	72,417,515	19,544,568	105,950,991	173.3%
2000	69,236,806	20,192,843	108,205,035	185.4%
2001	66,450,827	25,399,853	107,741,119	200.4%
2002	64,118,028	33,643,796	107,378,102	219.9%
2003	61,783,221	37,046,031	106,602,661	232.5%
2004	59,832,034	35,024,517	105,398,433	234.7%
2005	53,683,352	31,693,273	102,034,293	249.1%
2006	56,406,223	45,574,231	89,030,537	238.6%
2007	65,081,269	48,500,553	95,072,513	220.6%
2008	63,265,813	51,078,855	85,532,351	215.9%
2009	67,159,184	56,215,312	74,172,547	194.1%
2010	71,979,064	55,138,167	79,028,257	186.4%
2011	69,544,731	78,247,815	(21,934,949)	81.0%
2012	66,057,789	72,340,623	69,450,978	214.6%
2013	68,707,515	81,909,392	59,194,499	205.4%
2014	67,092,737	89,010,438	56,636,830	217.1%
2015	64,435,154	98,047,291	49,488,387	229.0%
2016	67,205,605	109,589,969	38,073,882	219.7%
2017	63,363,878	121,389,881	40,152,673	254.9%
1/1/2018-6/30/2018	29,807,845	60,912,847	1,977,471	211.0%
Total	1,499,261,475	1,206,311,414	1,698,525,521	193.8%

Virginia Experience Policy Form 30225-VA				
Calendar Year	(A) Earned Premiums	(B) Incurred Claims	(C) Change in Active Life Reserves	(D) = (B+C) / (A) Incurred Loss Ratio
1992	0	0	0	0.0%
1993	98,911	0	62,482	63.2%
1994	418,251	387,631	219,685	145.2%
1995	902,173	213	716,313	79.4%
1996	1,529,003	155,443	1,483,297	107.2%
1997	2,144,691	0	2,527,099	117.8%
1998	2,525,199	826,897	3,453,710	169.5%
1999	2,386,462	1,511,750	4,031,957	232.3%
2000	2,296,726	679,862	4,034,887	205.3%
2001	2,227,293	21,598	4,048,401	182.7%
2002	2,166,919	806,147	4,066,188	224.9%
2003	2,101,953	1,632,938	4,072,728	271.4%
2004	2,035,176	1,326,314	4,067,764	265.0%
2005	1,963,665	1,529,432	4,650,193	314.7%
2006	2,059,483	815,594	2,875,871	179.2%
2007	2,265,531	1,187,177	3,462,246	205.2%
2008	2,200,404	975,365	3,715,408	213.2%
2009	2,330,340	1,157,978	3,207,960	187.4%
2010	2,528,782	2,412,270	3,532,788	235.1%
2011	2,478,536	1,425,618	97,227	61.4%
2012	2,413,911	2,325,436	3,656,709	247.8%
2013	2,533,119	2,239,807	2,603,832	191.2%
2014	2,499,016	2,629,479	2,951,222	223.3%
2015	2,441,613	3,172,095	2,796,491	244.5%
2016	2,586,004	4,041,730	3,084,317	275.6%
2017	2,514,901	2,891,792	3,379,572	249.4%
1/1/2018-6/30/2018	1,197,796	2,365,955	1,160,205	294.4%
Total	52,845,858	36,518,522	73,958,552	209.1%

Exhibit 16
RiverSource Life Insurance Company
Anticipated Incurred Loss Ratio Calculation With Statutory Active Life Reserve

Nationwide Experience Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis Policy Form 30225			
		Before Premium Rate Increase	**With Requested Premium Rate Increase**
1	Present Value of Future Claims	2,343,791,795	2,278,385,905
2	Statutory Active Life Reserves as of 6/30/2018	1,698,525,521	1,698,525,521
3	Present Value of Future Premiums	388,451,096	501,861,894
	Anticipated Incurred Loss Ratio = (1 - 2) / 3	**166.1%**	**115.5%**

Virginia Experience Policy Form 30225-VA			
		Before Premium Rate Increase	**With Requested Premium Rate Increase**
1	Present Value of Future Claims	102,987,901	99,998,950
2	Statutory Active Life Reserves as of 6/30/2018	73,958,552	73,958,552
3	Present Value of Future Premiums	16,709,950	21,641,594
	Anticipated Incurred Loss Ratio = (1 - 2) / 3	**173.7%**	**120.3%**

Exhibit 17
Demonstration of Compliance with Dual-Loss Ratio Standard
For Individual Long-Term Care with Prescribed Factors[1]

Nationwide Experience Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis Policy Form 30225					
1a	Accumulated value of past earned premiums	2,633,179,635	x	76.4% =	2,011,749,241
1b	Present value of future projected earned premiums at current level	388,451,096	x	76.4% =	296,776,638
2	Present value of increased portion of future projected earned premiums	113,410,797	x	80.0% =	90,728,638
3	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2**	**3,135,041,529**			**2,399,254,517**
4	**Lifetime Incurred Claims with Rate Increase**				**4,013,730,846**
5	**Test: 4 is not less than 3**				**TRUE**

Virginia Experience Policy Form 30225-VA					
1a	Accumulated value of past earned premiums	91,323,367	x	76.4% =	69,771,052
1b	Present value of future projected earned premiums at current level	16,709,950	x	76.4% =	12,766,402
2	Present value of increased portion of future projected earned premiums	4,931,643	x	80.0% =	3,945,315
3	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1a, 1b and 2**	**112,964,960**			**86,482,769**
4	**Lifetime Incurred Claims with Rate Increase**				**153,277,396**
5	**Test: 4 is not less than 3**				**TRUE**

[1] As prescribed by NAIC Model Bulletin, where 76.4% is the lifetime loss ratio at the time of original pricing

Exhibit 18
RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Premium Rates
Policy Form 30225-VA
Premium Rates Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
	No Benefit Increase Option						*Simple Benefit Increase Option*						*Compound Benefit Increase Option*					
	20 Day Deductible Period			*100 Day Deductible Period*			*20 Day Deductible Period*			*100 Day Deductible Period*			*20 Day Deductible Period*			*100 Day Deductible Period*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	54.30	76.02	40.0%	40.16	56.22	40.0%	101.54	142.16	40.0%	75.58	105.82	40.0%	127.52	178.52	40.0%	94.46	132.24	40.0%
41	54.30	76.02	40.0%	40.16	56.22	40.0%	101.54	142.16	40.0%	75.58	105.82	40.0%	127.52	178.52	40.0%	94.46	132.24	40.0%
42	54.30	76.02	40.0%	40.16	56.22	40.0%	101.54	142.16	40.0%	75.58	105.82	40.0%	127.52	178.52	40.0%	94.46	132.24	40.0%
43	54.30	76.02	40.0%	40.16	56.22	40.0%	101.54	142.16	40.0%	75.58	105.82	40.0%	127.52	178.52	40.0%	94.46	132.24	40.0%
44	54.30	76.02	40.0%	40.16	56.22	40.0%	101.54	142.16	40.0%	75.58	105.82	40.0%	127.52	178.52	40.0%	94.46	132.24	40.0%
45	54.30	76.02	40.0%	40.16	56.22	40.0%	101.54	142.16	40.0%	75.58	105.82	40.0%	127.52	178.52	40.0%	94.46	132.24	40.0%
46	59.04	82.66	40.0%	44.86	62.80	40.0%	106.26	148.76	40.0%	80.28	112.40	40.0%	134.60	188.44	40.0%	101.54	142.16	40.0%
47	59.04	82.66	40.0%	44.86	62.80	40.0%	108.62	152.06	40.0%	80.28	112.40	40.0%	136.94	191.72	40.0%	101.54	142.16	40.0%
48	61.38	85.94	40.0%	44.86	62.80	40.0%	110.96	155.34	40.0%	82.66	115.72	40.0%	139.32	195.04	40.0%	103.90	145.46	40.0%
49	61.38	85.94	40.0%	47.24	66.14	40.0%	110.96	155.34	40.0%	85.00	119.00	40.0%	141.70	198.38	40.0%	106.26	148.76	40.0%
50	63.76	89.26	40.0%	47.24	66.14	40.0%	113.34	158.68	40.0%	85.00	119.00	40.0%	144.02	201.62	40.0%	108.62	152.06	40.0%
51	66.12	92.56	40.0%	49.58	69.42	40.0%	118.04	165.26	40.0%	89.74	125.64	40.0%	148.76	208.26	40.0%	113.34	158.68	40.0%
52	70.84	99.18	40.0%	51.96	72.74	40.0%	122.80	171.92	40.0%	92.06	128.88	40.0%	155.82	218.14	40.0%	118.04	165.26	40.0%
53	73.18	102.46	40.0%	54.30	76.02	40.0%	127.52	178.52	40.0%	96.80	135.52	40.0%	162.90	228.06	40.0%	122.80	171.92	40.0%
54	77.92	109.08	40.0%	59.04	82.66	40.0%	134.60	188.44	40.0%	101.54	142.16	40.0%	172.38	241.34	40.0%	129.84	181.78	40.0%
55	87.36	122.30	40.0%	66.12	92.56	40.0%	148.76	208.26	40.0%	113.34	158.68	40.0%	191.26	267.76	40.0%	144.02	201.62	40.0%
56	94.46	132.24	40.0%	73.18	102.46	40.0%	162.90	228.06	40.0%	125.14	175.20	40.0%	207.78	290.90	40.0%	162.90	228.06	40.0%
57	103.90	145.46	40.0%	80.28	112.40	40.0%	177.08	247.92	40.0%	136.94	191.72	40.0%	226.68	317.36	40.0%	174.74	244.64	40.0%
58	115.72	162.00	40.0%	89.74	125.64	40.0%	195.96	274.34	40.0%	148.76	208.26	40.0%	247.94	347.12	40.0%	191.26	267.76	40.0%
59	129.84	181.78	40.0%	96.80	135.52	40.0%	214.88	300.84	40.0%	162.90	228.06	40.0%	273.90	383.46	40.0%	207.78	290.90	40.0%
60	144.02	201.62	40.0%	113.34	158.68	40.0%	236.12	330.56	40.0%	186.54	261.16	40.0%	299.88	419.84	40.0%	236.12	330.56	40.0%
61	160.58	224.82	40.0%	129.84	181.78	40.0%	266.82	373.54	40.0%	217.24	304.14	40.0%	335.28	469.40	40.0%	271.54	380.16	40.0%
62	177.08	247.92	40.0%	139.32	195.04	40.0%	290.42	406.58	40.0%	231.38	323.94	40.0%	368.36	515.70	40.0%	290.42	406.58	40.0%
63	203.06	284.28	40.0%	165.28	231.40	40.0%	332.92	466.08	40.0%	269.14	376.80	40.0%	420.30	588.42	40.0%	340.00	476.00	40.0%
64	229.06	320.68	40.0%	179.46	251.24	40.0%	373.08	522.32	40.0%	292.82	409.94	40.0%	469.86	657.80	40.0%	370.70	518.98	40.0%
65	255.02	357.02	40.0%	207.78	290.90	40.0%	408.46	571.84	40.0%	332.92	466.08	40.0%	514.72	720.60	40.0%	420.30	588.42	40.0%
66	278.62	390.06	40.0%	221.98	310.78	40.0%	439.18	614.86	40.0%	351.80	492.52	40.0%	554.88	776.84	40.0%	443.90	621.46	40.0%
67	309.30	433.02	40.0%	245.58	343.82	40.0%	484.04	677.66	40.0%	384.88	538.84	40.0%	606.84	849.58	40.0%	481.68	674.36	40.0%
68	340.00	476.00	40.0%	278.62	390.06	40.0%	526.54	737.16	40.0%	429.74	601.64	40.0%	658.76	922.26	40.0%	536.00	750.40	40.0%
69	382.50	535.50	40.0%	302.22	423.10	40.0%	585.58	819.82	40.0%	465.16	651.22	40.0%	729.60	999.98	37.1%	578.50	809.90	40.0%
70	422.64	591.70	40.0%	335.28	469.40	40.0%	642.22	899.10	40.0%	510.00	714.00	40.0%	795.74	999.98	25.7%	632.82	885.94	40.0%
71	462.80	647.92	40.0%	366.00	512.40	40.0%	694.18	971.86	40.0%	550.16	770.22	40.0%	852.38	999.98	17.3%	677.64	948.70	40.0%
72	507.64	710.70	40.0%	403.76	565.26	40.0%	757.94	999.98	31.9%	604.46	846.24	40.0%	918.48	999.98	8.9%	731.98	999.98	36.6%
73	564.30	790.02	40.0%	453.36	634.70	40.0%	828.76	999.98	20.7%	665.86	932.20	40.0%	994.04	999.98	0.6%	800.42	999.98	24.9%
74	620.98	869.38	40.0%	500.60	700.84	40.0%	906.68	999.98	10.3%	729.60	999.98	37.1%	999.98	999.98	0.0%	861.82	999.98	16.0%
75	689.48	965.28	40.0%	547.80	766.92	40.0%	999.98	999.98	0.0%	795.74	999.98	25.7%	999.98	999.98	0.0%	923.22	999.98	8.3%
76	769.74	999.98	29.9%	609.18	852.86	40.0%	999.98	999.98	0.0%	871.28	999.98	14.8%	999.98	999.98	0.0%	998.76	999.98	0.1%
77	859.46	999.98	16.3%	687.10	961.94	40.0%	999.98	999.98	0.0%	975.16	999.98	2.5%	999.98	999.98	0.0%	999.98	999.98	0.0%
78	951.54	999.98	5.1%	757.94	999.98	31.9%	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%
79	999.98	999.98	0.0%	833.50	999.98	20.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%	999.98	999.98	0.0%

[1] The proposed rates are equal to 1.4 times the current rates, subject to a maximum rate of $999.98

Exhibit 18
RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Premium Rates
Policy Form 30225-VA
Premium Rates Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						*Simple Benefit Increase Option*						*Compound Benefit Increase Option*					
	20 Day Deductible Period			*100 Day Deductible Period*			*20 Day Deductible Period*			*100 Day Deductible Period*			*20 Day Deductible Period*			*100 Day Deductible Period*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	42.50	59.50	40.0%	30.68	42.96	40.0%	75.58	105.82	40.0%	54.30	76.02	40.0%	94.46	132.24	40.0%	68.48	95.88	40.0%
41	42.50	59.50	40.0%	30.68	42.96	40.0%	75.58	105.82	40.0%	54.30	76.02	40.0%	94.46	132.24	40.0%	68.48	95.88	40.0%
42	42.50	59.50	40.0%	30.68	42.96	40.0%	75.58	105.82	40.0%	54.30	76.02	40.0%	94.46	132.24	40.0%	68.48	95.88	40.0%
43	42.50	59.50	40.0%	30.68	42.96	40.0%	75.58	105.82	40.0%	54.30	76.02	40.0%	94.46	132.24	40.0%	68.48	95.88	40.0%
44	42.50	59.50	40.0%	30.68	42.96	40.0%	75.58	105.82	40.0%	54.30	76.02	40.0%	94.46	132.24	40.0%	68.48	95.88	40.0%
45	42.50	59.50	40.0%	30.68	42.96	40.0%	75.58	105.82	40.0%	54.30	76.02	40.0%	94.46	132.24	40.0%	68.48	95.88	40.0%
46	44.86	62.80	40.0%	33.08	46.32	40.0%	77.92	109.08	40.0%	56.64	79.30	40.0%	99.16	138.82	40.0%	70.84	99.18	40.0%
47	47.24	66.14	40.0%	33.08	46.32	40.0%	80.28	112.40	40.0%	56.64	79.30	40.0%	101.54	142.16	40.0%	73.18	102.46	40.0%
48	47.24	66.14	40.0%	33.08	46.32	40.0%	80.28	112.40	40.0%	59.04	82.66	40.0%	101.54	142.16	40.0%	73.18	102.46	40.0%
49	47.24	66.14	40.0%	35.42	49.58	40.0%	82.66	115.72	40.0%	61.38	85.94	40.0%	103.90	145.46	40.0%	75.58	105.82	40.0%
50	49.58	69.42	40.0%	35.42	49.58	40.0%	85.00	119.00	40.0%	61.38	85.94	40.0%	106.26	148.76	40.0%	75.58	105.82	40.0%
51	51.96	72.74	40.0%	37.76	52.86	40.0%	87.36	122.30	40.0%	66.12	92.56	40.0%	115.72	162.00	40.0%	82.66	115.72	40.0%
52	54.30	76.02	40.0%	37.76	52.86	40.0%	89.74	125.64	40.0%	66.12	92.56	40.0%	118.04	165.26	40.0%	85.00	119.00	40.0%
53	56.64	79.30	40.0%	40.16	56.22	40.0%	94.46	132.24	40.0%	68.48	95.88	40.0%	120.42	168.58	40.0%	87.36	122.30	40.0%
54	61.38	85.94	40.0%	42.50	59.50	40.0%	99.16	138.82	40.0%	70.84	99.18	40.0%	127.52	178.52	40.0%	92.06	128.88	40.0%
55	66.12	92.56	40.0%	47.24	66.14	40.0%	108.62	152.06	40.0%	77.92	109.08	40.0%	141.70	198.38	40.0%	101.54	142.16	40.0%
56	73.18	102.46	40.0%	54.30	76.02	40.0%	120.42	168.58	40.0%	87.36	122.30	40.0%	153.48	214.88	40.0%	113.34	158.68	40.0%
57	80.28	112.40	40.0%	59.04	82.66	40.0%	129.84	181.78	40.0%	96.80	135.52	40.0%	165.28	231.40	40.0%	122.80	171.92	40.0%
58	89.74	125.64	40.0%	66.12	92.56	40.0%	144.02	201.62	40.0%	103.90	145.46	40.0%	181.82	254.54	40.0%	132.22	185.10	40.0%
59	99.16	138.82	40.0%	70.84	99.18	40.0%	158.20	221.48	40.0%	113.34	158.68	40.0%	200.70	280.98	40.0%	144.02	201.62	40.0%
60	110.96	155.34	40.0%	82.66	115.72	40.0%	174.74	244.64	40.0%	132.22	185.10	40.0%	219.58	307.42	40.0%	165.28	231.40	40.0%
61	122.80	171.92	40.0%	96.80	135.52	40.0%	195.96	274.34	40.0%	151.12	211.56	40.0%	245.58	343.82	40.0%	191.26	267.76	40.0%
62	136.94	191.72	40.0%	103.90	145.46	40.0%	212.50	297.50	40.0%	162.90	228.06	40.0%	269.14	376.80	40.0%	203.06	284.28	40.0%
63	155.82	218.14	40.0%	120.42	168.58	40.0%	243.18	340.46	40.0%	188.90	264.46	40.0%	306.96	429.74	40.0%	238.46	333.84	40.0%
64	174.74	244.64	40.0%	132.22	185.10	40.0%	271.54	380.16	40.0%	205.42	287.58	40.0%	344.72	482.60	40.0%	259.74	363.64	40.0%
65	195.96	274.34	40.0%	153.48	214.88	40.0%	299.88	419.84	40.0%	233.78	327.30	40.0%	377.78	528.90	40.0%	295.14	413.20	40.0%
66	212.50	297.50	40.0%	162.90	228.06	40.0%	321.12	449.56	40.0%	247.94	347.12	40.0%	406.14	568.60	40.0%	311.70	436.38	40.0%
67	238.46	333.84	40.0%	181.82	254.54	40.0%	354.20	495.88	40.0%	269.14	376.80	40.0%	446.26	624.76	40.0%	337.64	472.70	40.0%
68	262.06	366.88	40.0%	203.06	284.28	40.0%	387.26	542.16	40.0%	299.88	419.84	40.0%	484.04	677.66	40.0%	375.40	525.56	40.0%
69	292.82	409.94	40.0%	221.98	310.78	40.0%	427.38	598.34	40.0%	325.84	456.18	40.0%	533.60	747.04	40.0%	406.14	568.60	40.0%
70	323.50	452.90	40.0%	245.58	343.82	40.0%	469.86	657.80	40.0%	356.52	499.12	40.0%	583.18	816.46	40.0%	443.90	621.46	40.0%
71	354.20	495.88	40.0%	269.14	376.80	40.0%	507.64	710.70	40.0%	384.88	538.84	40.0%	625.74	876.04	40.0%	474.58	664.42	40.0%
72	391.96	548.74	40.0%	297.50	416.50	40.0%	554.88	776.84	40.0%	422.64	591.70	40.0%	672.92	942.08	40.0%	512.40	717.36	40.0%
73	434.44	608.22	40.0%	332.92	466.08	40.0%	606.84	849.58	40.0%	467.52	654.52	40.0%	727.24	999.98	37.5%	559.62	783.46	40.0%
74	476.96	667.74	40.0%	368.36	515.70	40.0%	663.50	928.90	40.0%	512.40	717.36	40.0%	783.94	999.98	27.6%	604.46	846.24	40.0%
75	531.28	743.80	40.0%	403.76	565.26	40.0%	734.30	999.98	36.2%	557.24	780.14	40.0%	850.04	999.98	17.6%	644.62	902.46	40.0%
76	592.66	829.72	40.0%	448.62	628.06	40.0%	805.16	999.98	24.2%	609.18	852.86	40.0%	925.56	999.98	8.0%	698.92	978.48	40.0%
77	661.12	925.56	40.0%	505.32	707.44	40.0%	892.50	999.98	12.0%	682.38	955.34	40.0%	999.98	999.98	0.0%	767.38	999.98	30.3%
78	731.98	999.98	36.6%	557.24	780.14	40.0%	975.16	999.98	2.5%	741.40	999.98	34.9%	999.98	999.98	0.0%	826.42	999.98	21.0%
79	795.74	999.98	25.7%	613.92	859.48	40.0%	999.98	999.98	0.0%	809.88	999.98	23.5%	999.98	999.98	0.0%	883.08	999.98	13.2%
80				668.20	935.48	40.0%				868.92	999.98	15.1%				942.10	999.98	6.1%
81				724.90	999.98	37.9%				935.04	999.98	6.9%				999.98	999.98	0.0%
82				791.00	999.98	26.4%				999.98	999.98	0.0%				999.98	999.98	0.0%
83				861.82	999.98	16.0%				999.98	999.98	0.0%				999.98	999.98	0.0%
84				932.66	999.98	7.2%				999.98	999.98	0.0%				999.98	999.98	0.0%

[1] The proposed rates are equal to 1.4 times the current rates, subject to a maximum rate of $999.98

Exhibit 18
RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Premium Rates
Policy Form 30225-VA
Premium Rates Per $10 Daily Benefit

3 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						*Simple Benefit Increase Option*						*Compound Benefit Increase Option*					
	20 Day Deductible Period			*100 Day Deductible Period*			*20 Day Deductible Period*			*100 Day Deductible Period*			*20 Day Deductible Period*			*100 Day Deductible Period*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	37.76	52.86	40.0%	28.36	39.70	40.0%	66.12	92.56	40.0%	49.58	69.42	40.0%	82.66	115.72	40.0%	61.38	85.94	40.0%
41	37.76	52.86	40.0%	28.36	39.70	40.0%	66.12	92.56	40.0%	49.58	69.42	40.0%	82.66	115.72	40.0%	61.38	85.94	40.0%
42	37.76	52.86	40.0%	28.36	39.70	40.0%	66.12	92.56	40.0%	49.58	69.42	40.0%	82.66	115.72	40.0%	61.38	85.94	40.0%
43	37.76	52.86	40.0%	28.36	39.70	40.0%	66.12	92.56	40.0%	49.58	69.42	40.0%	82.66	115.72	40.0%	61.38	85.94	40.0%
44	37.76	52.86	40.0%	28.36	39.70	40.0%	66.12	92.56	40.0%	49.58	69.42	40.0%	82.66	115.72	40.0%	61.38	85.94	40.0%
45	37.76	52.86	40.0%	28.36	39.70	40.0%	66.12	92.56	40.0%	49.58	69.42	40.0%	82.66	115.72	40.0%	61.38	85.94	40.0%
46	40.16	56.22	40.0%	30.68	42.96	40.0%	68.48	95.88	40.0%	51.96	72.74	40.0%	87.36	122.30	40.0%	66.12	92.56	40.0%
47	40.16	56.22	40.0%	30.68	42.96	40.0%	70.84	99.18	40.0%	54.30	76.02	40.0%	89.74	125.64	40.0%	68.48	95.88	40.0%
48	42.50	59.50	40.0%	30.68	42.96	40.0%	73.18	102.46	40.0%	54.30	76.02	40.0%	92.06	128.88	40.0%	68.48	95.88	40.0%
49	42.50	59.50	40.0%	33.08	46.32	40.0%	73.18	102.46	40.0%	56.64	79.30	40.0%	92.06	128.88	40.0%	70.84	99.18	40.0%
50	44.86	62.80	40.0%	33.08	46.32	40.0%	75.58	105.82	40.0%	56.64	79.30	40.0%	94.46	132.24	40.0%	70.84	99.18	40.0%
51	47.24	66.14	40.0%	35.42	49.58	40.0%	77.92	109.08	40.0%	59.04	82.66	40.0%	99.16	138.82	40.0%	77.92	109.08	40.0%
52	47.24	66.14	40.0%	35.42	49.58	40.0%	80.28	112.40	40.0%	61.38	85.94	40.0%	101.54	142.16	40.0%	80.28	112.40	40.0%
53	51.96	72.74	40.0%	37.76	52.86	40.0%	85.00	119.00	40.0%	63.76	89.26	40.0%	108.62	152.06	40.0%	85.00	119.00	40.0%
54	54.30	76.02	40.0%	40.16	56.22	40.0%	89.74	125.64	40.0%	68.48	95.88	40.0%	113.34	158.68	40.0%	87.36	122.30	40.0%
55	59.04	82.66	40.0%	44.86	62.80	40.0%	96.80	135.52	40.0%	73.18	102.46	40.0%	125.14	175.20	40.0%	94.46	132.24	40.0%
56	66.12	92.56	40.0%	49.58	69.42	40.0%	106.26	148.76	40.0%	82.66	115.72	40.0%	136.94	191.72	40.0%	103.90	145.46	40.0%
57	73.18	102.46	40.0%	56.64	79.30	40.0%	115.72	162.00	40.0%	89.74	125.64	40.0%	148.76	208.26	40.0%	115.72	162.00	40.0%
58	80.28	112.40	40.0%	61.38	85.94	40.0%	129.84	181.78	40.0%	99.16	138.82	40.0%	165.28	231.40	40.0%	125.14	175.20	40.0%
59	89.74	125.64	40.0%	68.48	95.88	40.0%	141.70	198.38	40.0%	108.62	152.06	40.0%	181.82	254.54	40.0%	136.94	191.72	40.0%
60	99.16	138.82	40.0%	77.92	109.08	40.0%	155.82	218.14	40.0%	122.80	171.92	40.0%	198.36	277.70	40.0%	155.82	218.14	40.0%
61	110.96	155.34	40.0%	89.74	125.64	40.0%	174.74	244.64	40.0%	141.70	198.38	40.0%	219.58	307.42	40.0%	177.08	247.92	40.0%
62	122.80	171.92	40.0%	96.80	135.52	40.0%	191.26	267.76	40.0%	151.12	211.56	40.0%	243.18	340.46	40.0%	191.26	267.76	40.0%
63	141.70	198.38	40.0%	113.34	158.68	40.0%	221.98	310.78	40.0%	179.46	251.24	40.0%	278.62	390.06	40.0%	224.30	314.02	40.0%
64	158.20	221.48	40.0%	125.14	175.20	40.0%	245.58	343.82	40.0%	193.62	271.06	40.0%	309.30	433.02	40.0%	243.18	340.46	40.0%
65	174.74	244.64	40.0%	144.02	201.62	40.0%	269.14	376.80	40.0%	219.58	307.42	40.0%	337.64	472.70	40.0%	276.26	386.76	40.0%
66	191.26	267.76	40.0%	153.48	214.88	40.0%	288.08	403.32	40.0%	231.38	323.94	40.0%	361.28	505.80	40.0%	290.42	406.58	40.0%
67	214.88	300.84	40.0%	170.00	238.00	40.0%	318.76	446.26	40.0%	252.66	353.72	40.0%	401.38	561.94	40.0%	318.76	446.26	40.0%
68	238.46	333.84	40.0%	193.62	271.06	40.0%	349.46	489.24	40.0%	283.34	396.68	40.0%	436.82	611.54	40.0%	356.52	499.12	40.0%
69	264.46	370.24	40.0%	210.16	294.22	40.0%	384.88	538.84	40.0%	306.96	429.74	40.0%	479.32	671.04	40.0%	382.50	535.50	40.0%
70	290.42	406.58	40.0%	231.38	323.94	40.0%	422.64	591.70	40.0%	335.28	469.40	40.0%	524.20	733.88	40.0%	415.56	581.78	40.0%
71	316.38	442.94	40.0%	250.26	350.36	40.0%	453.36	634.70	40.0%	358.90	502.46	40.0%	557.24	780.14	40.0%	441.54	618.16	40.0%
72	351.80	492.52	40.0%	280.96	393.34	40.0%	500.60	700.84	40.0%	399.06	558.68	40.0%	606.84	849.58	40.0%	481.68	674.36	40.0%
73	391.96	548.74	40.0%	316.38	442.94	40.0%	550.16	770.22	40.0%	441.54	618.16	40.0%	661.12	925.56	40.0%	531.28	743.80	40.0%
74	429.74	601.64	40.0%	344.72	482.60	40.0%	597.38	836.34	40.0%	481.68	674.36	40.0%	703.62	985.06	40.0%	566.70	793.38	40.0%
75	476.96	667.74	40.0%	377.78	528.90	40.0%	658.76	922.26	40.0%	521.80	730.52	40.0%	762.66	999.98	31.1%	606.84	849.58	40.0%
76	528.88	740.44	40.0%	417.94	585.12	40.0%	717.80	999.98	39.3%	569.04	796.66	40.0%	824.04	999.98	21.4%	651.70	912.38	40.0%
77	595.02	833.02	40.0%	476.96	667.74	40.0%	805.16	999.98	24.2%	642.22	899.10	40.0%	906.68	999.98	10.3%	724.90	999.98	37.9%
78	663.50	928.90	40.0%	528.88	740.44	40.0%	883.08	999.98	13.2%	703.62	985.06	40.0%	982.24	999.98	1.8%	781.54	999.98	27.9%
79	715.42	999.98	39.8%	576.12	806.56	40.0%	944.48	999.98	5.9%	760.28	999.98	31.5%	999.98	999.98	0.0%	835.84	999.98	19.6%
80				618.64	866.10	40.0%				805.16	999.98	24.2%				887.80	999.98	12.6%
81				668.20	935.48	40.0%				861.82	999.98	16.0%				946.84	999.98	5.6%
82				717.80	999.98	39.3%				918.48	999.98	8.9%				999.98	999.98	0.0%
83				765.04	999.98	30.7%				972.80	999.98	2.8%				999.98	999.98	0.0%
84				807.54	999.98	23.8%				999.98	999.98	0.0%				999.98	999.98	0.0%

[1] The proposed rates are equal to 1.4 times the current rates, subject to a maximum rate of $999.98

Exhibit 18
RiverSource Life Insurance Company
Side-by-Side Comparison of Current and Proposed Premium Rates
Policy Form 30225-VA
Premium Rates Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						*Simple Benefit Increase Option*						*Compound Benefit Increase Option*					
	20 Day Deductible Period			*100 Day Deductible Period*			*20 Day Deductible Period*			*100 Day Deductible Period*			*20 Day Deductible Period*			*100 Day Deductible Period*		
Issue Age	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]	Current Rate	Proposed Rate	% Rate Change[1]
40	33.08	46.32	40.0%	23.60	33.04	40.0%	56.64	79.30	40.0%	42.50	59.50	40.0%	70.84	99.18	40.0%	51.96	72.74	40.0%
41	33.08	46.32	40.0%	23.60	33.04	40.0%	56.64	79.30	40.0%	42.50	59.50	40.0%	70.84	99.18	40.0%	51.96	72.74	40.0%
42	33.08	46.32	40.0%	23.60	33.04	40.0%	56.64	79.30	40.0%	42.50	59.50	40.0%	70.84	99.18	40.0%	51.96	72.74	40.0%
43	33.08	46.32	40.0%	23.60	33.04	40.0%	56.64	79.30	40.0%	42.50	59.50	40.0%	70.84	99.18	40.0%	51.96	72.74	40.0%
44	33.08	46.32	40.0%	23.60	33.04	40.0%	56.64	79.30	40.0%	42.50	59.50	40.0%	70.84	99.18	40.0%	51.96	72.74	40.0%
45	33.08	46.32	40.0%	23.60	33.04	40.0%	56.64	79.30	40.0%	42.50	59.50	40.0%	70.84	99.18	40.0%	51.96	72.74	40.0%
46	33.08	46.32	40.0%	25.96	36.34	40.0%	59.04	82.66	40.0%	44.86	62.80	40.0%	73.18	102.46	40.0%	54.30	76.02	40.0%
47	35.42	49.58	40.0%	25.96	36.34	40.0%	61.38	85.94	40.0%	44.86	62.80	40.0%	75.58	105.82	40.0%	56.64	79.30	40.0%
48	35.42	49.58	40.0%	25.96	36.34	40.0%	61.38	85.94	40.0%	44.86	62.80	40.0%	75.58	105.82	40.0%	56.64	79.30	40.0%
49	35.42	49.58	40.0%	25.96	36.34	40.0%	61.38	85.94	40.0%	44.86	62.80	40.0%	77.92	109.08	40.0%	59.04	82.66	40.0%
50	37.76	52.86	40.0%	28.36	39.70	40.0%	63.76	89.26	40.0%	47.24	66.14	40.0%	80.28	112.40	40.0%	63.76	89.26	40.0%
51	37.76	52.86	40.0%	28.36	39.70	40.0%	66.12	92.56	40.0%	49.58	69.42	40.0%	82.66	115.72	40.0%	66.12	92.56	40.0%
52	40.16	56.22	40.0%	30.68	42.96	40.0%	68.48	95.88	40.0%	51.96	72.74	40.0%	87.36	122.30	40.0%	68.48	95.88	40.0%
53	42.50	59.50	40.0%	33.08	46.32	40.0%	70.84	99.18	40.0%	54.30	76.02	40.0%	89.74	125.64	40.0%	70.84	99.18	40.0%
54	44.86	62.80	40.0%	33.08	46.32	40.0%	75.58	105.82	40.0%	56.64	79.30	40.0%	96.80	135.52	40.0%	70.84	99.18	40.0%
55	49.58	69.42	40.0%	37.76	52.86	40.0%	82.66	115.72	40.0%	61.38	85.94	40.0%	106.26	148.76	40.0%	80.28	112.40	40.0%
56	56.64	79.30	40.0%	40.16	56.22	40.0%	92.06	128.88	40.0%	66.12	92.56	40.0%	118.04	165.26	40.0%	85.00	119.00	40.0%
57	61.38	85.94	40.0%	47.24	66.14	40.0%	99.16	138.82	40.0%	75.58	105.82	40.0%	127.52	178.52	40.0%	96.80	135.52	40.0%
58	68.48	95.88	40.0%	51.96	72.74	40.0%	108.62	152.06	40.0%	82.66	115.72	40.0%	139.32	195.04	40.0%	106.26	148.76	40.0%
59	75.58	105.82	40.0%	56.64	79.30	40.0%	120.42	168.58	40.0%	92.06	128.88	40.0%	151.12	211.56	40.0%	115.72	162.00	40.0%
60	87.36	122.30	40.0%	63.76	89.26	40.0%	136.94	191.72	40.0%	101.54	142.16	40.0%	172.38	241.34	40.0%	127.52	178.52	40.0%
61	94.46	132.24	40.0%	70.84	99.18	40.0%	148.76	208.26	40.0%	110.96	155.34	40.0%	186.54	261.16	40.0%	139.32	195.04	40.0%
62	106.26	148.76	40.0%	80.28	112.40	40.0%	167.64	234.70	40.0%	127.52	178.52	40.0%	212.50	297.50	40.0%	160.58	224.82	40.0%
63	120.42	168.58	40.0%	87.36	122.30	40.0%	186.54	261.16	40.0%	136.94	191.72	40.0%	236.12	330.56	40.0%	172.38	241.34	40.0%
64	139.32	195.04	40.0%	99.16	138.82	40.0%	214.88	300.84	40.0%	155.82	218.14	40.0%	271.54	380.16	40.0%	195.96	274.34	40.0%
65	153.48	214.88	40.0%	110.96	155.34	40.0%	233.78	327.30	40.0%	170.00	238.00	40.0%	295.14	413.20	40.0%	214.88	300.84	40.0%
66	172.38	241.34	40.0%	122.80	171.92	40.0%	259.74	363.64	40.0%	186.54	261.16	40.0%	325.84	456.18	40.0%	233.78	327.30	40.0%
67	188.90	264.46	40.0%	134.60	188.44	40.0%	280.96	393.34	40.0%	198.36	277.70	40.0%	354.20	495.88	40.0%	250.26	350.36	40.0%
68	207.78	290.90	40.0%	151.12	211.56	40.0%	306.96	429.74	40.0%	221.98	310.78	40.0%	382.50	535.50	40.0%	276.26	386.76	40.0%
69	226.68	317.36	40.0%	162.90	228.06	40.0%	330.58	462.82	40.0%	236.12	330.56	40.0%	413.20	578.48	40.0%	295.14	413.20	40.0%
70	245.58	343.82	40.0%	179.46	251.24	40.0%	354.20	495.88	40.0%	259.74	363.64	40.0%	439.18	614.86	40.0%	321.12	449.56	40.0%
71	269.14	376.80	40.0%	195.96	274.34	40.0%	384.88	538.84	40.0%	278.62	390.06	40.0%	474.58	664.42	40.0%	342.38	479.34	40.0%
72	292.82	409.94	40.0%	212.50	297.50	40.0%	415.56	581.78	40.0%	302.22	423.10	40.0%	505.32	707.44	40.0%	366.00	512.40	40.0%
73	318.76	446.26	40.0%	233.78	327.30	40.0%	443.90	621.46	40.0%	328.22	459.50	40.0%	533.60	747.04	40.0%	394.28	552.00	40.0%
74	349.46	489.24	40.0%	257.38	360.34	40.0%	484.04	677.66	40.0%	356.52	499.12	40.0%	571.38	799.94	40.0%	420.30	588.42	40.0%
75	384.88	538.84	40.0%	278.62	390.06	40.0%	531.28	743.80	40.0%	384.88	538.84	40.0%	613.92	859.48	40.0%	446.26	624.76	40.0%
76	425.02	595.02	40.0%	309.30	433.02	40.0%	578.50	809.90	40.0%	420.30	588.42	40.0%	665.86	932.20	40.0%	481.68	674.36	40.0%
77	472.24	661.14	40.0%	344.72	482.60	40.0%	637.52	892.52	40.0%	465.16	651.22	40.0%	715.42	999.98	39.8%	524.20	733.88	40.0%
78	519.48	727.28	40.0%	380.16	532.22	40.0%	691.82	968.54	40.0%	507.64	710.70	40.0%	769.74	999.98	29.9%	564.30	790.02	40.0%
79	569.04	796.66	40.0%	415.56	581.78	40.0%	753.18	999.98	32.8%	547.80	766.92	40.0%	821.70	999.98	21.7%	609.18	852.86	40.0%
80				453.36	634.70	40.0%				590.30	826.42	40.0%				654.02	915.62	40.0%
81				495.84	694.18	40.0%				637.52	892.52	40.0%				706.00	988.40	40.0%
82				540.68	756.96	40.0%				687.10	961.94	40.0%				760.28	999.98	31.5%
83				590.30	826.42	40.0%				741.40	999.98	34.9%				816.96	999.98	22.4%
84				644.62	902.46	40.0%				800.42	999.98	24.9%				878.38	999.98	13.8%

[1] The proposed rates are equal to 1.4 times the current rates, subject to a maximum rate of $999.98

Exhibit 19
RiverSource Life Insurance Company
Premium Rates with 40% Rate Increase
Nursing Home Indemnity Policy
Policy Form 30225-VA

Premium Rates Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD						
	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible Period*		*Deductible Period*		*Deductible Period*	
Age	*20 Day*	*100 Day*	*20 Day*	*100 Day*	*20 Day*	*100 Day*
40	76.02	56.22	142.16	105.82	178.52	132.24
41	76.02	56.22	142.16	105.82	178.52	132.24
42	76.02	56.22	142.16	105.82	178.52	132.24
43	76.02	56.22	142.16	105.82	178.52	132.24
44	76.02	56.22	142.16	105.82	178.52	132.24
45	76.02	56.22	142.16	105.82	178.52	132.24
46	82.66	62.80	148.76	112.40	188.44	142.16
47	82.66	62.80	152.06	112.40	191.72	142.16
48	85.94	62.80	155.34	115.72	195.04	145.46
49	85.94	66.14	155.34	119.00	198.38	148.76
50	89.26	66.14	158.68	119.00	201.62	152.06
51	92.56	69.42	165.26	125.64	208.26	158.68
52	99.18	72.74	171.92	128.88	218.14	165.26
53	102.46	76.02	178.52	135.52	228.06	171.92
54	109.08	82.66	188.44	142.16	241.34	181.78
55	122.30	92.56	208.26	158.68	267.76	201.62
56	132.24	102.46	228.06	175.20	290.90	228.06
57	145.46	112.40	247.92	191.72	317.36	244.64
58	162.00	125.64	274.34	208.26	347.12	267.76
59	181.78	135.52	300.84	228.06	383.46	290.90
60	201.62	158.68	330.56	261.16	419.84	330.56
61	224.82	181.78	373.54	304.14	469.40	380.16
62	247.92	195.04	406.58	323.94	515.70	406.58
63	284.28	231.40	466.08	376.80	588.42	476.00
64	320.68	251.24	522.32	409.94	657.80	518.98
65	357.02	290.90	571.84	466.08	720.60	588.42
66	390.06	310.78	614.86	492.52	776.84	621.46
67	433.02	343.82	677.66	538.84	849.58	674.36
68	476.00	390.06	737.16	601.64	922.26	750.40
69	535.50	423.10	819.82	651.22	999.98	809.90
70	591.70	469.40	899.10	714.00	999.98	885.94
71	647.92	512.40	971.86	770.22	999.98	948.70
72	710.70	565.26	999.98	846.24	999.98	999.98
73	790.02	634.70	999.98	932.20	999.98	999.98
74	869.38	700.84	999.98	999.98	999.98	999.98
75	965.28	766.92	999.98	999.98	999.98	999.98
76	999.98	852.86	999.98	999.98	999.98	999.98
77	999.98	961.94	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 19
RiverSource Life Insurance Company
Premium Rates with 40% Rate Increase
Nursing Home Indemnity Policy
Policy Form 30225-VA

Premium Rates Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD						
	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible Period*		*Deductible Period*		*Deductible Period*	
Age	*20 Day*	*100 Day*	*20 Day*	*100 Day*	*20 Day*	*100 Day*
40	59.50	42.96	105.82	76.02	132.24	95.88
41	59.50	42.96	105.82	76.02	132.24	95.88
42	59.50	42.96	105.82	76.02	132.24	95.88
43	59.50	42.96	105.82	76.02	132.24	95.88
44	59.50	42.96	105.82	76.02	132.24	95.88
45	59.50	42.96	105.82	76.02	132.24	95.88
46	62.80	46.32	109.08	79.30	138.82	99.18
47	66.14	46.32	112.40	79.30	142.16	102.46
48	66.14	46.32	112.40	82.66	142.16	102.46
49	66.14	49.58	115.72	85.94	145.46	105.82
50	69.42	49.58	119.00	85.94	148.76	105.82
51	72.74	52.86	122.30	92.56	162.00	115.72
52	76.02	52.86	125.64	92.56	165.26	119.00
53	79.30	56.22	132.24	95.88	168.58	122.30
54	85.94	59.50	138.82	99.18	178.52	128.88
55	92.56	66.14	152.06	109.08	198.38	142.16
56	102.46	76.02	168.58	122.30	214.88	158.68
57	112.40	82.66	181.78	135.52	231.40	171.92
58	125.64	92.56	201.62	145.46	254.54	185.10
59	138.82	99.18	221.48	158.68	280.98	201.62
60	155.34	115.72	244.64	185.10	307.42	231.40
61	171.92	135.52	274.34	211.56	343.82	267.76
62	191.72	145.46	297.50	228.06	376.80	284.28
63	218.14	168.58	340.46	264.46	429.74	333.84
64	244.64	185.10	380.16	287.58	482.60	363.64
65	274.34	214.88	419.84	327.30	528.90	413.20
66	297.50	228.06	449.56	347.12	568.60	436.38
67	333.84	254.54	495.88	376.80	624.76	472.70
68	366.88	284.28	542.16	419.84	677.66	525.56
69	409.94	310.78	598.34	456.18	747.04	568.60
70	452.90	343.82	657.80	499.12	816.46	621.46
71	495.88	376.80	710.70	538.84	876.04	664.42
72	548.74	416.50	776.84	591.70	942.08	717.36
73	608.22	466.08	849.58	654.52	999.98	783.46
74	667.74	515.70	928.90	717.36	999.98	846.24
75	743.80	565.26	999.98	780.14	999.98	902.46
76	829.72	628.06	999.98	852.86	999.98	978.48
77	925.56	707.44	999.98	955.34	999.98	999.98
78	999.98	780.14	999.98	999.98	999.98	999.98
79	999.98	859.48	999.98	999.98	999.98	999.98
80		935.48		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 19
RiverSource Life Insurance Company
Premium Rates with 40% Rate Increase
Nursing Home Indemnity Policy
Policy Form 30225-VA

Premium Rates Per $10 Daily Benefit

3 YEAR BENEFIT PERIOD						
	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible Period*		*Deductible Period*		*Deductible Period*	
Age	*20 Day*	*100 Day*	*20 Day*	*100 Day*	*20 Day*	*100 Day*
40	52.86	39.70	92.56	69.42	115.72	85.94
41	52.86	39.70	92.56	69.42	115.72	85.94
42	52.86	39.70	92.56	69.42	115.72	85.94
43	52.86	39.70	92.56	69.42	115.72	85.94
44	52.86	39.70	92.56	69.42	115.72	85.94
45	52.86	39.70	92.56	69.42	115.72	85.94
46	56.22	42.96	95.88	72.74	122.30	92.56
47	56.22	42.96	99.18	76.02	125.64	95.88
48	59.50	42.96	102.46	76.02	128.88	95.88
49	59.50	46.32	102.46	79.30	128.88	99.18
50	62.80	46.32	105.82	79.30	132.24	99.18
51	66.14	49.58	109.08	82.66	138.82	109.08
52	66.14	49.58	112.40	85.94	142.16	112.40
53	72.74	52.86	119.00	89.26	152.06	119.00
54	76.02	56.22	125.64	95.88	158.68	122.30
55	82.66	62.80	135.52	102.46	175.20	132.24
56	92.56	69.42	148.76	115.72	191.72	145.46
57	102.46	79.30	162.00	125.64	208.26	162.00
58	112.40	85.94	181.78	138.82	231.40	175.20
59	125.64	95.88	198.38	152.06	254.54	191.72
60	138.82	109.08	218.14	171.92	277.70	218.14
61	155.34	125.64	244.64	198.38	307.42	247.92
62	171.92	135.52	267.76	211.56	340.46	267.76
63	198.38	158.68	310.78	251.24	390.06	314.02
64	221.48	175.20	343.82	271.06	433.02	340.46
65	244.64	201.62	376.80	307.42	472.70	386.76
66	267.76	214.88	403.32	323.94	505.80	406.58
67	300.84	238.00	446.26	353.72	561.94	446.26
68	333.84	271.06	489.24	396.68	611.54	499.12
69	370.24	294.22	538.84	429.74	671.04	535.50
70	406.58	323.94	591.70	469.40	733.88	581.78
71	442.94	350.36	634.70	502.46	780.14	618.16
72	492.52	393.34	700.84	558.68	849.58	674.36
73	548.74	442.94	770.22	618.16	925.56	743.80
74	601.64	482.60	836.34	674.36	985.06	793.38
75	667.74	528.90	922.26	730.52	999.98	849.58
76	740.44	585.12	999.98	796.66	999.98	912.38
77	833.02	667.74	999.98	899.10	999.98	999.98
78	928.90	740.44	999.98	985.06	999.98	999.98
79	999.98	806.56	999.98	999.98	999.98	999.98
80		866.10		999.98		999.98
81		935.48		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 19
RiverSource Life Insurance Company
Premium Rates with 40% Rate Increase
Nursing Home Indemnity Policy
Policy Form 30225-VA

Premium Rates Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD						
	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible Period*		*Deductible Period*		*Deductible Period*	
Age	*20 Day*	*100 Day*	*20 Day*	*100 Day*	*20 Day*	*100 Day*
40	46.32	33.04	79.30	59.50	99.18	72.74
41	46.32	33.04	79.30	59.50	99.18	72.74
42	46.32	33.04	79.30	59.50	99.18	72.74
43	46.32	33.04	79.30	59.50	99.18	72.74
44	46.32	33.04	79.30	59.50	99.18	72.74
45	46.32	33.04	79.30	59.50	99.18	72.74
46	46.32	36.34	82.66	62.80	102.46	76.02
47	49.58	36.34	85.94	62.80	105.82	79.30
48	49.58	36.34	85.94	62.80	105.82	79.30
49	49.58	36.34	85.94	62.80	109.08	82.66
50	52.86	39.70	89.26	66.14	112.40	89.26
51	52.86	39.70	92.56	69.42	115.72	92.56
52	56.22	42.96	95.88	72.74	122.30	95.88
53	59.50	46.32	99.18	76.02	125.64	99.18
54	62.80	46.32	105.82	79.30	135.52	99.18
55	69.42	52.86	115.72	85.94	148.76	112.40
56	79.30	56.22	128.88	92.56	165.26	119.00
57	85.94	66.14	138.82	105.82	178.52	135.52
58	95.88	72.74	152.06	115.72	195.04	148.76
59	105.82	79.30	168.58	128.88	211.56	162.00
60	122.30	89.26	191.72	142.16	241.34	178.52
61	132.24	99.18	208.26	155.34	261.16	195.04
62	148.76	112.40	234.70	178.52	297.50	224.82
63	168.58	122.30	261.16	191.72	330.56	241.34
64	195.04	138.82	300.84	218.14	380.16	274.34
65	214.88	155.34	327.30	238.00	413.20	300.84
66	241.34	171.92	363.64	261.16	456.18	327.30
67	264.46	188.44	393.34	277.70	495.88	350.36
68	290.90	211.56	429.74	310.78	535.50	386.76
69	317.36	228.06	462.82	330.56	578.48	413.20
70	343.82	251.24	495.88	363.64	614.86	449.56
71	376.80	274.34	538.84	390.06	664.42	479.34
72	409.94	297.50	581.78	423.10	707.44	512.40
73	446.26	327.30	621.46	459.50	747.04	552.00
74	489.24	360.34	677.66	499.12	799.94	588.42
75	538.84	390.06	743.80	538.84	859.48	624.76
76	595.02	433.02	809.90	588.42	932.20	674.36
77	661.14	482.60	892.52	651.22	999.98	733.88
78	727.28	532.22	968.54	710.70	999.98	790.02
79	796.66	581.78	999.98	766.92	999.98	852.86
80		634.70		826.42		915.62
81		694.18		892.52		988.40
82		756.96		961.94		999.98
83		826.42		999.98		999.98
84		902.46		999.98		999.98

Reset Form

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

Company Name and NAIC Number: RiverSource Life Insurance Company, #65005

SERFF Tracking Number: AERS-131005529

Effective Date: Upon approval

Revised Rates

Average Annual Premium Per Member: 2,015

Average Requested Percentage Rate Change Per Member: 39.8%

Minimum Requested Percentage Rate Change Per Member: 0.0%

Maximum Requested Percentage Rate Change Per Member: 40.0%

Number of Policy Holders Affected : 1,662

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
30225-VA	

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

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

Narrative: Explanation of Justification for Rate Increase

Rates are being raised on all policies issued under these policy forms to offset anticipated claims that are higher than previously expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated increased costs and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance and included the necessary actuarial data and other items requested by the Virginia Bureau of Insurance to support the increase.

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource Insurance

Long-Term Care Policy Change Request Form – Return this page

Policy Owner
JOHN DOE

Policy number
9100-4000000-7 004

Important information

- Do not complete this form if you wish to keep your current coverage. Instead, pay your increased premium when it becomes effective, July 15, 2020. At that time, your annual premium will increase from $3,167.80 to $3,643.00.
- Your policy may contain other benefit amounts that will decrease proportionally if you reduce your Daily Benefit Amount.
- To adjust your coverage, complete this form and return it to us in the enclosed envelope by **June 15, 2020** to ensure your request is processed as of your anniversary date.
- The coverage change options shown are common; however, you may have alternative options available to minimize the impact of this premium increase. For more information, call our office at **1-800-862-7919**.

Select one coverage adjustment below
If you adjust your benefits or convert to a paid-up policy, you cannot increase your coverage in the future.

Coverage Change Options		New Premium as of July 15, 2020
O	Shorten your Benefit Period from Unlimited to 6 years	$2,816.50
O	Shorten your Benefit Period from Unlimited to 4 years	$2,296.00
O	Reduce your Daily Benefit Amount from $100.00 to $86.96	$3,167.95
O	Shorten your Benefit Period from Unlimited to 4 years and reduce your Daily Benefit Amount from $100.00 to $86.96	$1,996.60
O	Convert to a paid-up policy and stop paying premiums	$0.00

Your premium rate will increase again on your next policy anniversary.

Detail other coverage adjustments below, if the options above do not meet your needs – please call our office or your Ameriprise financial advisor to learn more.

Acknowledge and Sign
By signing this form, you authorize RiverSource Life Insurance Company to modify your coverage based on your selection above.

X

Policy Signature

Date

If signing as fiduciary, in what capacity are you acting?
For fiduciary requirements, contact 1-800-862-7919.

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource Insurance

July 10, 2020

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning October 15, 2020.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

For more information, review the enclosed Frequently Asked Questions or call our office at **1-800-862-7919**.

JOHN DOE
STREET ADDRESS
City, VA 99999-999

Policy Number: 9100-3000000-7 004.

Dear JOHN DOE,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a 34.6% increase on all policies like yours. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

The premium for your policy will increase on your policy anniversary, October 15, 2020. There are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage.

On October 15, 2020, your annual premium will increase from $3,686.00 to $4,961.40.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations for long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Carefully consider your options outlined below

Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances (such as your age, health, financial position and availability for support from caregivers or family) and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your annual premium will increase from $3,686.00 to $4,961.40.

- Daily Benefit Amount: $100.00
- Benefit Period: Unlimited

2 **Adjust your coverage**

A few common options to adjust your coverage and manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new annual premium, beginning October 15, 2020, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$100.00	$100.00	$100.00	$74.29	$74.29
Benefit Period	Unlimited	4 years	3 years	Unlimited	3 years
Current Premium	**$3,686.00**				
New Premium as of October 15, 2020	**$4,961.40**	**$3,060.00**	**$2,867.60**	**$3,685.82**	**$2,130.34**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**

You have the option to stop paying premiums within 120 days following your policy anniversary, October 15, 2020, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $39,658.25 This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on

your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps

Before making a decision, we suggest you discuss the options outlined in this letter with our Ameriprise advisor or someone else you trust. Action may be needed depending on which option you select. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage

No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, October 15, 2020.

Adjust your coverage

Complete the enclosed form and return it to us in the envelope provided by September 15, 2020 to ensure changes to your coverage are processed before the effective date of this increase.

Convert to a paid-up policy

Complete the enclosed form and return it to us in the envelope provided by September 15, 2020 to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

Questions? We're here to help. Please contact:

- A financial advisor at the Ameriprise Advisor Center at 1-800-297-2012, Monday through Friday, 8 a.m. to 6 p.m. Central time, or
- A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Jay Poor
Vice President – RiverSource Service Operations and Contract Administration

Enclosures:
Long-Term Care Policy Change Request Form
Business Reply Envelope
Frequently Asked Questions

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource Insurance

July 10, 2020

Notice of Premium Rate Increase

JOHN DOE
STREET ADDRESS
City, VA 99999-9999

Policy Number: 9100-1000000-7 004.

Dear JOHN DOE,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a 34.6% increase on all policies like yours. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued. The premium for your policy will increase on your policy anniversary, October 15, 2020.

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits. Your obligation to pay premiums for your policy will not restart as long as you meet the policy's provisions for having your premiums waived.

On October 15, 2020, your annual premium will increase from $3,686.00 to $4,961.40.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium increase has been reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

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Your available options

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, you may have the options outlined below available to you. **Note that the amounts shown below may not be of equal value to you. You do not need to take any action to adjust your coverage at this time.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your annual premium will increase from $3,686.00 to $4,961.40.

- Daily Benefit Amount: $100.00
- Benefit Period: Unlimited

2 **Adjust your coverage**

A few common options to adjust your coverage and manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new annual premium, beginning October 15, 2020, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$100.00	$100.00	$100.00	$74.29	$74.29
Benefit Period	Unlimited	4 years	3 years	Unlimited	3 years
Current Premium	**$3,686.00**				
New Premium as of October 15, 2020	**$4,961.40**	**$3,060.00**	**$2,867.60**	**$3,685.82**	**$2,130.34**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**

You have the option to stop paying premiums within 120 days following your policy anniversary, October 15, 2020, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $39,658.25. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

No action is needed at this time
Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, feel free to contact us to discuss potential options you may have to minimize the impact of this premium increase.

Questions? We're here to help. Please contact:

- A financial advisor at the Ameriprise Advisor Center at 1-800-297-2012, Monday through Friday, 8 a.m. to 6 p.m. Central time, or
- A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Jay Poor
Vice President – RiverSource Service Operations and Contract Administration

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource Insurance

July 10, 2020

Notice of Premium Rate Increase

JOHN DOE
STREET ADDRESS
City, VA 99999-9999

Policy Number: 9100-2000000-7 004.

Dear JOHN DOE,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a 75% increase on all policies like yours. The premium for your policy will increase up to 15% each year, over five years. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

Please note that you have a right to a revised premium or rate schedule upon request.

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits. Your obligation to pay premiums for your policy will not restart as long as you meet the policy's provisions for having your premiums waived.

The first increase will be applied on your policy anniversary, October 15, 2020.

On October 15, 2020, your annual premium will increase from $3,167.80 to $3,643.00.

There will be an additional premium increase (up to 15% each year) on your next four policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your annual premium will increase in future years as follows:

- On October 15, 2021, your premium will increase to $4,189.40.
- On October 15, 2022, your premium will increase to $4,817.80.
- On October 15, 2023, your premium will increase to $5,540.40.
- On October 15, 2024, your premium will increase to $6,371.40.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium rate increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Your available options

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, you may have the options outlined below available to you. **Note that the amounts shown below may not be of equal value to you. You do not need to take any action to adjust your coverage at this time.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your annual premium will increase from $3,167.80 to $3,643.00.

- Daily Benefit Amount: $100.00
- Benefit Period: Unlimited

2 **Adjust your coverage**

A few common options to adjust your coverage and manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new annual premium, beginning October 15, 2020, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$100.00	$100.00	$100.00	$86.96	$86.96
Benefit Period	Unlimited	6 years	4 years	Unlimited	4 years
Current Premium	**$3,167.80**				
New Premium as of October 15, 2020	**$3,643.00**	**$2,816.40**	**$2,296.00**	**$3,167.95**	**$1,996.60**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**
You have the option to stop paying premiums within 120 days following your policy anniversary, October 15, 2020, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $24,627.50. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

No action is needed at this time
Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, feel free to contact us to discuss potential options you may have to minimize the impact of this premium increase.

Questions? We're here to help. Please contact:

- Your financial advisor, John Smith at 999-999-9999, or
- A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Jay Poor
Vice President – RiverSource Service Operations and Contract Administration

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource Insurance

July 10, 2020

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning October 15, 2020.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

For more information, review the enclosed Frequently Asked Questions or call our office at **1-800-862-7919**.

JOHN DOE
STREET ADDRESS
City, VA 99999-9999

Policy Number: 9100-4000000-7 004.

Dear JOHN DOE,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a 75% increase on all policies like yours. The premium for your policy will increase up to 15% each year, over five years. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

Please note that you have a right to a revised premium or rate schedule upon request.

The first increase will be applied on your policy anniversary, October 15, 2020. There are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage.

On October 15, 2020, your annual premium will increase from $3,167.80 to $3,643.00. This is the first increase in premium over this five-year period.

There will be an additional premium increase (up to 15% each year) on your next four policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your annual premium will increase in future years as follows:

- On October 15, 2021, your premium will increase to $4,189.40.
- On October 15, 2022, your premium will increase to $4,817.80
- On October 15, 2023, your premium will increase to $5,540.40.

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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- On October 15, 2024, your premium will increase to $6,371.40.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium rate increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Carefully consider your options outlined below
Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances (such as your age, health, financial position and availability for support from caregivers or family) and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your annual premium will increase from $$3,167.80 to $3,643.00.

- Daily Benefit Amount: $100.00
- Benefit Period: Unlimited

2 **Adjust your coverage**
A few common options to adjust your coverage and to manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new annual premium, beginning October 15, 2020, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$100.00	$100.00	$100.00	$86.96	$86.96
Benefit Period	Unlimited	6 years	4 years	Unlimited	4 years
Current Premium	**$3,167.80**				
New Premium as of October 15, 2020	**$3,643.00**	**$2,816.40**	**$2,296.00**	**$3,167.95**	**$1,996.60**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**

You have the option to stop paying premiums within 120 days following your policy anniversary, October 15, 2020, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $24,627.50. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps

Before making a decision, we suggest you discuss the options outlined in this letter with our Ameriprise advisor or someone else you trust. Action may be needed depending on which option you select. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage

No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, October 15, 2020.

Adjust your coverage

Complete the enclosed form and return it to us in the envelope provided by September 15, 2020 to ensure changes to your coverage are processed before the effective date of this increase.

Convert to a paid-up policy

Complete the enclosed form and return it to us in the envelope provided by September 15, 2020 to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

As a reminder, any adjustments you make to your coverage now, will result in a new premium for this upcoming year. Because this premium increase is spread out over a five-year period, your premium rate will increase again on your next policy anniversary.

Questions? We're here to help. Please contact:

- Your financial advisor, John Smith at 999-999-9999, or
- A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Jay Poor
Vice President – RiverSource Service Operations and Contract Administration

Enclosures:
Long-Term Care Policy Change Request Form
Business Reply Envelope
Frequently Asked Questions

This page is intentionally left blank

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474

1-800-862-7919

Endorsement to Policy

Policy: **9100-1234567-7 004**

Insured **John Doe**

This endorsement is made a part of the policy to which it is attached. This endorsement confirms Your election to change the policy as follows:

Daily Benefit Amount

Original Nursing Home Daily Benefit changed to $XX.XX

Original Daily Benefit – Nursing Home changed to $XX.XX

Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX

Original Covered Care Daily Maximum changed to $XX.XX

Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX

Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX

Benefit Period

Nursing Home Benefit Limit changed to XX days

Confinement Benefit Limit changed to XX days

Home Care Rider Maximum Payment Period changed to XX days

Covered Care Maximum Payment Period changed to XX days

Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ)

Elimination Period

Nursing Home Deductible Period changed to XX days

Confinement Benefit Deductible (Elimination Period) changed to XX days

Covered Care Deductible (Elimination Period) changed to XX days

Deductible Period to XX days

Benefit Increase Option

Benefit Increase Option – Thru Age 85

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Home Care Benefit Rider Increase Option – Thru Age 85

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Home and Community Care Rider Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No) if Yes Simple Increase

Benefit Increase Option

Do you have this Option? Changed to XXX (Yes/No), if Yes, Simple BIO paragraphs will follow (SIMPLE 5% BENEFIT INCREASES: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts.
Your Lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where:
(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year)

Optional Home Care Rider
Optional Home Care Rider is eliminated

Optional Nonforfeiture Benefit Rider
Optional Nonforfeiture Benefit Rider is eliminated

Exercised Nonforfeiture Option
Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

Exercised Contingent Benefit Upon Lapse

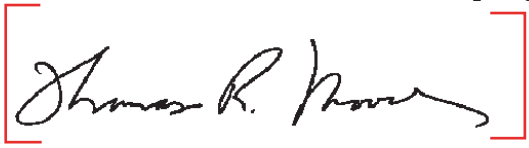
Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00.

Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply.

This endorsement does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

This endorsement is effective xx/xx/xxxx.

RiverSource Life Insurance Company



Secretary

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource

Frequently Asked Questions for RiverSource Life Insurance Company (RiverSource Life) and RiverSource Life Insurance Co. of New York (RiverSource Life of NY) In-Force Long-Term Care Policyowners Affected by the Recent Rate Increase

Q1: Is this a bill?
A: No, this notice is not a bill. This notice does provide important information regarding your upcoming Long Term Care premiums.

Q2: Why are my premiums going up?
A: Premiums are going up on the block of policies similar to yours due to anticipated claims that are higher than expected. It is important that premiums collected by an insurance company bear a relationship to the claims it anticipates paying.

Q3: Are my rates going up because I filed a claim?
A: No. In analyzing the need for a rate increase, claims information is reviewed in aggregate. In other words, we look at the claims experience across all policies like yours. This rate increase in no way reflects on any individual claims you may have submitted.

Q4: But my policy says it is "guaranteed renewable." How can my rates be going up?
A: A policy that is guaranteed renewable means that it cannot be canceled because of a change in your health. It also means that rates can only be changed on your policy if they are changed for all other policies like yours. As long as you pay the premium, it cannot be canceled.

Q5: How do I know that this increase is justified?
A: Insurance is a heavily regulated industry. In order to implement this rate increase, RiverSource Life is required to file a request for approval with each state insurance regulatory authority. RiverSource Life of NY is required to file a request for approval with the State of New York. Included with our request is the necessary actuarial data to support the increase. If the state insurance regulatory authority agrees with our request, it is then approved and implemented. RiverSource Life and RiverSource Life of NY have filed their requests for an increase. (Note: There are a handful of states that are not empowered to actually approve a rate increase. However, RiverSource Life and RiverSource Life of NY still provided these states with the same information concerning our need to increase rates for informational purposes.)

Q6: Will my rates go up again in the future?
A: Future rate increases are possible on all guaranteed renewable long-term care insurance policies no matter which company issued the policy. However, as indicated above, any future rate increase will require state regulatory approval before it can be implemented. It is possible that you will see additional rate increases in the future.

Q7: You indicate that there are options available to me to offset this premium increase. What do you mean by that?
A: At the time you purchased your policy you were presented with several options regarding the exact nature of your benefits under the policy. Your selection of options determined the initial premium that was charged for your policy. In light of this rate increase, you may wish to revisit those options and make an adjustment to your current benefit selections. Doing so could help you lower your premium to a point that it would be comparable to the premium you were paying before the rate increase.

Q8: What options are available to me to offset this premium increase?

A: Each block of long-term care insurance policies which RiverSource Life or RiverSource Life of NY sold had different benefit options. Depending on the option(s) you may have chosen when you purchased your policy, you may want to consider a different option. Listed below are options that may be available to you. You will want to refer to your policy for the specific options that are available to you.

1. Current Daily Benefit Amount: This dollar amount represents the maximum daily benefit we will pay according to your policy. Reducing this amount will reduce the amount that we will pay for covered services received and the premium charged for your policy. Keep in mind that your policy may contain other benefit amounts that will be proportionally decreased if you reduce your daily benefit amount.
2. Elimination Period: This is the number of days that covered services are provided to you but which must be paid for by you before the policy begins to pay benefits. For example, if your policy has a 20-day elimination period, you must be receiving covered services for 20 days before we start paying benefits for services received on or after the 21st day. Increasing the elimination period will reduce your premium.
3. Benefit Period: This is the total period of time for which benefits will be paid during the life of the policy. This period is specified on your policy schedule. Reducing the benefit period will reduce your premium. For example, you may want to consider reducing your benefit period from lifetime to four years.
4. Home Care Coverage: If you have home care coverage, you may be able to reduce these benefits.

Q9: Should I let my policy lapse?

A: Your policy represents a critical component of a sound financial plan. You should always consider one of the options available to reduce your premium before you let this coverage lapse. Please consult with your advisor or a RiverSource client service representative before making changes to your policy.

Q10: Will I get a refund if I cancel my policy or let my policy lapse?

A: No. Much like other types of insurance (i.e. automobile, homeowners, etc.), your policy does not accumulate any cash value so canceling your policy or letting it lapse will not result in any refund to you. If you cancel your policy, the only refund you will receive is a return of any unearned premium that you may have already paid for the period of time between the time you cancel your policy and your next premium due date. You will not be able to receive any refund of premium that has already been earned by the company.

Q11: Wouldn't it be cheaper for me to get a new policy?

A: It may or it may not. It's important to keep in mind that obtaining a new policy with any carrier will require your application to be underwritten at your current age and at your current health status. Also, as many carriers have also experienced rate increases on existing blocks of long-term care policies, they are increasing the premiums they charge for new policies as well. If you choose to explore the possibility of obtaining a new policy elsewhere, we believe you will find that your existing policy, even with this premium increase, represents a good value compared with obtaining new coverage at current market rates. *If you are considering a new policy, be sure you have an offer of insurance for the new policy before you drop your existing coverage. If you don't pay the increased premium on your existing policy, your policy will lapse.*

Q12: Do I have to do anything if I want to keep my benefits the way they are?

A: No. As long as you continue to pay your premiums, now at the increased rate, when they are due, your policy will remain as it was prior to the rate increase. You only need to take action if you would like to explore the options available to you for reducing your benefits to offset the rate increase.

Q13: My premium is paid by a credit card or a bank authorization. I'd like to keep my current coverage; what will happen to my premium?

A: If your premium is currently being paid by a credit card or a bank authorization, the deduction amount will automatically be increased to the new premium amount. You don't need to take any action.

Q14: My premium is paid by a systematic payout from another Ameriprise account. I'd like to keep my current coverage; what will happen to my premium?

A: If your premium is currently being paid by a systematic payout from another Ameriprise account, you may need to take action:

- **If taxes are not being withheld**, the payout amount will automatically be increased to the new premium amount. You don't need to take any action.
- **If taxes are being withheld**, the gross payout amount may need to be adjusted. Contact your financial advisor or call us at our service center for more information.

Not all policies are available in all states.

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

August 2, 2017

To: Virginia Bureau of Insurance

RE: RiverSource Life Insurance Company
Company NAIC # 65005
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Ameriprise Financial, Inc., the parent company of RiverSource Life Insurance Company ("RiverSource Life"), formerly IDS Life Insurance Company, has entered into a service agreement with Milliman, Inc. ("Milliman") effective April 5, 2007, that includes individual long term care rate filing services.

RiverSource Life prepared and submitted the above referenced rate filing in August 2017. Milliman has conducted a high-level review of the cover letter, Rate Review Requirements Checklist, Long Term Care Insurance Rate Request Summary, and actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state as indicated in the filing. However, Milliman has not performed any technical checking of the filing for accuracy.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

Should you have any questions regarding the above, please feel free to contact me directly at (952) 820-2419 or by email at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mag

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

August 2, 2017

Honorable Jacqueline K. Cunningham
Commissioner of Insurance
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Commissioner Cunningham:

The referenced rate filing is being submitted by RiverSource Life Insurance Company (previously IDS Life Insurance Company) for your review.

30225–VA is an existing individual policy form providing benefits for confinement in a nursing home and was previously approved in 1992. This form was issued in Virginia from January 1993 through January 2001 and is no longer being marketed in any state, and, outside of Virginia, was last issued in 2002.

The company is requesting the approval of a premium rate increase on the above-listed form. At this time, a premium rate increase of 32.3% is being requested on the nursing home portion of the premium only. Although a larger premium rate increase is currently supportable, to minimize the impact on policyholders to the extent we can, an increase of only 32.3% is being requested at this time. Unless emerging experience improves, we believe it is likely that additional premium rate increases will be requested in the future.

As noted in the Actuarial Memorandum, five prior premium rate increases have been approved and implemented on this form. A 35% increase was approved in October 2005 and implemented on each contract's next policy anniversary beginning in March 2006. A 15% increase was approved in May 2008 and implemented on each contract's next policy anniversary beginning in August 2008. A 15% increase was approved in May 2009 (SERFF Tracking #AERS-126128677) and implemented on each contract's next policy anniversary beginning in August 2009. A 15% increase was approved in May 2012 (SERFF Tracking #AERS-126909861) and implemented on each contract's next policy anniversary beginning in October 2012. A 15% increase was approved in December 2014 (SERFF Tracking #AERS-129329714) and implemented on each contract's next policy anniversary beginning in June 2015.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

The prior rate increases only applied to the nursing home portion of premium; no rate increase has been or is being requested for the premium associated with the optional home care rider or the optional nonforfeiture benefit rider.

As with the prior rate increases, the company will offer insureds affected by the premium increase the option of reducing their policy benefit to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

In accordance with the NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases, as adopted by the NAIC on December 18, 2013, if the requested premium rate increase is approved, the company will offer insureds a contingent benefit upon lapse in accordance with the duration and trigger percentages referenced in the Bulletin, regardless of the issue date of the policy.

The following electronic items are included in this submission:

- this cover letter;
- the Virginia Rate Revision Checklist;
- the Virginia Rate Request Summary;
- a letter from Milliman Inc. describing their involvement and review of this filing;
- an Actuarial Memorandum and Rate Schedules ;
- Virginia Forms 112018 and 112016 Notice of Premium Rate Increase, Virginia LTC Coverage Change Request Form 291524 and the FAQ[1] that will be sent to policyholders approximately 90 days prior to the effective date of the premium rate increase; and
- Virginia endorsement form 112459 that will be provided if the policyholder makes any changes to the benefit provisions of the policy.

[1] In the future, slight variations in language in the FAQ may occur that do not materially change the information being provided to the policyholder.

Thank you for your assistance in reviewing this filing.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

July 12, 2018

Ms. Janet Houser
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to your letter dated August 11, 2017 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your letter. I restate your requests in italics for reference.

In response to item #9 of Objection 2, a revised Actuarial Memorandum is being provided with this response where the loss ratios in Exhibits X, XI, XIII and XIV and Table 1 shown in section 14 have been calculated using an interest rate of 4.62%, which is the average maximum statutory valuation interest rate used for contract reserves determined by weighting the active life reserve balance as of December 31, 2016 by issue year. The loss ratios in Attachments 1, 2 and 3 to this response (as described below) have also been calculated using an interest rate of 4.62%.

RiverSource Life is requesting a premium rate increase at this time that is lower than the current actuarially justified increase. We believe that it appropriate to limit the current premium rate increase request to 32.3% in order to minimize the impact on policyholders to the extent that we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates. However, if the Bureau's position is to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Bureau informs the company prior to approving this filing, as the company would like to amend this filing to request a significantly larger premium rate increase at this time.

Objection 1

1) *Please update the Company Rate Information on the Rate/Rule Schedule to reflect the Overall Percentage Rate Impact and update the Percent Rate Change Request under the Rate Action Information to reflect the same percentage which is the percentage increase being requested at this time and not the previously approved increase.*

   The "Percent Rate Change Request" field on the Rate/Rule Schedule of SERFF has been updated to reflect the currently requested 32.3% premium rate increase. The "Overall Percentage Rate Impact" field has been updated to reflect a 32.0% premium rate increase, as described in item #2.

2) *According to the revised Actuarial Memorandum, the proposed increase is 32.3%; however, this increase only applies to nursing home portion only of the premium and the Rate/Rule Schedule indicates a range of 0% - 32.3%. This is confirmed by Exhibit XVI which demonstrates a range of 0% - 32.3% with a premium cap of $998.98 resulting no increases for some individuals. Since there is a range, the expectation is that the Overall Percentage rate impact and the proposed rate increase should fall between 0% - 32.3%. Please amend the filing accordingly.*

   Of the 1,742 Virginia policyholders inforce as of December 31, 2016, there are two policyholders who have a proposed premium rate with an increase less than the requested 32.3% and one policyholder who will have no increase in premium. Therefore, the "Overall Percentage Rate Impact" for this filing is 32.0%. The Rate/Rule Schedule of SERFF has been updated to reflect this.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

3) *There are two options included in the rate sheets: simple benefit increase option and compound benefit increase option. Are the premiums for these benefits a dollar amount or a percentage of the base policy? If these are form numbers separate from the base policy, please add the form numbers to the Rate/Rule Schedule and attach a factor or premium rate table for each. If not, please amend the rate attachment to indicate what those factors are on the premium attachment for the base policy.*

   At the time of original pricing, the premium rates for policies with the Simple Benefit Increase Option ("Simple BIO") and the Compound Benefit Increase Option ("Compound BIO") were determined separately from those for policies with No Benefit Increase Option ("No BIO"). The cumulative premium rate increase previously approved in Virginia for policy form 30225-VA has been applied uniformly to all premium rates regardless of the BIO (subject to a maximum premium rate cap of $999.98). All premium rates shown in Exhibits XVI and XVII of the revised Actuarial Memorandum are per $10 of Original Daily Benefit Amount. There is no separate form number for policies with a Simple or Compound BIO, i.e. there is no "base policy" as referenced in the Bureau's objection.

4) *Are there any other riders that would affected by this rate increase? If so, please add the form number exactly as approved with a corresponding rate schedule.*

   An optional home care rider was offered with this policy form at the time of issue. Of the 1,742 Virginia policies inforce as of December 31, 2016, 681 policies have the optional home care rider. We are currently requesting a premium rate increase of 32.3% on the premium associated with the nursing home policy only. No rate increase has been or is being requested for the premium associated with the optional home care rider.

5) *Please update the Rate Request Summary for consistency with the affected form numbers and rate information on page 1.*

   The Rate Request Summary has been updated to reflect the "Average Requested Percentage Rate Change Per Member" and "Average Annual Premium Member" to be consistent with the change to be consistent with the change to the "Overall Percentage Rate Impact" in SERFF, as described in item #2 above.

<u>Objection 2</u>

Please provide the following:

1) *Re-state the nationwide experience using Virginia approved rates.*

   Attachment 1 to this response provides the nationwide actual historical and projected future earned premiums and incurred claims based on actual policies inforce as of December 31, 2016 where actual and projected premiums have been restated to reflect the cumulative 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis. Note that the loss ratios in before and after the requested premium rate increase in Attachment 1 correspond to the incurred loss ratios shown in Exhibit XI of the revised Actuarial Memorandum provided with this response.

2) *Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.*

   Attachment 2 to this response provides the nationwide experience assuming the proposed Virginia premium rate level (i.e. with cumulative 212.3% rate increase) from inception, and Attachment 3 provides corresponding information for Virginia-specific experience.

3) *Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.*

   A Microsoft Excel workbook with Exhibits XI and XII of the revised Actuarial Memorandum and a Microsoft Excel workbook with Attachments 1, 2, 3, 5, 6 and 7 of this letter have been provided with this response. Note that the projected policies inforce, earned premiums, paid claims and incurred claims in these exhibits and attachments are a summary of the seriatim-level results projected on a seriatim basis using an external projection model and are therefore hard-coded numbers in the Microsoft Excel workbooks. The formulas used for determining the loss ratios before and after interest are intact in this file.

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The following provides a description of the projected experience provided in Exhibits XI and XII and Attachments 1 through 3. The projected experience provided in Attachments 5 and 6 is described in item #5 below, and a description of the experience provided in Attachment 7 is provided in item #6 below.

Starting with actual business inforce as of December 31, 2016, we project each policy on a seriatim basis in Exhibits XI and XII and Attachments 1 through 3, using the current premium rate increase assumptions as described in section 5 of the revised Actuarial Memorandum.

The actual and projected earned premiums in Exhibit XI and Attachment 1 reflect the cumulative 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis. The actual and projected earned premiums in Attachments 2 and 3 have been adjusted to reflect the cumulative 212.3% proposed premium rate increase from inception, as described in item #2 of Objection 2 above.

The projected paid and incurred claims in Exhibits XI and XII and Attachments 1 through 3 are based on the actual benefit provisions inforce at the time of projection. Claims and deaths are assumed to occur on a monthly basis, while lapses are assumed to occur on policy anniversaries.

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

Attachment 4 to this response provides a list of the forty-six jurisdictions (including the District of Columbia) where policy form series 30225 was offered with the status of all currently requested premium rate increases as of July 12, 2018 and the history of all previous rate revisions which first began in 2005. As this attachment shows:

- the cumulative 212.3% premium rate increase currently requested in Virginia has been approved in eighteen states;
- we have requests pending in Texas and Washington to bring premium rate increases in these states to the cumulative 212.3% currently requested in Virginia;
- we will be requesting the following premium rate increases to bring cumulative premium rate increases in these states to the cumulative 212.3% currently requested in Virginia:
  - California, Colorado, Georgia, Mississippi, Montana, New Mexico, and Ohio in 2018; and
  - Arizona, Idaho, Illinois, North Carolina, Oklahoma and Pennsylvania in 2019;
- we have requests pending in Hawaii and Vermont for a 40% premium rate increase, will be requesting a premium rate increase in the District of Columbia, Indiana and Maryland in 2018 and will be requesting a premium rate increase in Connecticut in 2019 to move the cumulative premium rate increase in these states towards the cumulative 212.3% currently requested in Virginia; and
- no additional premium rate increases are being requested in Florida, Kansas, Maine or New Hampshire at this time.

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

Attachments 5 and 6 to this response provide two different versions of loss ratio projections for nationwide experience in accordance with this response, where the historical experience from January 1, 1992 through December 31, 2016 differs as follows:

- historical earned premiums in Attachment 5 have been restated to the original Virginia premium level (i.e. before any rate increases); and
- historical earned premiums in Attachment 6 have been restated to reflect the cumulative 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis (i.e. the same as Exhibit XI of the revised Actuarial Memorandum and Attachment 1 of this response).

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The projected earned premiums in both attachments are based on policies inforce as of December 31, 2016, restated to the original Virginia premium level (i.e. before any premium rate increases), and future experience for earned premiums and incurred claims are projected using all original pricing assumptions for morbidity, mortality and lapse. The average maximum valuation rate of 5.45% is used to accumulate historical experience to the valuation date, and the original pricing interest rate of 5.0% is used to discount projected future experience in both attachments.

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

Attachment 7 to this response provides the developed of the nationwide expected lifetime loss ratio for policy form series 30225, where expected experience has been developed using the distribution of business actually sold projected from issue using all original pricing assumptions.

7) *Please provide the reserve basis and justification for the reserve levels provided.*

Attachment 8 to this response provides the active life reserve ("ALR") balances for nationwide and Virginia experience as of December 31st for calendar years 1989 through 2016.

The valuation bases used to develop the ALR for this block of business vary by issue year. The reserve methods and assumptions used to calculate the ALR prior to September 30, 2011 are shown in the following Table 1:

Table 1
Active Life Statutory Reserve Assumptions
For Reserve Calculations Prior to September 30, 2011

Issue Year	Interest Rate	Reserve Method	Mortality Table	Lapse Rate	Morbidity Basis	Morbidity Load
1992 – 1994	5.0%	1-Year FPT	IAM 83a	0.0%	Original Pricing	1.05
1995 – 1996	4.5%	1-Year FPT	IAM 83a	0.0%	Original Pricing	1.05
1997 – 2002	4.5%	1-Year FPT	GAM 83a	2.0%	Original Pricing	1.05

Beginning September 30, 2011 and with the permission of the Minnesota Department of Commerce, we revised the statutory valuation bases to:

- move interest rates and mortality rates to the minimum statutory requirements
- create consistency in lapse assumptions and valuation methods; and
- update morbidity assumptions to reflect recent company experience.

The reserve method and assumptions used to calculate the ALR on or after September 30, 2011 are shown in the following Table 2:

Table 2
Active Life Statutory Reserve Assumptions
For Reserve Calculations On or After September 30, 2011

Issue Year	Interest Rate	Reserve Method	Mortality Table	Lapse Rate	Morbidity Basis	Morbidity Load
1992 – 1994	5.0%	1-Year FPT	GAM 83a	2010 Best Estimate Capped at 4%[1]	2010 Best Estimate	1.00
1995 – 2002	4.5%	1-Year FPT	GAM 83a	2010 Best Estimate Capped at 4%[1]	2010 Best Estimate	1.00

[1] Lapse assumption is 80% of 2010 best estimate for durations 1-4, capped at 4% for durations 5+

The company performs asset adequacy analysis in aggregate for our inforce long-term care block of business every year, and, if indicated, holds additional asset adequacy analysis

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reserves. Note that the additional asset adequacy analysis reserve balances are not included in Attachment.

8) *If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?*

As described in the cover letter provided with the initial submission, a premium rate increase that is much larger than the currently requested 32.3% increase is strongly actuarially justified and supportable at this time. Table 3 shows the isolated impact on the projected lifetime incurred loss ratio of future deviations in each key driver from original assumptions and the corresponding premium rate increase needed to produce a lifetime incurred loss ratio of 98.2%, which represents the lifetime incurred loss ratio using historical experience combined with projections based on our original pricing assumptions.

The lifetime incurred loss ratios in the table below reflect actual historical experience (i.e. only the projection period assumptions vary). Note that Table 3 has been developed using nationwide historical experience through December 31, 2016, where actual and projected premiums reflect the accumulated premium rate increases as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis, and the lifetime incurred loss ratio with all current assumptions corresponds to Exhibit XI of the revised Actuarial Memorandum and Attachment 1 to this response before the requested premium rate increase. Note that the information shown in Table 3 below is also provided in Table 1 in section 14 of the revised Actuarial Memorandum.

Table 3
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Impact on Lifetime Incurred Loss Ratio of
Changing from Original Pricing to Current Assumptions
Nationwide Experience Before Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
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Assumptions	Lifetime Incurred Loss Ratio	Impact on Lifetime Incurred Loss Ratio	Increase Needed to Produce a Lifetime Incurred Loss Ratio of 98.2%
Historical Experience through 12/31/2016 & Projections with Original Pricing Assumptions	98.2%	N/A	N/A
Historical Experience through 12/31/2016 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	104.8%	6.6%	54.3%
Mortality	99.8%	1.6%	12.9%
Lapse	115.4%	17.2%	118.8%
Interest	101.7%	3.5%	27.7%
Historical Experience through 12/31/2016 & Projections with All Current Assumptions	132.9%	34.7%	220.8%

Note that the lifetime loss ratio for each changed assumption in Table 3 does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the lifetime loss ratio (i.e. 34.7%) is greater than the sum of each changed assumption's impact on the lifetime loss ratio (i.e. 28.9% = 6.6% + 1.6% + 17.2% + 3.5%).

As demonstrated in Table 3, the current actuarially justified premium rate increase far exceeds the 32.3% premium rate increase that we are requesting at this time. As described at the beginning of this letter, the company believes it is appropriate to limit the current premium rate increase request to 32.3% to minimize the impact on policyholders to the extent we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does note deteriorate from current best estimates.

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While the company currently has no formal plan to seek additional nationwide premium rate increases on policy form series 30225, we believe that two (or possibly more) additional 15% premium rate increases would likely be requested in the future beyond the level currently requested in this filing, even if current best estimates for key assumptions are realized in future years. If experience deteriorates from the current best estimates used in this filing, we might pursue additional premium rate increases beyond that level.

9) *Please note for pre-stability policies, as set forth in 14VAC5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia. Please provide updated exhibits if appropriate.*

As described above, Actuarial Memorandum Exhibits XI, XII, XIV and XV and Table 1 shown in section 14 of the revised Actuarial Memorandum have been updated to use an interest rate of 4.62%, which is the average maximum statutory valuation interest rate used for contract reserves determined by weighting the active life reserve balance as of December 31, 2016 by issue year, to accumulate historical experience and discount projected future experience in the determination of the loss ratios. The loss ratios shown in Attachments 1, 2 and 3 and Table 3 of this response use the 4.62% interest rate to accumulate historical experience and discount projected future experience, and the loss ratios shown in Attachments 5 and 6 use the 4.62% interest rate to accumulate historical experience only.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

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Ms. Houser, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Attachment 1:	Nationwide Experience Restated to Current Virginia Premium Level
Attachment 2:	Nationwide Experience with Proposed Virginia Premium Levels since Inception
Attachment 3:	Virginia Experience with Proposed Virginia Premium Levels since Inception
Attachment 4:	Status of Long-Term Care Premium Rate Increase Filings as of July 12, 2018
Attachment 5:	Nationwide Experience with Historical and Projected Experience Restated to Original Virginia Premium Levels since Inception
Attachment 6:	Nationwide Experience with Historical Experience Restated to Current Virginia Premium Level and Projected Experience Restated to Original Virginia Premium Level
Attachment 7:	Expected Lifetime Loss Ratio Based on Original Pricing Assumptions
Attachment 8:	Active Life Reserve Balances by Calendar Year
Enclosures:	Revised Rate Request Summary
	Microsoft Excel Workbook with Actuarial Memorandum Exhibits
	Microsoft Excel Workbook with Response Attachments

Attachment 1
RiverSource Life Insurance Company
Nationwide Experience Before Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
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		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	145	0	0.0%	438	0	0.0%	4.62%	3.0243
	1993	2,687,206	147,465	5.5%	7,768,059	426,286	5.5%	4.62%	2.8908
	1994	12,917,807	1,546,420	12.0%	35,692,984	4,272,887	12.0%	4.62%	2.7631
	1995	26,752,634	3,549,685	13.3%	70,655,029	9,374,893	13.3%	4.62%	2.6410
	1996	42,760,471	6,593,399	15.4%	107,944,746	16,644,409	15.4%	4.62%	2.5244
	1997	58,785,957	7,435,883	12.6%	141,845,350	17,942,132	12.6%	4.62%	2.4129
	1998	67,700,592	13,325,455	19.7%	156,140,823	30,733,077	19.7%	4.62%	2.3063
	1999	66,596,266	18,851,125	28.3%	146,810,245	41,556,958	28.3%	4.62%	2.2045
	2000	63,717,330	18,760,774	29.4%	134,259,968	39,531,175	29.4%	4.62%	2.1071
	2001	61,144,604	23,827,455	39.0%	123,148,633	47,989,820	39.0%	4.62%	2.0141
	2002	58,988,534	32,537,752	55.2%	113,558,997	62,638,521	55.2%	4.62%	1.9251
	2003	56,857,624	35,702,629	62.8%	104,622,511	65,695,652	62.8%	4.62%	1.8401
	2004	55,061,694	32,575,092	59.2%	96,843,056	57,293,397	59.2%	4.62%	1.7588
	2005	49,643,268	29,902,180	60.2%	83,456,807	50,269,463	60.2%	4.62%	1.6811
	2006	52,200,014	41,415,701	79.3%	83,879,244	66,550,129	79.3%	4.62%	1.6069
	2007	60,286,733	46,267,832	76.7%	92,595,126	71,063,325	76.7%	4.62%	1.5359
	2008	58,603,132	48,414,067	82.6%	86,033,916	71,075,583	82.6%	4.62%	1.4681
	2009	62,226,380	54,515,470	87.6%	87,318,424	76,498,181	87.6%	4.62%	1.4032
	2010	66,732,567	52,173,878	78.2%	89,505,901	69,978,875	78.2%	4.62%	1.3413
	2011	64,486,482	72,099,782	111.8%	82,673,249	92,433,686	111.8%	4.62%	1.2820
	2012	61,262,046	69,401,037	113.3%	75,070,672	85,044,214	113.3%	4.62%	1.2254
	2013	63,703,927	74,296,394	116.6%	74,615,233	87,021,994	116.6%	4.62%	1.1713
	2014	62,202,147	83,111,923	133.6%	69,638,460	93,048,015	133.6%	4.62%	1.1196
	2015	59,754,388	93,033,027	155.7%	63,943,451	99,555,079	155.7%	4.62%	1.0701
	2016	62,294,448	100,289,282	161.0%	63,717,408	102,580,138	161.0%	4.62%	1.0228
Projected Future Experience	2017	59,056,504	109,474,628	185.4%	57,737,633	107,029,802	185.4%	4.62%	0.9777
	2018	54,787,537	116,647,817	212.9%	51,198,296	109,005,986	212.9%	4.62%	0.9345
	2019	50,594,240	124,382,195	245.8%	45,191,556	111,100,096	245.8%	4.62%	0.8932
	2020	46,506,999	131,755,496	283.3%	39,706,080	112,488,323	283.3%	4.62%	0.8538
	2021	42,540,891	138,671,088	326.0%	34,715,847	113,163,693	326.0%	4.62%	0.8161
	2022	38,715,020	145,060,304	374.7%	30,198,347	113,149,401	374.7%	4.62%	0.7800
	2023	35,048,732	150,821,166	430.3%	26,131,147	112,447,151	430.3%	4.62%	0.7456
	2024	31,554,581	155,798,085	493.7%	22,486,976	111,027,552	493.7%	4.62%	0.7126
	2025	28,243,398	159,635,653	565.2%	19,238,361	108,737,922	565.2%	4.62%	0.6812
	2026	25,128,918	162,272,185	645.8%	16,360,908	105,651,996	645.8%	4.62%	0.6511
	2027	22,222,917	163,778,381	737.0%	13,829,841	101,923,114	737.0%	4.62%	0.6223
	2028	19,529,125	163,946,859	839.5%	11,616,663	97,521,797	839.5%	4.62%	0.5948
	2029	17,049,452	162,686,269	954.2%	9,693,743	92,497,923	954.2%	4.62%	0.5686
	2030	14,785,826	160,091,410	1082.7%	8,035,431	87,002,473	1082.7%	4.62%	0.5435
	2031	12,733,624	156,209,251	1226.7%	6,614,516	81,143,326	1226.7%	4.62%	0.5195
	2032	10,885,707	151,008,159	1387.2%	5,404,869	74,977,155	1387.2%	4.62%	0.4965
	2033	9,238,051	144,520,607	1564.4%	4,384,210	68,586,842	1564.4%	4.62%	0.4746
	2034	7,784,009	136,764,252	1757.0%	3,530,993	62,039,189	1757.0%	4.62%	0.4536
	2035	6,511,462	127,869,621	1963.8%	2,823,283	55,442,573	1963.8%	4.62%	0.4336
	2036	5,406,398	117,975,615	2182.1%	2,240,611	48,893,456	2182.1%	4.62%	0.4144
	2037	4,454,444	107,262,543	2408.0%	1,764,552	42,490,228	2408.0%	4.62%	0.3961
	2038	3,641,182	96,159,759	2640.9%	1,378,688	36,409,677	2640.9%	4.62%	0.3786
	2039	2,952,352	85,121,934	2883.2%	1,068,499	30,806,860	2883.2%	4.62%	0.3619
	2040	2,374,046	74,476,456	3137.1%	821,254	25,763,653	3137.1%	4.62%	0.3459
	2041	1,892,897	64,451,231	3404.9%	625,890	21,310,917	3404.9%	4.62%	0.3307
	2042	1,496,238	55,227,867	3691.1%	472,883	17,454,671	3691.1%	4.62%	0.3160
	2043	1,172,258	46,895,905	4000.5%	354,127	14,166,769	4000.5%	4.62%	0.3021
	2044	910,121	39,454,590	4335.1%	262,795	11,392,418	4335.1%	4.62%	0.2887
	2045	700,038	32,866,375	4694.9%	193,207	9,070,948	4694.9%	4.62%	0.2760
	2046	533,293	27,080,146	5077.9%	140,685	7,143,883	5077.9%	4.62%	0.2638
	2047	402,243	22,036,508	5478.4%	101,427	5,556,593	5478.4%	4.62%	0.2522
	2048	300,280	17,685,417	5889.6%	72,373	4,262,493	5889.6%	4.62%	0.2410
	2049	221,769	13,984,725	6306.0%	51,089	3,221,697	6306.0%	4.62%	0.2304
	2050	161,963	10,891,717	6724.8%	35,664	2,398,334	6724.8%	4.62%	0.2202
	2051	116,913	8,352,984	7144.6%	24,607	1,758,075	7144.6%	4.62%	0.2105
	2052	83,370	6,318,674	7579.1%	16,772	1,271,172	7579.1%	4.62%	0.2012
	2053	58,694	4,715,598	8034.2%	11,286	906,771	8034.2%	4.62%	0.1923
	2054	40,766	3,470,214	8512.5%	7,493	637,822	8512.5%	4.62%	0.1838
	2055	27,907	2,515,826	9015.2%	4,903	441,984	9015.2%	4.62%	0.1757
	2056	18,805	1,794,528	9543.0%	3,158	301,341	9543.0%	4.62%	0.1679
	Past	1,297,366,395	959,773,705	74.0%	2,191,738,731	1,359,217,891	62.0%		
	Future	559,882,968	3,600,132,038	643.0%	418,550,666	2,110,596,078	504.3%		
	Lifetime	1,857,249,363	4,559,905,743	245.5%	2,610,289,397	3,469,813,968	132.9%		

Attachment 1
RiverSource Life Insurance Company
Nationwide Experience With 32.3% Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form 30225

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	145	0	0.0%	438	0	0.0%	4.62%	3.0243
	1993	2,687,206	147,465	5.5%	7,768,059	426,286	5.5%	4.62%	2.8908
	1994	12,917,807	1,546,420	12.0%	35,692,984	4,272,887	12.0%	4.62%	2.7631
	1995	26,752,634	3,549,685	13.3%	70,655,029	9,374,893	13.3%	4.62%	2.6410
	1996	42,760,471	6,593,399	15.4%	107,944,746	16,644,409	15.4%	4.62%	2.5244
	1997	58,785,957	7,435,883	12.6%	141,845,350	17,942,132	12.6%	4.62%	2.4129
	1998	67,700,592	13,325,455	19.7%	156,140,823	30,733,077	19.7%	4.62%	2.3063
	1999	66,596,266	18,851,125	28.3%	146,810,245	41,556,958	28.3%	4.62%	2.2045
	2000	63,717,330	18,760,774	29.4%	134,259,968	39,531,175	29.4%	4.62%	2.1071
	2001	61,144,604	23,827,455	39.0%	123,148,633	47,989,820	39.0%	4.62%	2.0141
	2002	58,988,534	32,537,752	55.2%	113,558,997	62,638,521	55.2%	4.62%	1.9251
	2003	56,857,624	35,702,629	62.8%	104,622,511	65,695,652	62.8%	4.62%	1.8401
	2004	55,061,694	32,575,092	59.2%	96,843,056	57,293,397	59.2%	4.62%	1.7588
	2005	49,643,268	29,902,180	60.2%	83,456,807	50,269,463	60.2%	4.62%	1.6811
	2006	52,200,014	41,415,701	79.3%	83,879,244	66,550,129	79.3%	4.62%	1.6069
	2007	60,286,733	46,267,832	76.7%	92,595,126	71,063,325	76.7%	4.62%	1.5359
	2008	58,603,132	48,414,067	82.6%	86,033,916	71,075,583	82.6%	4.62%	1.4681
	2009	62,226,380	54,515,470	87.6%	87,318,424	76,498,181	87.6%	4.62%	1.4032
	2010	66,732,567	52,173,878	78.2%	89,505,901	69,978,875	78.2%	4.62%	1.3413
	2011	64,486,482	72,099,782	111.8%	82,673,249	92,433,686	111.8%	4.62%	1.2820
	2012	61,262,046	69,401,037	113.3%	75,070,672	85,044,214	113.3%	4.62%	1.2254
	2013	63,703,927	74,296,394	116.6%	74,615,233	87,021,994	116.6%	4.62%	1.1713
	2014	62,202,147	83,111,923	133.6%	69,638,460	93,048,015	133.6%	4.62%	1.1196
	2015	59,754,388	93,033,027	155.7%	63,943,451	99,555,079	155.7%	4.62%	1.0701
	2016	62,294,448	100,289,282	161.0%	63,717,408	102,580,138	161.0%	4.62%	1.0228
Projected Future Experience	2017	60,159,049	109,229,578	181.6%	58,815,556	106,790,224	181.6%	4.62%	0.9777
	2018	66,272,948	116,830,279	176.3%	61,931,275	109,176,494	176.3%	4.62%	0.9345
	2019	63,578,634	124,181,120	195.3%	56,789,417	110,920,492	195.3%	4.62%	0.8932
	2020	58,442,776	130,198,777	222.8%	49,896,437	111,159,250	222.8%	4.62%	0.8538
	2021	53,459,081	135,626,656	253.7%	43,625,727	110,679,259	253.7%	4.62%	0.8161
	2022	48,651,558	140,413,367	288.6%	37,949,008	109,524,714	288.6%	4.62%	0.7800
	2023	44,044,514	144,490,352	328.1%	32,838,097	107,727,111	328.1%	4.62%	0.7456
	2024	39,653,730	147,985,659	373.2%	28,258,734	105,460,125	373.2%	4.62%	0.7126
	2025	35,492,821	151,285,334	426.2%	24,176,401	103,049,993	426.2%	4.62%	0.6812
	2026	31,579,052	153,717,763	486.8%	20,560,454	100,082,392	486.8%	4.62%	0.6511
	2027	27,927,233	155,083,192	555.3%	17,379,770	96,511,895	555.3%	4.62%	0.6223
	2028	24,542,060	155,186,547	632.3%	14,598,546	92,310,832	632.3%	4.62%	0.5948
	2029	21,425,941	153,942,346	718.5%	12,182,067	87,526,424	718.5%	4.62%	0.5686
	2030	18,581,302	151,441,135	815.0%	10,098,101	82,301,438	815.0%	4.62%	0.5435
	2031	16,002,339	147,727,973	923.2%	8,312,459	76,737,703	923.2%	4.62%	0.5195
	2032	13,680,086	142,773,426	1043.7%	6,792,308	70,888,522	1043.7%	4.62%	0.4965
	2033	11,609,487	136,608,632	1176.7%	5,509,651	64,831,963	1176.7%	4.62%	0.4746
	2034	9,782,195	129,250,480	1321.3%	4,437,413	58,630,781	1321.3%	4.62%	0.4536
	2035	8,182,985	120,822,280	1476.5%	3,548,034	52,386,940	1476.5%	4.62%	0.4336
	2036	6,794,248	111,455,100	1640.4%	2,815,788	46,191,114	1640.4%	4.62%	0.4144
	2037	5,597,924	101,319,031	1809.9%	2,217,522	40,135,807	1809.9%	4.62%	0.3961
	2038	4,575,894	90,819,195	1984.7%	1,732,604	34,387,540	1984.7%	4.62%	0.3786
	2039	3,710,237	80,384,483	2166.6%	1,342,789	29,092,308	2166.6%	4.62%	0.3619
	2040	2,983,477	70,323,535	2357.1%	1,032,075	24,327,032	2357.1%	4.62%	0.3459
	2041	2,378,813	60,851,010	2558.0%	786,559	20,120,498	2558.0%	4.62%	0.3307
	2042	1,880,329	52,137,857	2772.8%	594,275	16,478,079	2772.8%	4.62%	0.3160
	2043	1,473,182	44,268,141	3004.9%	445,033	13,372,949	3004.9%	4.62%	0.3021
	2044	1,143,753	37,240,736	3256.0%	330,256	10,753,173	3256.0%	4.62%	0.2887
	2045	879,740	31,019,852	3526.0%	242,804	8,561,317	3526.0%	4.62%	0.2760
	2046	670,191	25,556,930	3813.4%	176,800	6,742,051	3813.4%	4.62%	0.2638
	2047	505,500	20,795,660	4113.9%	127,464	5,243,709	4113.9%	4.62%	0.2522
	2048	377,363	16,688,594	4422.4%	90,951	4,022,241	4422.4%	4.62%	0.2410
	2049	278,697	13,195,775	4734.8%	64,204	3,039,945	4734.8%	4.62%	0.2304
	2050	203,539	10,276,748	5049.0%	44,819	2,262,919	5049.0%	4.62%	0.2202
	2051	146,925	7,880,993	5364.0%	30,924	1,658,734	5364.0%	4.62%	0.2105
	2052	104,771	5,961,377	5689.9%	21,078	1,199,292	5689.9%	4.62%	0.2012
	2053	73,761	4,448,771	6031.3%	14,184	855,462	6031.3%	4.62%	0.1923
	2054	51,231	3,273,734	6390.2%	9,416	601,709	6390.2%	4.62%	0.1838
	2055	35,070	2,373,300	6767.3%	6,161	416,945	6767.3%	4.62%	0.1757
	2056	23,632	1,692,810	7163.3%	3,968	284,260	7163.3%	4.62%	0.1679
	Past	1,297,366,395	959,773,705	74.0%	2,191,738,731	1,359,217,891	62.0%		
	Future	686,956,070	3,438,758,528	500.6%	509,829,128	2,026,443,636	397.5%		
	Lifetime	1,984,322,466	4,398,532,234	221.7%	2,701,567,859	3,385,661,526	125.3%		

Atttachment 2
RiverSource Life Insurance Company
Nationwide Experience
Experience with Premiums Restated to Proposed Virginia Premium Level since Inception[1]
Policy Form 30225

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	453	0	0.0%	1,369	0	0.0%	4.62%	3.0243
	1993	8,394,328	166,293	2.0%	24,265,960	480,713	2.0%	4.62%	2.8908
	1994	40,352,810	1,743,862	4.3%	111,498,193	4,818,437	4.3%	4.62%	2.7631
	1995	83,570,214	4,002,898	4.8%	220,713,070	10,571,852	4.8%	4.62%	2.6410
	1996	133,575,700	7,435,225	5.6%	337,199,158	18,769,519	5.6%	4.62%	2.5244
	1997	183,636,314	8,385,275	4.6%	443,098,295	20,232,932	4.6%	4.62%	2.4129
	1998	211,483,964	15,026,811	7.1%	487,754,673	34,656,988	7.1%	4.62%	2.3063
	1999	208,034,256	21,257,982	10.2%	458,607,696	46,862,830	10.2%	4.62%	2.2045
	2000	199,040,999	21,156,096	10.6%	419,402,981	44,578,401	10.6%	4.62%	2.1071
	2001	191,004,286	26,869,676	14.1%	384,693,254	54,117,021	14.1%	4.62%	2.0141
	2002	184,269,128	36,692,079	19.9%	354,737,029	70,636,027	19.9%	4.62%	1.9251
	2003	177,612,564	40,261,037	22.7%	326,821,121	74,083,483	22.7%	4.62%	1.8401
	2004	172,002,414	36,734,186	21.4%	302,519,560	64,608,453	21.4%	4.62%	1.7588
	2005	154,738,590	33,311,684	21.5%	260,135,749	56,001,285	21.5%	4.62%	1.6811
	2006	146,273,903	45,396,381	31.0%	235,044,850	72,946,612	31.0%	4.62%	1.6069
	2007	139,767,953	50,081,580	35.8%	214,671,298	76,920,907	35.8%	4.62%	1.5359
	2008	133,669,342	52,217,008	39.1%	196,236,900	76,658,594	39.1%	4.62%	1.4681
	2009	125,985,224	58,011,843	46.0%	176,787,259	81,404,425	46.0%	4.62%	1.4032
	2010	119,093,752	54,832,039	46.0%	159,736,003	73,544,167	46.0%	4.62%	1.3413
	2011	112,764,519	75,534,496	67.0%	144,566,876	96,837,074	67.0%	4.62%	1.2820
	2012	106,589,852	72,476,432	68.0%	130,615,486	88,812,811	68.0%	4.62%	1.2254
	2013	100,381,667	76,988,299	76.7%	117,575,193	90,174,973	76.7%	4.62%	1.1713
	2014	94,610,244	85,748,219	90.6%	105,920,969	95,999,483	90.6%	4.62%	1.1196
	2015	88,706,939	95,700,386	107.9%	94,925,712	102,409,432	107.9%	4.62%	1.0701
	2016	83,257,422	101,773,493	122.2%	85,159,228	104,098,252	122.2%	4.62%	1.0228
Projected Future Experience	2017	78,131,755	110,695,444	141.7%	76,386,889	108,223,354	141.7%	4.62%	0.9777
	2018	72,483,912	117,780,385	162.5%	67,735,346	110,064,357	162.5%	4.62%	0.9345
	2019	66,936,179	125,428,079	187.4%	59,788,428	112,034,296	187.4%	4.62%	0.8932
	2020	61,528,759	132,716,888	215.7%	52,531,144	113,309,127	215.7%	4.62%	0.8538
	2021	56,281,599	139,550,493	248.0%	45,929,066	113,881,339	248.0%	4.62%	0.8161
	2022	51,219,972	145,860,621	284.8%	39,952,413	113,773,662	284.8%	4.62%	0.7800
	2023	46,369,473	151,545,693	326.8%	34,571,508	112,987,334	326.8%	4.62%	0.7456
	2024	41,746,710	156,450,381	374.8%	29,750,270	111,492,403	374.8%	4.62%	0.7126
	2025	37,366,015	160,219,500	428.8%	25,452,352	109,135,617	428.8%	4.62%	0.6812
	2026	33,245,559	162,791,650	489.7%	21,645,482	105,990,209	489.7%	4.62%	0.6511
	2027	29,400,919	164,237,773	558.6%	18,296,879	102,209,004	558.6%	4.62%	0.6223
	2028	25,837,032	164,350,565	636.1%	15,368,845	97,761,937	636.1%	4.62%	0.5948
	2029	22,556,425	163,038,715	722.8%	12,824,822	92,698,312	722.8%	4.62%	0.5686
	2030	19,561,648	160,397,063	820.0%	10,630,875	87,168,582	820.0%	4.62%	0.5435
	2031	16,846,585	156,472,481	928.8%	8,751,005	81,280,062	928.8%	4.62%	0.5195
	2032	14,401,791	151,233,188	1050.1%	7,150,642	75,088,884	1050.1%	4.62%	0.4965
	2033	12,221,941	144,711,576	1184.0%	5,800,310	68,677,472	1184.0%	4.62%	0.4746
	2034	10,298,244	136,925,163	1329.6%	4,671,503	62,112,182	1329.6%	4.62%	0.4536
	2035	8,614,664	128,004,226	1485.9%	3,735,204	55,500,936	1485.9%	4.62%	0.4336
	2036	7,152,664	118,087,376	1651.0%	2,964,328	48,939,774	1651.0%	4.62%	0.4144
	2037	5,893,230	107,354,625	1821.7%	2,334,502	42,526,705	1821.7%	4.62%	0.3961
	2038	4,817,284	96,235,029	1997.7%	1,824,004	36,438,177	1997.7%	4.62%	0.3786
	2039	3,905,962	85,182,965	2180.8%	1,413,624	30,828,948	2180.8%	4.62%	0.3619
	2040	3,140,863	74,525,533	2372.8%	1,086,519	25,780,630	2372.8%	4.62%	0.3459
	2041	2,504,302	64,490,361	2575.2%	828,052	21,323,856	2575.2%	4.62%	0.3307
	2042	1,979,522	55,258,797	2791.5%	625,625	17,464,447	2791.5%	4.62%	0.3160
	2043	1,550,897	46,920,138	3025.4%	468,510	14,174,090	3025.4%	4.62%	0.3021
	2044	1,204,090	39,473,404	3278.3%	347,678	11,397,851	3278.3%	4.62%	0.2887
	2045	926,150	32,880,846	3550.3%	255,613	9,074,942	3550.3%	4.62%	0.2760
	2046	705,546	27,091,170	3839.7%	186,127	7,146,792	3839.7%	4.62%	0.2638
	2047	532,167	22,044,823	4142.5%	134,188	5,558,690	4142.5%	4.62%	0.2522
	2048	397,270	17,691,625	4453.3%	95,749	4,263,989	4453.3%	4.62%	0.2410
	2049	293,400	13,989,309	4768.0%	67,591	3,222,753	4768.0%	4.62%	0.2304
	2050	214,277	10,895,065	5084.6%	47,183	2,399,071	5084.6%	4.62%	0.2202
	2051	154,676	8,355,400	5401.9%	32,555	1,758,584	5401.9%	4.62%	0.2105
	2052	110,299	6,320,397	5730.3%	22,190	1,271,518	5730.3%	4.62%	0.2012
	2053	77,653	4,716,811	6074.2%	14,932	907,004	6074.2%	4.62%	0.1923
	2054	53,934	3,471,057	6435.8%	9,913	637,977	6435.8%	4.62%	0.1838
	2055	36,920	2,516,403	6815.8%	6,486	442,085	6815.8%	4.62%	0.1757
	2056	24,878	1,794,917	7214.7%	4,178	301,406	7214.7%	4.62%	0.1679
	Past	3,198,816,834	1,021,803,279	31.9%	5,792,687,881	1,460,224,670	25.2%		
	Future	740,725,167	3,611,705,938	487.6%	553,742,531	2,119,248,357	382.7%		
	Lifetime	3,939,542,001	4,633,509,217	117.6%	6,346,430,412	3,579,473,027	56.4%		

[1] Proposed Virginia rate schedule reflects a cumulative 212.3% premium rate increase from premium rate increases of 35% followed by four 15% increases plus the requested 32.3% premium rate increase.

Atttachment 3
RiverSource Life Insurance Company
Virginia Experience
Experience with Premiums Restated to Proposed Virginia Premium Level since Inception[1]
Policy Form 30225-VA

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.62%	3.0243
	1993	308,917	0	0.0%	893,004	0	0.0%	4.62%	2.8908
	1994	1,306,553	437,151	33.5%	3,610,117	1,207,884	33.5%	4.62%	2.7631
	1995	2,818,714	240	0.0%	7,444,363	634	0.0%	4.62%	2.6410
	1996	4,776,962	175,301	3.7%	12,058,985	442,530	3.7%	4.62%	2.5244
	1997	6,700,197	0	0.0%	16,166,988	0	0.0%	4.62%	2.4129
	1998	7,888,947	932,532	11.8%	18,194,622	2,150,739	11.8%	4.62%	2.3063
	1999	7,455,616	1,704,873	22.9%	16,435,769	3,758,362	22.9%	4.62%	2.2045
	2000	7,175,299	766,713	10.7%	15,119,206	1,615,556	10.7%	4.62%	2.1071
	2001	6,958,403	24,358	0.4%	14,014,610	49,057	0.4%	4.62%	2.0141
	2002	6,769,806	909,131	13.4%	13,032,573	1,750,170	13.4%	4.62%	1.9251
	2003	6,566,862	1,894,716	28.9%	12,083,545	3,486,426	28.9%	4.62%	1.8401
	2004	6,358,267	1,495,748	23.5%	11,182,983	2,630,736	23.5%	4.62%	1.7588
	2005	5,838,706	1,710,940	29.3%	9,815,627	2,876,313	29.3%	4.62%	1.6811
	2006	5,592,696	878,865	15.7%	8,986,801	1,412,232	15.7%	4.62%	1.6069
	2007	5,251,036	1,281,126	24.4%	8,065,130	1,967,697	24.4%	4.62%	1.5359
	2008	5,023,288	1,050,503	20.9%	7,374,574	1,542,220	20.9%	4.62%	1.4681
	2009	4,726,965	1,308,256	27.7%	6,633,057	1,835,794	27.7%	4.62%	1.4032
	2010	4,519,912	2,565,980	56.8%	6,062,389	3,441,653	56.8%	4.62%	1.3413
	2011	4,338,246	1,307,422	30.1%	5,561,738	1,676,147	30.1%	4.62%	1.2820
	2012	4,203,020	2,820,287	67.1%	5,150,392	3,455,987	67.1%	4.62%	1.2254
	2013	3,994,361	2,132,480	53.4%	4,678,521	2,497,735	53.4%	4.62%	1.1713
	2014	3,805,645	3,004,798	79.0%	4,260,613	3,364,024	79.0%	4.62%	1.1196
	2015	3,634,790	3,023,342	83.2%	3,889,606	3,235,293	83.2%	4.62%	1.0701
	2016	3,458,442	4,165,959	120.5%	3,537,441	4,261,120	120.5%	4.62%	1.0228
Projected Future Experience	2017	3,290,793	4,379,936	133.1%	3,217,302	4,282,122	133.1%	4.62%	0.9777
	2018	3,088,230	4,715,976	152.7%	2,885,914	4,407,023	152.7%	4.62%	0.9345
	2019	2,885,551	5,096,148	176.6%	2,577,418	4,551,958	176.6%	4.62%	0.8932
	2020	2,683,948	5,466,026	203.7%	2,291,463	4,666,706	203.7%	4.62%	0.8538
	2021	2,484,299	5,846,394	235.3%	2,027,332	4,770,998	235.3%	4.62%	0.8161
	2022	2,287,991	6,212,969	271.5%	1,784,670	4,846,217	271.5%	4.62%	0.7800
	2023	2,096,383	6,570,331	313.4%	1,562,992	4,898,616	313.4%	4.62%	0.7456
	2024	1,910,112	6,890,516	360.7%	1,361,217	4,910,440	360.7%	4.62%	0.7126
	2025	1,730,264	7,164,331	414.1%	1,178,592	4,880,078	414.1%	4.62%	0.6812
	2026	1,557,943	7,377,894	473.6%	1,014,344	4,803,591	473.6%	4.62%	0.6511
	2027	1,394,085	7,541,763	541.0%	867,572	4,693,416	541.0%	4.62%	0.6223
	2028	1,239,351	7,639,880	616.4%	737,213	4,544,490	616.4%	4.62%	0.5948
	2029	1,094,263	7,680,871	701.9%	622,161	4,367,084	701.9%	4.62%	0.5686
	2030	959,409	7,662,921	798.7%	521,396	4,164,452	798.7%	4.62%	0.5435
	2031	834,988	7,590,807	909.1%	433,737	3,943,066	909.1%	4.62%	0.5195
	2032	720,969	7,449,062	1033.2%	357,969	3,698,539	1033.2%	4.62%	0.4965
	2033	617,707	7,236,845	1171.6%	293,152	3,434,475	1171.6%	4.62%	0.4746
	2034	525,254	6,943,937	1322.0%	238,266	3,149,918	1322.0%	4.62%	0.4536
	2035	443,164	6,557,736	1479.8%	192,150	2,843,347	1479.8%	4.62%	0.4336
	2036	370,900	6,092,733	1642.7%	153,715	2,525,054	1642.7%	4.62%	0.4144
	2037	307,858	5,564,834	1807.6%	121,953	2,204,414	1807.6%	4.62%	0.3961
	2038	253,375	4,996,846	1972.1%	95,937	1,891,992	1972.1%	4.62%	0.3786
	2039	206,744	4,426,303	2141.0%	74,824	1,601,943	2141.0%	4.62%	0.3619
	2040	167,228	3,874,688	2317.0%	57,849	1,340,371	2317.0%	4.62%	0.3459
	2041	134,074	3,359,338	2505.6%	44,332	1,110,771	2505.6%	4.62%	0.3307
	2042	106,538	2,888,328	2711.1%	33,671	912,851	2711.1%	4.62%	0.3160
	2043	83,894	2,465,157	2938.4%	25,343	744,699	2938.4%	4.62%	0.3021
	2044	65,459	2,087,876	3189.6%	18,901	602,869	3189.6%	4.62%	0.2887
	2045	50,598	1,753,997	3466.5%	13,965	484,094	3466.5%	4.62%	0.2760
	2046	38,738	1,458,858	3766.0%	10,219	384,854	3766.0%	4.62%	0.2638
	2047	29,367	1,197,270	4076.9%	7,405	301,896	4076.9%	4.62%	0.2522
	2048	22,039	970,471	4403.5%	5,312	233,900	4403.5%	4.62%	0.2410
	2049	16,367	775,428	4737.8%	3,770	178,637	4737.8%	4.62%	0.2304
	2050	12,025	609,951	5072.4%	2,648	134,310	5072.4%	4.62%	0.2202
	2051	8,737	471,928	5401.2%	1,839	99,328	5401.2%	4.62%	0.2105
	2052	6,277	360,521	5743.8%	1,263	72,529	5743.8%	4.62%	0.2012
	2053	4,456	272,078	6106.5%	857	52,318	6106.5%	4.62%	0.1923
	2054	3,123	202,715	6490.4%	574	37,259	6490.4%	4.62%	0.1838
	2055	2,160	148,960	6896.4%	379	26,170	6896.4%	4.62%	0.1757
	2056	1,472	107,797	7325.4%	247	18,102	7325.4%	4.62%	0.1679
	Past	119,471,652	33,590,720	28.1%	214,252,655	48,658,309	22.7%		
	Future	33,736,128	170,110,420	504.2%	24,839,862	96,814,897	389.8%		
	Lifetime	153,207,780	203,701,141	133.0%	239,092,517	145,473,206	60.8%		

[1] Proposed Virginia rate schedule reflects a cumulative 212.3% premium rate increase from premium rate increases of 35% followed by four 15% increases plus the requested 32.3% premium rate increase.

Attachment 4
RiverSource Life Insurance Company
Status of Long Term Care Premium Rate Increase Filings as of July 12, 2018
Policy Form 30225

	First Nationwide Request			Follow-Up to First Request			Second Nationwide Request			Third Nationwide Request			Fourth Nationwide Request			Fifth Nationwide Request			Sixth Nationwide Request			Seventh Nationwide Request					
State	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Submission	Date of Disposition	Rate Increase	Effective Date	Cumulative Premium Rate Increase	Annualized Premium as of 12/31/2016
Alabama	11/3/2004	35.0%	2/1/2005				12/11/2007	15.0%	4/1/2008	12/17/2008	15.0%	4/1/2009	8/9/2011	15.0%	1/1/2012	12/4/2012	15.0%	4/1/2013	7/25/2015	15.0%	11/1/2015	4/13/2017	6/19/2017	15.0%	10/1/2017	212.3%	790,566
Alaska [1]	8/12/2004	35.0%	1/1/2005				N/A	15.0%	4/1/2008	N/A	15.0%	4/1/2009	N/A	15.0%	5/1/2011	N/A	15.0%	4/1/2013	N/A	15.0%	9/1/2015	N/A	N/A	15.0%	11/1/2017	212.3%	14,417
Arizona	4/4/2005	25.0%	7/1/2005	4/6/2007	8.0%	7/1/2007	3/12/2008	15.0%	7/1/2008	2/3/2009	15.0%	7/1/2009	8/25/2011	15.0%	1/1/2012	8/5/2013	15.0%	11/1/2013	8/28/2015	15.0%	12/1/2015	7/13/2017	5/22/2018	5.0%	9/1/2018	185.1%	881,038
Arkansas	8/15/2005	35.0%	12/1/2005				1/11/2008	15.0%	4/1/2008	1/30/2009	15.0%	5/1/2009	12/8/2015	15.0%	3/1/2016	12/8/2015	8.7%	3/1/2016				4/6/2018	4/25/2018	25.0%	8/1/2018	179.0%	333,112
California	12/15/2004	25.0%	4/1/2005	11/1/2006	8.0%	5/1/2007	11/5/2009	15.0%	3/1/2010	9/9/2011	15.0%	12/1/2011	10/20/2015	15.0%	2/1/2016	10/20/2015	4.3%	2/1/2016								114.2%	6,282,047
Colorado	3/10/2005	35.0%	6/1/2005				4/28/2008	15.0%	8/1/2008	9/1/2009	15.0%	12/1/2009	8/8/2011	15.0%	11/1/2011	8/8/2013	15.0%	1/1/2014	6/26/2015	15.0%	10/1/2015					171.5%	840,463
Connecticut	4/7/2008	10.0%	7/1/2008	5/29/2009	19.0%	9/1/2009	3/1/2011	15.0%	10/1/2011	9/24/2013	10.0%	1/1/2014	7/10/2015	19.9%	1/1/2016	10/17/2017	19.9%	1/1/2018								138.1%	2,359,177
Delaware	12/29/2004	20.0%	3/1/2005	1/30/2007	12.5%	5/1/2007	7/23/2008	15.0%	10/1/2008	9/21/2009	15.0%	12/1/2009	8/4/2011	15.0%	11/1/2011	3/6/2013	15.0%	6/1/2013	10/26/2015	15.0%	2/1/2016	8/17/2017	12/4/2017	15.0%	3/1/2018	212.3%	235,980
District of Columbia																										0.0%	31,304
Florida	10/20/2008	7.0%	1/1/2009	3/16/2017	41.0%[3]	4/1/2018																				50.9%	1,302,524
Georgia	3/2/2005	15.0%	6/1/2005	10/12/2006	10.0%	5/1/2007	4/15/2008	10.0%	7/1/2008	2/24/2009	10.0%	7/1/2009	2/16/2011	12.5%	5/1/2011	1/16/2013	9.9%	4/1/2013	2/23/2015	12.0%	6/1/2015	1/15/2017	4/5/2017	12.0%	7/1/2017	137.4%	505,126
Hawaii	5/3/2006	25.0%	8/1/2006	6/13/2008	8.0%	9/1/2008	8/31/2010	15.0%	12/1/2010	6/27/2013	15.0%	10/1/2013	40% Increase - Submitted 8/11/2015													78.5%	742,917
Idaho	2/9/2005	35.0%	5/1/2005				1/17/2008	15.0%	4/1/2008	2/13/2009	15.0%	5/1/2009	5/12/2011	15.0%	8/1/2011	12/19/2013	15.0%	4/1/2014	2/11/2016	15.0%	5/1/2016					171.5%	121,900
Illinois	9/8/2004	35.0%	1/1/2005				2/8/2008	15.0%	5/1/2008	1/7/2009	15.0%	5/1/2009	3/29/2011	15.0%	7/1/2011	7/1/2013	15.0%	10/1/2013	4/25/2016	15.0%	8/1/2016					171.5%	2,855,484
Indiana	8/25/2005	35.0%	12/1/2005				4/25/2008	15.0%	8/1/2008	5/22/2009	15.0%	8/1/2009	4/10/2013	10.0%	7/1/2013	12/7/2015	10.0%	3/1/2016								116.0%	1,256,607
Iowa	7/1/2005	35.0%	10/1/2005				4/17/2008	15.0%	7/1/2008	12/21/2009	15.0%	3/1/2010	8/19/2011	15.0%	11/1/2011	4/3/2013	15.0%	7/1/2013	8/25/2015	15.0%	12/1/2015	6/1/2017	9/13/2017	15.0%	12/1/2017	212.3%	2,383,366
Kansas	1/11/2005	25.0%	4/1/2005	1/9/2007	8.0%	5/1/2007	3/6/2009	15.0%	6/1/2009	3/22/2010	10.0%	6/1/2010	1/15/2013	10.0%	12/1/2013				2/19/2016	23.26%	9/1/2016					131.5%	1,229,302
Kentucky	12/17/2004	25.0%	3/1/2005	10/2/2006	8.0%	5/1/2007	1/15/2008	15.0%	5/1/2008	3/4/2009	15.0%	6/1/2009	2/22/2011	15.0%	6/1/2011	4/23/2013	15.0%	8/1/2013	8/25/2015	15.0%[5]	12/1/2015	5/23/2017	8/16/2017	15.0%[5]	12/1/2017	212.3%[4]	530,668
Louisiana	10/15/2004	35.0%	3/1/2005				12/15/2009	15.0%	7/1/2010	6/6/2012	15.0%	9/1/2012	7/17/2015	15.0%	10/1/2015	7/5/2018	20.0%	10/1/2018								146.4%	390,949
Maine	12/7/2004	35.0%	3/1/2005				1/29/2008	15.0%	5/1/2008	1/20/2010	15.0%	5/1/2010	2/9/2015	14.0%	10/1/2015	2/1/2018	9.0%	6/1/2018								121.9%	367,240
Maryland	12/28/2004	20.0%	3/1/2005	10/31/2006	12.5%	5/1/2007	1/29/2008	15.0%	5/1/2008	10/15/2010	15.0%	1/1/2011	1/18/2013	15.0%	9/1/2013	6/25/2015	15.0%	2/1/2016								136.1%	1,701,939
Massachusetts [2]	11/3/2004	35.0%	5/1/2005				12/11/2007	15.0%	4/1/2008	12/17/2008	15.0%	4/1/2009	8/9/2011	15.0%	1/1/2012	12/4/2012	15.0%	4/1/2013	7/25/2015	15.0%	11/1/2015	4/13/2017	6/19/2017	15.0%	11/1/2017	212.3%	2,533,895
Mississippi	12/6/2004	25.0%	3/1/2005	6/4/2007	8.0%	10/1/2007	3/23/2008	15.0%	10/1/2008	4/23/2009	15.0%	10/1/2009	3/1/2011	15.0%	6/1/2011	4/22/2013	15.0%	8/1/2013	5/14/2015	15.0%	9/1/2015					171.5%	175,333
Missouri	12/22/2004	12.0%	3/1/2005	10/16/2006	20.5%	5/1/2007	3/6/2008	15.0%	6/1/2008	3/24/2009	15.0%	6/1/2009	1/24/2012	15.0%	6/1/2012	8/28/2013	15.0%	12/1/2013	3/10/2015	15.0%	9/1/2015	4/11/2017	4/13/2017	15.0%	10/1/2017	212.3%	1,274,269
Montana	9/27/2004	35.0%	1/1/2005				4/20/2008	15.0%	7/1/2008	3/20/2009	15.0%	7/1/2009	1/14/2011	15.0%	5/1/2011	2/21/2013	15.0%	4/1/2013								136.1%	294,988
Nebraska	10/12/2004	35.0%	1/1/2005				1/29/2008	15.0%	5/1/2008	2/16/2009	15.0%	5/1/2009	5/11/2011	15.0%	8/1/2011	3/21/2013	15.0%	7/1/2013	2/23/2016	34.5%	9/1/2016					217.6%	1,103,432
Nevada	11/12/2004	35.0%	2/1/2005				10/3/2008	15.0%	1/1/2009	5/15/2009	15.0%	1/1/2010	4/27/2012	15.0%	8/1/2012	10/15/2014	15.0%	1/1/2015				8/21/2017	12/21/2017	32.3%[6]	5/1/2018	212.3%	311,841
New Hampshire	8/20/2004	35.0%	1/1/2005				1/24/2008	15.0%	4/1/2008	3/9/2009	15.0%	6/1/2009	6/21/2011	15.0%	9/1/2011	9/13/2013	10.0%	8/1/2015				12/21/2018	2/5/2018	38.0%[7]	TBD	211.7%	660,796
New Jersey [2]	11/3/2004	35.0%	2/1/2005				12/11/2007	15.0%	4/1/2008	12/17/2008	15.0%	4/1/2009	8/9/2011	15.0%	1/1/2012	12/4/2012	15.0%	4/1/2013	7/25/2015	15.0%	11/1/2015	4/13/2017	6/19/2017	15.0%	11/1/2017	212.3%	3,301,537
New Mexico	10/25/2004	35.0%	1/1/2005				1/14/2008	15.0%	4/1/2008	9/8/2009	15.0%	1/1/2010	10/7/2013	15.0%	1/1/2014	1/11/2016	15.0%	9/1/2016				4/25/2018	6/12/2018	15.0%	9/1/2018	171.5%	233,093
North Carolina	3/21/2005	35.0%	6/1/2005				2/21/2008	15.0%	5/1/2008	3/18/2009	15.0%	6/1/2009	4/14/2011	10.0%	7/1/2011	1/3/2015	15.0%	4/1/2015				4/13/2017	8/4/2017	20.0%	11/1/2017	171.0%	1,086,389
North Dakota	11/16/2004	20.0%	2/1/2005	10/11/2006	12.5%	5/1/2007	3/31/2008	15.0%	7/1/2008	2/6/2009	15.0%	7/1/2009	2/15/2011	12.0%	5/1/2011	3/20/2013	15.0%	7/1/2013	6/3/2015	15.0%	9/1/2015	8/3/2017	9/7/2017	18.1%	12/1/2017	212.3%	470,739
Ohio	9/2/2004	35.0%	1/1/2005				1/7/2008	15.0%	4/1/2008	1/16/2009	15.0%	4/1/2009	3/17/2011	15.0%	6/1/2011	4/20/2015	15.0%	8/1/2015	2/1/2017	15.0%	5/1/2017					171.5%	4,007,886
Oklahoma	11/16/2004	35.0%	2/1/2005				1/11/2008	15.0%	4/1/2008	12/22/2008	15.0%	4/1/2009	9/15/2011	15.0%	1/1/2012	9/16/2013	15.0%	12/1/2013	1/29/2016	10.0%	5/1/2016	2/16/2018	3/29/2018	10.0%	7/1/2018	185.7%	426,633
Pennsylvania	1/3/2006	30.0%	3/1/2006	5/17/2007	3.8%	8/1/2007	1/29/2008	15.0%	8/1/2008	6/24/2009	10.0%	9/1/2009	3/23/2011	10.0%	6/1/2011	5/8/2013	15.0%	8/1/2013	9/16/2015	15.0%	12/1/2015	6/20/2017	9/5/2017	10.0%	12/1/2017	173.3%	4,381,903
South Carolina	10/21/2004	35.0%	1/1/2005				5/12/2008	15.0%	8/1/2008	4/3/2009	15.0%	8/1/2009	5/12/2011	15.0%	8/1/2011	3/22/2013	15.0%	7/1/2013	5/7/2015	15.0%	9/1/2015	6/8/2017	9/1/2017	15.0%	12/1/2017	212.3%	952,256
South Dakota	12/21/2004	35.0%	3/1/2005				12/26/2007	15.0%	4/1/2008	12/31/2008	15.0%	4/1/2009	12/14/2010	15.0%	5/1/2011	2/5/2013	15.0%	5/1/2013	9/4/2015	15.0%	12/1/2015	6/20/2017	8/18/2017	15.0%	12/1/2017	212.3%	607,196
Tennessee	11/17/2004	35.0%	2/1/2005				1/18/2008	15.0%	4/1/2008	1/16/2009	15.0%	4/1/2009	2/17/2011	6.0%	5/1/2011	4/8/2013	20.0%	7/1/2013	8/3/2015	19.6%	11/1/2015	4/19/2017	10/5/2017	15.0%	1/1/2018	212.3%	1,407,412
Texas	11/22/2004	35.0%	2/1/2005				3/6/2008	15.0%	6/1/2008	9/22/2009	14.0%	1/1/2010	9/9/2011	13.0%	12/1/2011	2/10/2016	35.8%	5/1/2016				32.3% Increase - Submitted 2/8/2018				171.5%	2,530,749
Utah	1/24/2005	35.0%	4/1/2005				2/13/2008	15.0%	5/1/2008	7/12/2009	15.0%	10/1/2009	3/21/2011	15.0%	6/1/2011	12/11/2013	15.0%	3/1/2014	3/2/2016	15.0%	6/1/2016	1/8/2018	2/9/2018	15.0%	6/1/2018	212.3%	404,581
Vermont	12/8/2005	35.0%	3/1/2006				4/4/2008	15.0%	7/1/2008	40% Increase - Submitted 11/15/2017																55.3%	78,912
Virginia	10/31/2005	35.0%	3/1/2006				5/13/2008	15.0%	8/1/2008	5/14/2009	15.0%	8/1/2009	5/15/2012	15.0%	10/1/2012	12/3/2014	15.0%	6/1/2015				32.3% Increase - Submitted 8/3/2017				136.1%	2,504,584
Washington	10/18/2004	30.0%	1/1/2005	11/22/2006	3.8%	5/1/2007	6/19/2008	15.0%	9/1/2008	2/1/2010	8.9%	5/1/2010	7/6/2012	21.5%	10/1/2012	2/18/2014	15.0%	6/1/2014	8/10/2016	15.0%	11/1/2016	15% Increase - Submitted 1/26/2018				171.5%	1,873,657
West Virginia	11/22/2004	35.0%	2/1/2005				1/9/2008	15.0%	4/1/2008	2/2/2009	15.0%	5/1/2009	4/29/2011	15.0%	8/1/2011	8/12/2013	15.0%	11/1/2013	7/6/2015	15.0%	10/1/2015	4/19/2017	5/8/2017	15.0%	10/1/2017	212.3%	398,616
Wisconsin	1/24/2005	35.0%	4/1/2005				7/14/2008	15.0%[4]	10/1/2008	5/11/2009	15.0%[4]	10/1/2009	3/17/2011	15.0%[4]	6/1/2011	2/6/2013	15.0%[4]	6/1/2013	5/14/2015	15.0%[4]	9/1/2015	5/2/2017	6/27/2017	15.0%[4]	10/1/2017	212.3%[4]	2,294,979
Wyoming	8/11/2004	35.0%	1/1/2005				12/6/2007	15.0%	4/1/2008	12/30/2008	15.0%	4/1/2009	1/27/2011	15.0%	5/1/2011	6/13/2013	15.0%	9/1/2013	11/6/2015	15.0%	2/1/2016	4/18/2017	4/25/2017	15.0%	2/1/2018	212.3%	115,454

[1] *Alaska does not require long term care rates to be filed before use.*
[2] *Group policies, submitted and filed in Alabama where trustee is located.*
[3] *Implemented as five consecutive 7.1% increases over five years.*
[4] *Rate increases vary pursuant to Wisconsin regulations.*
[5] *Rate increases vary by benefit period.*
[6] *Implement as two consecutive 15% increases over two years.*
[7] *Pursuant to New Hampshire regulations, requested premium rate increase for certain older age policies is capped at a lower rate.*

Atttachment 5
RiverSource Life Insurance Company
Nationwide Experience
Historical Actual Experience and Projected Future Experience based on Actual Inforce as of 12/31/2016
Experience Restated to Original Virginia Rate Level
Future Experience Projected Using All Original Pricing Assumptions
Policy Form 30225

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	145	0	0.0%	438	0	0.0%	4.62%	3.0243
	1993	2,687,206	147,465	5.5%	7,768,059	426,286	5.5%	4.62%	2.8908
	1994	12,917,807	1,546,420	12.0%	35,692,984	4,272,887	12.0%	4.62%	2.7631
	1995	26,752,634	3,549,685	13.3%	70,655,029	9,374,893	13.3%	4.62%	2.6410
	1996	42,760,471	6,593,399	15.4%	107,944,746	16,644,409	15.4%	4.62%	2.5244
	1997	58,785,957	7,435,883	12.6%	141,845,350	17,942,132	12.6%	4.62%	2.4129
	1998	67,700,592	13,325,455	19.7%	156,140,823	30,733,077	19.7%	4.62%	2.3063
	1999	66,596,266	18,851,125	28.3%	146,810,245	41,556,958	28.3%	4.62%	2.2045
	2000	63,717,330	18,760,774	29.4%	134,259,968	39,531,175	29.4%	4.62%	2.1071
	2001	61,144,604	23,827,455	39.0%	123,148,633	47,989,820	39.0%	4.62%	2.0141
	2002	58,988,534	32,537,752	55.2%	113,558,997	62,638,521	55.2%	4.62%	1.9251
	2003	56,857,624	35,702,629	62.8%	104,622,511	65,695,652	62.8%	4.62%	1.8401
	2004	55,061,694	32,575,092	59.2%	96,843,056	57,293,397	59.2%	4.62%	1.7588
	2005	55,779,540	29,902,180	53.6%	93,772,681	50,269,463	53.6%	4.62%	1.6811
	2006	49,643,268	41,192,571	83.0%	79,770,856	66,191,586	83.0%	4.62%	1.6069
	2007	46,929,970	45,526,367	97.0%	72,080,311	69,924,500	97.0%	4.62%	1.5359
	2008	44,844,351	47,617,448	106.2%	65,834,964	69,906,085	106.2%	4.62%	1.4681
	2009	42,889,260	53,319,069	124.3%	60,183,842	74,819,347	124.3%	4.62%	1.4032
	2010	40,425,466	50,724,961	125.5%	54,221,168	68,035,497	125.5%	4.62%	1.3413
	2011	38,215,923	70,084,626	183.4%	48,993,749	89,850,207	183.4%	4.62%	1.2820
	2012	36,186,636	67,563,781	186.7%	44,343,199	82,792,835	186.7%	4.62%	1.2254
	2013	34,207,053	71,983,029	210.4%	40,066,089	84,312,393	210.4%	4.62%	1.1713
	2014	32,216,477	80,519,273	249.9%	36,067,981	90,145,412	249.9%	4.62%	1.1196
	2015	30,365,770	90,147,752	296.9%	32,494,553	96,467,532	296.9%	4.62%	1.0701
	2016	28,472,745	97,767,124	343.4%	29,123,133	100,000,368	343.4%	4.62%	1.0228
Projected Future Experience	2017	24,506,448	86,859,735	354.4%	23,915,844	84,766,422	354.4%	5.00%	0.9759
	2018	21,721,337	89,442,075	411.8%	20,188,433	83,130,026	411.8%	5.00%	0.9294
	2019	19,168,699	91,675,642	478.3%	16,967,559	81,148,541	478.3%	5.00%	0.8852
	2020	16,839,797	93,444,427	554.9%	14,196,272	78,775,444	554.9%	5.00%	0.8430
	2021	14,725,051	94,743,996	643.4%	11,822,381	76,067,624	643.4%	5.00%	0.8029
	2022	12,814,125	95,490,962	745.2%	9,798,234	73,016,519	745.2%	5.00%	0.7646
	2023	11,096,044	95,658,429	862.1%	8,080,490	69,661,496	862.1%	5.00%	0.7282
	2024	9,559,328	95,206,582	996.0%	6,629,910	66,030,902	996.0%	5.00%	0.6936
	2025	8,192,138	93,992,464	1147.3%	5,411,133	62,084,615	1147.3%	5.00%	0.6605
	2026	6,982,417	92,072,656	1318.6%	4,392,456	57,920,504	1318.6%	5.00%	0.6291
	2027	5,918,046	89,575,146	1513.6%	3,545,608	53,666,081	1513.6%	5.00%	0.5991
	2028	4,986,977	86,462,410	1733.8%	2,845,512	49,334,462	1733.8%	5.00%	0.5706
	2029	4,177,365	82,763,621	1981.2%	2,270,054	44,975,215	1981.2%	5.00%	0.5434
	2030	3,477,681	78,583,386	2259.6%	1,799,841	40,670,096	2259.6%	5.00%	0.5175
	2031	2,876,817	74,014,731	2572.8%	1,417,971	36,481,554	2572.8%	5.00%	0.4929
	2032	2,364,179	69,102,858	2922.9%	1,109,804	32,438,583	2922.9%	5.00%	0.4694
	2033	1,929,758	63,883,633	3310.4%	862,739	28,560,524	3310.4%	5.00%	0.4471
	2034	1,564,184	58,401,901	3733.7%	666,001	24,866,476	3733.7%	5.00%	0.4258
	2035	1,258,759	52,765,487	4191.9%	510,435	21,396,755	4191.9%	5.00%	0.4055
	2036	1,005,486	47,068,250	4681.1%	388,316	18,177,607	4681.1%	5.00%	0.3862
	2037	797,072	41,427,740	5197.5%	293,168	15,237,391	5197.5%	5.00%	0.3678
	2038	626,930	35,997,748	5741.9%	219,609	12,609,719	5741.9%	5.00%	0.3503
	2039	489,165	30,884,103	6313.6%	163,191	10,303,286	6313.6%	5.00%	0.3336
	2040	378,550	26,173,095	6914.0%	120,275	8,315,848	6914.0%	5.00%	0.3177
	2041	290,496	21,924,993	7547.4%	87,903	6,634,400	7547.4%	5.00%	0.3026
	2042	221,012	18,176,404	8224.2%	63,692	5,238,185	8224.2%	5.00%	0.2882
	2043	166,668	14,924,499	8954.6%	45,744	4,096,220	8954.6%	5.00%	0.2745
	2044	124,551	12,135,674	9743.6%	32,557	3,172,183	9743.6%	5.00%	0.2614
	2045	92,209	9,765,706	10590.9%	22,955	2,431,132	10590.9%	5.00%	0.2489
	2046	67,608	7,769,041	11491.4%	16,029	1,841,972	11491.4%	5.00%	0.2371
	2047	49,075	6,100,789	12431.6%	11,081	1,377,566	12431.6%	5.00%	0.2258
	2048	35,252	4,722,371	13396.0%	7,581	1,015,540	13396.0%	5.00%	0.2150
	2049	25,049	3,599,805	14371.0%	5,130	737,270	14371.0%	5.00%	0.2048
	2050	17,598	2,701,341	15349.8%	3,433	526,912	15349.8%	5.00%	0.1951
	2051	12,219	1,995,193	16329.1%	2,270	370,642	16329.1%	5.00%	0.1858
	2052	8,379	1,452,949	17339.9%	1,482	257,057	17339.9%	5.00%	0.1769
	2053	5,672	1,043,442	18395.4%	956	175,816	18395.4%	5.00%	0.1685
	2054	3,788	738,642	19501.4%	608	118,532	19501.4%	5.00%	0.1605
	2055	2,492	514,949	20660.3%	381	78,700	20660.3%	5.00%	0.1528
	2056	1,614	353,126	21874.4%	235	51,399	21874.4%	5.00%	0.1456
	Past	1,054,147,322	941,201,314	89.3%	1,896,243,366	1,336,814,432	70.5%		
	Future	178,580,036	1,873,609,999	1049.2%	137,917,275	1,157,759,218	839.5%		
	Lifetime	1,232,727,359	2,814,811,313	228.3%	2,034,160,641	2,494,573,650	122.6%		

Atttachment 6
RiverSource Life Insurance Company
Nationwide Experience
Historical Experience Adjusted for Prior Approved Premium Rate Increases on a Nationwide Basis
Plus Future Experience Adjusted to Assume Original Virginia Premium Rate Level, Projected Using All Original Pricing Assumptions
Policy Form 30225

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Incurred Loss Ratio	Earned Premiums	Incurred Claims	Incurred Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	145	0	0.0%	438	0	0.0%	4.62%	3.0243
	1993	2,687,206	147,465	5.5%	7,768,059	426,286	5.5%	4.62%	2.8908
	1994	12,917,807	1,546,420	12.0%	35,692,984	4,272,887	12.0%	4.62%	2.7631
	1995	26,752,634	3,549,685	13.3%	70,655,029	9,374,893	13.3%	4.62%	2.6410
	1996	42,760,471	6,593,399	15.4%	107,944,746	16,644,409	15.4%	4.62%	2.5244
	1997	58,785,957	7,435,883	12.6%	141,845,350	17,942,132	12.6%	4.62%	2.4129
	1998	67,700,592	13,325,455	19.7%	156,140,823	30,733,077	19.7%	4.62%	2.3063
	1999	66,596,266	18,851,125	28.3%	146,810,245	41,556,958	28.3%	4.62%	2.2045
	2000	63,717,330	18,760,774	29.4%	134,259,968	39,531,175	29.4%	4.62%	2.1071
	2001	61,144,604	23,827,455	39.0%	123,148,633	47,989,820	39.0%	4.62%	2.0141
	2002	58,988,534	32,537,752	55.2%	113,558,997	62,638,521	55.2%	4.62%	1.9251
	2003	56,857,624	35,702,629	62.8%	104,622,511	65,695,652	62.8%	4.62%	1.8401
	2004	55,061,694	32,575,092	59.2%	96,843,056	57,293,397	59.2%	4.62%	1.7588
	2005	49,643,268	29,902,180	60.2%	83,456,807	50,269,463	60.2%	4.62%	1.6811
	2006	52,200,014	41,415,701	79.3%	83,879,244	66,550,129	79.3%	4.62%	1.6069
	2007	60,286,733	46,267,832	76.7%	92,595,126	71,063,325	76.7%	4.62%	1.5359
	2008	58,603,132	48,414,067	82.6%	86,033,916	71,075,583	82.6%	4.62%	1.4681
	2009	62,226,380	54,515,470	87.6%	87,318,424	76,498,181	87.6%	4.62%	1.4032
	2010	66,732,567	52,173,878	78.2%	89,505,901	69,978,875	78.2%	4.62%	1.3413
	2011	64,486,482	72,099,782	111.8%	82,673,249	92,433,686	111.8%	4.62%	1.2820
	2012	61,262,046	69,401,037	113.3%	75,070,672	85,044,214	113.3%	4.62%	1.2254
	2013	63,703,927	74,296,394	116.6%	74,615,233	87,021,994	116.6%	4.62%	1.1713
	2014	62,202,147	83,111,923	133.6%	69,638,460	93,048,015	133.6%	4.62%	1.1196
	2015	59,754,388	93,033,027	155.7%	63,943,451	99,555,079	155.7%	4.62%	1.0701
	2016	62,294,448	100,289,282	161.0%	63,717,408	102,580,138	161.0%	4.62%	1.0228
Projected Future Experience	2017	24,506,448	86,859,735	354.4%	23,915,844	84,766,422	354.4%	5.00%	0.9759
	2018	21,721,337	89,442,075	411.8%	20,188,433	83,130,026	411.8%	5.00%	0.9294
	2019	19,168,699	91,675,642	478.3%	16,967,559	81,148,541	478.3%	5.00%	0.8852
	2020	16,839,797	93,444,427	554.9%	14,196,272	78,775,444	554.9%	5.00%	0.8430
	2021	14,725,051	94,743,996	643.4%	11,822,381	76,067,624	643.4%	5.00%	0.8029
	2022	12,814,125	95,490,962	745.2%	9,798,234	73,016,519	745.2%	5.00%	0.7646
	2023	11,096,044	95,658,429	862.1%	8,080,490	69,661,496	862.1%	5.00%	0.7282
	2024	9,559,328	95,206,582	996.0%	6,629,910	66,030,902	996.0%	5.00%	0.6936
	2025	8,192,138	93,992,464	1147.3%	5,411,133	62,084,615	1147.3%	5.00%	0.6605
	2026	6,982,417	92,072,656	1318.6%	4,392,456	57,920,504	1318.6%	5.00%	0.6291
	2027	5,918,046	89,575,146	1513.6%	3,545,608	53,666,081	1513.6%	5.00%	0.5991
	2028	4,986,977	86,462,410	1733.8%	2,845,512	49,334,462	1733.8%	5.00%	0.5706
	2029	4,177,365	82,763,621	1981.2%	2,270,054	44,975,215	1981.2%	5.00%	0.5434
	2030	3,477,681	78,583,386	2259.6%	1,799,841	40,670,096	2259.6%	5.00%	0.5175
	2031	2,876,817	74,014,731	2572.8%	1,417,971	36,481,554	2572.8%	5.00%	0.4929
	2032	2,364,179	69,102,858	2922.9%	1,109,804	32,438,583	2922.9%	5.00%	0.4694
	2033	1,929,758	63,883,633	3310.4%	862,739	28,560,524	3310.4%	5.00%	0.4471
	2034	1,564,184	58,401,901	3733.7%	666,001	24,866,476	3733.7%	5.00%	0.4258
	2035	1,258,759	52,765,487	4191.9%	510,435	21,396,755	4191.9%	5.00%	0.4055
	2036	1,005,486	47,068,250	4681.1%	388,316	18,177,607	4681.1%	5.00%	0.3862
	2037	797,072	41,427,740	5197.5%	293,168	15,237,391	5197.5%	5.00%	0.3678
	2038	626,930	35,997,748	5741.9%	219,609	12,609,719	5741.9%	5.00%	0.3503
	2039	489,165	30,884,103	6313.6%	163,191	10,303,286	6313.6%	5.00%	0.3336
	2040	378,550	26,173,095	6914.0%	120,275	8,315,848	6914.0%	5.00%	0.3177
	2041	290,496	21,924,993	7547.4%	87,903	6,634,400	7547.4%	5.00%	0.3026
	2042	221,012	18,176,404	8224.2%	63,692	5,238,185	8224.2%	5.00%	0.2882
	2043	166,668	14,924,499	8954.6%	45,744	4,096,220	8954.6%	5.00%	0.2745
	2044	124,551	12,135,674	9743.6%	32,557	3,172,183	9743.6%	5.00%	0.2614
	2045	92,209	9,765,706	10590.9%	22,955	2,431,132	10590.9%	5.00%	0.2489
	2046	67,608	7,769,041	11491.4%	16,029	1,841,972	11491.4%	5.00%	0.2371
	2047	49,075	6,100,789	12431.6%	11,081	1,377,566	12431.6%	5.00%	0.2258
	2048	35,252	4,722,371	13396.0%	7,581	1,015,540	13396.0%	5.00%	0.2150
	2049	25,049	3,599,805	14371.0%	5,130	737,270	14371.0%	5.00%	0.2048
	2050	17,598	2,701,341	15349.8%	3,433	526,912	15349.8%	5.00%	0.1951
	2051	12,219	1,995,193	16329.1%	2,270	370,642	16329.1%	5.00%	0.1858
	2052	8,379	1,452,949	17339.9%	1,482	257,057	17339.9%	5.00%	0.1769
	2053	5,672	1,043,442	18395.4%	956	175,816	18395.4%	5.00%	0.1685
	2054	3,788	738,642	19501.4%	608	118,532	19501.4%	5.00%	0.1605
	2055	2,492	514,949	20660.3%	381	78,700	20660.3%	5.00%	0.1528
	2056	1,614	353,126	21874.4%	235	51,399	21874.4%	5.00%	0.1456
	Past	1,297,366,395	959,773,705	74.0%	2,191,738,731	1,359,217,891	62.0%		
	Future	178,580,036	1,873,609,999	1049.2%	137,917,275	1,157,759,218	839.5%		
	Lifetime	1,475,946,432	2,833,383,704	192.0%	2,329,656,006	2,516,977,108	108.0%		

Atttachment 7
RiverSource Life Insurance Company
Nationwide Experience
Expected Lifetime Loss Ratio Based on Original Pricing Assumptions[1]
Policy Form 30225

Calendar Year	A Earned Premiums	B Incurred Claims	C = B / A Incurred Loss Ratio
1992	521	32	6.1%
1993	2,645,502	194,624	7.4%
1994	12,649,707	951,278	7.5%
1995	25,936,084	2,193,335	8.5%
1996	40,806,012	3,870,896	9.5%
1997	55,163,760	5,883,870	10.7%
1998	62,355,250	8,012,027	12.8%
1999	60,769,044	10,158,321	16.7%
2000	56,474,526	12,426,495	22.0%
2001	52,388,451	14,726,814	28.1%
2002	48,570,378	16,914,060	34.8%
2003	44,947,414	18,889,948	42.0%
2004	41,501,091	20,625,407	49.7%
2005	38,231,280	22,211,707	58.1%
2006	35,133,866	23,789,415	67.7%
2007	32,205,267	25,391,558	78.8%
2008	29,442,114	27,017,604	91.8%
2009	26,841,080	28,667,842	106.8%
2010	24,398,752	30,320,634	124.3%
2011	22,111,560	31,963,619	144.6%
2012	19,975,708	33,586,811	168.1%
2013	17,987,142	35,153,927	195.4%
2014	16,141,515	36,630,904	226.9%
2015	14,434,189	38,017,607	263.4%
2016	12,860,235	39,289,060	305.5%
2017	11,414,450	40,413,091	354.1%
2018	10,091,380	41,395,200	410.2%
2019	8,885,353	42,217,404	475.1%
2020	7,790,503	42,848,286	550.0%
2021	6,800,809	43,294,161	636.6%
2022	5,910,129	43,518,570	736.3%
2023	5,112,240	43,502,724	851.0%
2024	4,400,875	43,233,428	982.4%
2025	3,769,771	42,650,744	1131.4%
2026	3,212,720	41,756,706	1299.7%
2027	2,723,610	40,600,437	1490.7%
2028	2,296,475	39,179,960	1706.1%
2029	1,925,537	37,507,292	1947.9%
2030	1,605,246	35,632,252	2219.7%
2031	1,330,313	33,595,233	2525.4%
2032	1,095,742	31,423,986	2867.8%
2033	896,854	29,133,883	3248.5%
2034	729,305	26,735,489	3665.9%
2035	589,091	24,275,464	4120.8%
2036	472,556	21,786,440	4610.3%
2037	376,384	19,310,685	5130.6%
2038	297,595	16,905,824	5680.8%
2039	233,532	14,620,016	6260.4%
2040	181,846	12,492,712	6869.9%
2041	140,477	10,552,334	7511.8%
2042	107,634	8,820,969	8195.3%
2043	81,777	7,302,550	8929.8%
2044	61,592	5,987,166	9720.7%
2045	45,972	4,858,406	10568.2%
2046	33,992	3,898,221	11467.9%
2047	24,889	3,088,235	12408.0%
2048	18,038	2,411,890	13371.3%
2049	12,933	1,854,674	14341.0%
2050	9,169	1,403,273	15305.3%
2051	6,424	1,044,463	16259.8%
2052	4,445	766,126	17236.1%
2053	3,036	554,084	18252.0%
2054	2,045	394,950	19314.5%
2055	1,357	277,217	20426.1%
2056	886	191,378	21588.9%
Total without Interest	876,667,428	1,348,323,717	153.8%
Total Discounted @ 5.0%	475,451,890	365,579,280	76.9%

[1] Expected experience has been developed using original pricing assumptions and the distribution of business actually sold, projected from issue.

Attachment 8
RiverSource Life Insurance Company
Historical Active Life Reserve Balances[1]

Valuation Date	Nationwide Policy Form 30225	Virginia Policy Form 30225-VA
12/31/1992	2,281	0
12/31/1993	2,189,973	62,482
12/31/1994	8,918,743	282,167
12/31/1995	29,471,810	998,480
12/31/1996	70,276,792	2,481,777
12/31/1997	133,214,109	5,008,875
12/31/1998	218,551,769	8,462,585
12/31/1999	315,988,063	12,494,543
12/31/2000	415,569,398	16,529,430
12/31/2001	514,709,547	20,577,831
12/31/2002	613,499,749	24,644,019
12/31/2003	711,606,142	28,716,747
12/31/2004	808,603,845	32,784,511
12/31/2005	902,843,095	37,434,704
12/31/2006	985,341,773	40,310,575
12/31/2007	1,072,727,197	43,772,821
12/31/2008	1,151,400,436	47,488,229
12/31/2009	1,219,526,430	50,696,189
12/31/2010	1,291,983,087	54,228,977
12/31/2011	1,271,860,265	54,326,204
12/31/2012	1,335,429,990	57,982,913
12/31/2013	1,389,514,378	60,586,745
12/31/2014	1,441,127,591	63,537,967
12/31/2015	1,486,240,570	66,334,458
12/31/2016	1,520,899,861	69,418,775

[1] Active Life Reserve is defined as "midterminal" and includes an unearned premium reserve.

RiverSource Life Insurance Company
Statement of Variability
Form 112459 Endorsement

Brackets have been placed around various items in the forms to indicate they are variable and may change as explained below. Formatting may also change due to future changes in typestyle or the software or system used to produce the form. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state. We reserve the right to correct typographical errors.

Field	Scope of Variation
Address	Will insert the company home address.
Phone number	Will insert the current toll free number.
Policy Number	Will insert policy number
Insured	Will insert name of insured
Coverage Change	This will reflect the choices each policyholder has made. The text in each category below reflects the respective approved policy language. The range of options is as follows:
Daily Benefit Amount	This will only appear if the Daily Benefit Amount is changed. If it is changed, the range of text that may appear is: Original Nursing Home Daily Benefit changed to $XX.XX Original Daily Benefit – Nursing Home changed to $XX.XX Original Daily Benefit – Alternate Long-Term Care Facility changed to $XX.XX Original Covered Care Daily Maximum changed to $XX.XX Original Facility Care Daily Maximum Benefit Amount changed to $XX.XX Original Home and Community Care Daily Maximum Benefit Amount changed to $XX.XX $XX.XX will represent the insured policy specific data.
Benefit Period	This will only appear if the Benefit Period is changed. If it is changed, the range of text that may appear is: Nursing Home Benefit Limit changed to XX days Confinement Benefit Limit changed to XX days Home Care Rider Maximum Payment Period changed to XX days Covered Care Maximum Payment Period changed to XX days Lifetime Maximum Benefit Amount changed to $XXX,XXX (YYYY days x $ZZZ) $XX.XX and XX will represent the insured policy specific data. The minimum benefit period is two years.
Elimination Period	This will only appear if the Elimination Period is changed. If it is changed, the range of text that may appear is: Nursing Home Deductible Period changed to XX days Confinement Benefit Deductible (Elimination Period) changed to XX days Covered Care Deductible (Elimination Period) changed to XX days Deductible Period to XX days XX will represent the insured policy specific data.
Benefit Increase Option	This will only appear if the Benefit Increase Option is changed. If it is changed, the range of text that may appear is:
	Benefit Increase Option – Thru Age 85 Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Home Care Benefit Rider Increase Option – Thru Age 85 Do you have this Option? Changed to XXX

	XXX will display either "Yes, Simple Increase" or "No"
	Home and Community Care Rider Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "Yes, Simple Increase" or "No"
	Benefit Increase Option Do you have this Option? Changed to XXX XXX will display either "No" or "Yes If Yes, these paragraphs will display: "SIMPLE 5% BENEFIT INCREASE: Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increase will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community Care Daily Maximum Benefit Amounts. Your lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where: (a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and (b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year."
Optional Home Care Rider	This will appear if the Optional Home Care Rider is eliminated: "Optional Home Care Rider is eliminated."
Optional Nonforfeiture Benefit Rider	This will appear if the Optional Nonforfeiture Benefit Rider is eliminated: "Optional Nonforfeiture Benefit Rider is eliminated."
Exercised Nonforfeiture Option	This will appear if the Nonforfeiture Benefit Rider is exercised: "Because you purchased a nonforfeiture benefit rider with the above-referenced policy and you have chosen to stop paying premiums, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00. Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount if you paid premiums for at least three full years. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods, continue to apply."
Exercised Contingent Benefit Upon Lapse	This will appear if the Contingent Benefit Upon Lapse is exercised: "Because you have chosen to stop paying premiums on the above-referenced policy within 120 days after the effective date of a substantial premium rate increase, you are entitled to reduced paid-up coverage. This coverage is effective <EFFECTDATE>. Your premium due going forward will be $0.00. Your Reduced Lifetime Benefit is $<RLBL>, which represents the sum of all premiums you have paid for this policy, subject to a minimum of 30 times your policy's current nursing home daily benefit amount. Once total benefits paid on your policy after <EFFECTDATE> reach this reduced maximum lifetime benefit limit, no additional benefits are payable. In addition, the sum of all benefits paid before and after <EFFECTDATE> will not exceed the maximum benefits which would have been payable if your policy had remained in premium paying status. Your Benefit Increase Option, if applicable, will continue to apply to the Daily Benefit Amount but will not apply to the Reduced Lifetime Benefit. All other features of your policy and any riders, including daily benefit limits and deductible (elimination) periods,

	continue to apply."
Administrative information	The version letter/print date will be changed if any future changes are made to bracketed items for Company address, phone number, or Secretary. The date range will also use 1-12 for the months and the last two numbers of a year.
Effective Date	Will insert effective date of the change
Signature	Will insert the signature and title of current company Corporate Secretary.

RIVERSOURCE LIFE INSURANCE COMPANY
August 27, 2020

STATEMENT OF VARIABILITY
RE: 115746 – Long-Term Care Policy Change Request Form

Brackets have been placed around various items in the forms in order to indicate that they are variable and subject to change by us as explained below. Formatting may change due to future changes in typestyle and/or electronic generation of the forms. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state.

Item Number	Section/Content	Scope of Variation
1	Company Address	If company address changes, will insert new address.
2	Logo	If company logo changes, will insert new logo.
3	Name	Will insert policy owner name.
4	Client Policy Number	Will insert client policy number.
5	Anniversary Date	Will insert policyholder's anniversary date.
6	Payment Frequency	Will insert payment frequency.
7	Current Premium	Will insert policyholder's current modal premium.
8	New Premium	Will insert policyholder's new modal premium.
9	Return Date	Will insert when form is due to company (30 days prior to anniversary date).
10	Client Service Phone Number	If telephone number were to change we would update.
11	Benefit Period	Will insert client specific benefit period for each option.
12	Daily Benefit Amount	Will insert client specific Daily Benefit Amount for each option listed.
13	New Premium as of	Will insert client specific new premium dollar amount for each option listed.
14	Bullets under Coverage Change Options	Bullets 1-4; vary by which options are available to reduce coverage. Bullet 5 will always appear.
15	Premium rate increase notice	This section is bracketed in as it will only show if there is a future increase.
16	Fiduciary section	This section is bracketed in the event we remove, revise or add fields for acknowledgement andthe fiduciary section. signatures. If revised, we will submit a revised Statement of Variability (SOV).
17	Administrative Information	The version letter/print date, pagination, will be changed if any future changes are made. If any formatting or slight changes in verbiage will be updated.
18	Copyright Date	Will update copyright date as form changes.

RIVERSOURCE LIFE INSURANCE COMPANY
October 15, 2020

STATEMENT OF VARIABILITY
RE: 115743 – Single Phase Non-Waiver Letter

Brackets have been placed around various items in the forms in order to indicate that they are variable and subject to change by us as explained below. Formatting may change due to future changes in typestyle and/or electronic generation of the forms. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state.

Item Number	Section/Content	Scope of Variation
1	Company Address/website	If company address or website changes, will insert new address/website.
2	Logo	If company logo changes, will insert new logo.
3	Letter Date	Will insert date of letter.
4	Client Name/Address	Will insert policy owner name and/or address where applicable.
5	Circle 2 and Circle 3	If no options are available, Circle 2 “Adjust your coverage to help reduce your future premium” will be removed and Circle 3 “Convert to paid-up policy with reduced benefits” becomes Circle 2.
6	Client Service Phone Number	If number were to change, we would update.
7	Client Policy Number	Section will include client policy number.
8	Dear Client Letter Opening/Closing	This section is bracketed in the event we revise how the client is addressed other than “Dear” or “Sincerely”. If revised, we will submit a revised Statement of Variability (SOV).
9	%	Will insert approved percent increase and/or each year percent increase.
10	Anniversary Date	Will insert the next policy anniversary date.
11	Premium Frequency	Will vary depending on current premium mode (monthly,quarterly, semi-annually, annually).
12	Current Premium	Will insert policyholder’s current modal premium.
13	New Premium	Will insert policyholder’s new modal premium.
14	Copyright Date	Will update copyright date as form changes
15	Administrative Information	The version letter/print date, will be changed if any future changes are made.
16	Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
17	Web Address	If Bureau of Virginia’s website address changes, will insert new web address.
18	Daily Benefit Amount	Will insert client specific benefit period for each option.
19	Benefit Period	Will insert client specific benefit period for each option.
20	New Premium as of	Will insert client specific new premium dollar amount for each option listed.
21	Circle 3	If policyholder does not have a nonforfeiture benefit rider, it will read as shown in example letter. If policyholder has a nonforfeiture benefit rider, will read as follows: “Because you purchased the Nonforfeiture

		Benefit Rider, you have the option to stop paying premiums and convert to a paid-up policy with a reduced lifetime benefit. Please refer to your policy for additional details regarding this rider. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because you may significantly reduce your policy benefits.**"
22	Lifetime Maximum Benefit Amount	Will insert client specific lifetime maximum benefit amount for conversion to a paid-up policy
23	Return Date	Will insert when form is due to company (30 days prior to anniversary date)
24	Convert to a paid-up policy	If policyholder does not have a nonforfeiture benefit rider, it will read as in sample letter. If policyholder has a nonforfeiture benefit rider, it will read as follows: "Complete the enclosed form and return it to us in the envelope provided."
25	Questions? We're here to help. Please contact:	Bracketed section appears if policyholder has an Ameriprise advisor. If policyholder does not have an Ameriprise advisor, the following appears: **Questions? We're here to help. Please contact:** • Your financial advisor, John Smith at 999-999-9999, or A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.
26	Financial Advisor Name	If client has an advisor, will insert client's advisor
27	Financial Advisor or Ameriprise Advisor Center Phone Number	Will insert either advisor's phone number or Amerprise Advisor Center phone number
28	Officer (Ex. Vice President) Signature block	Will update if officer signer or title changes.

RIVERSOURCE LIFE INSURANCE COMPANY
October 15, 2020

STATEMENT OF VARIABILITY
RE: 115744 – Single Phase Waiver Letter

Brackets have been placed around various items in the forms in order to indicate that they are variable and subject to change by us as explained below. Formatting may change due to future changes in typestyle and/or electronic generation of the forms. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state.

Item Number	Section/Content	Scope of Variation
1	Company Address/website	If company address or website changes, will insert new address/website.
2	Logo	If company logo changes, will insert new logo.
3	Letter Date	Will insert date of letter.
4	Client Name/Address	Will insert policy owner name and/or address where applicable.
5	Notice of Premium Rate Increase Header	This section is bracketed in the event we revise how the header appears. If revised, we will submit a revised Statement of Variability (SOV).
6	Client Policy Number	Section will include client policy number.
7	Dear Client Letter Opening/Closing	This section is bracketed in the event we revise how the client is addressed other than “Dear” or “Sincerely”. If revised, we will submit a revised Statement of Variability (SOV).
8	%	Will insert approved percent increase and/or each year percent increase.
9	Anniversary Date	Will insert the next policy anniversary date.
10	Premium Frequency	Will vary depending on current premium mode (monthly,quarterly, semi-annually, annually).
11	Current Premium	Will insert policyholder’s current modal premium.
12	New Premium	Will insert policyholder’s new modal premium.
13	Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
14	Copyright Date	Will update copyright date as form changes
15	Administrative Information	The version letter/print date, will be changed if any future changes are made.
16	Web Address	If Bureau of Virginia’s website address changes, will insert new web address.
17	Daily Benefit Amount	Will insert client specific benefit amount for each option.
18	Benefit Period	Will insert client specific benefit period for each option.
19	New Premium as of	Will insert client specific new premium dollar amount for each option listed.
20	Circle 2 and Circle 3-Adjust your coverage/Convert to a paid-up policy with reduced benefits	Circle 2 - “Adjust your coverage” will only appear if the policy has options, if not, it will not appear, and Circle 3 – “Convert to a paid-up policy with reduced benefits” will be renumbered to Circle 2.
21	Circle 3-Convert to a paid-up policy with reduced benefits	If policyholder does not have a nonforfeiture benefit rider, it will read as shown in example letter. If policyholder has a nonforfeiture benefit

		rider, will read as follows: “Because you purchased the Nonforfeiture Benefit Rider, you have the option to stop paying premiums and convert to a paid-up policy with a reduced lifetime benefit. Please refer to your policy for additional details regarding this rider. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because you may significantly reduce your policy benefits.**”
22	Lifetime Maximum Benefit Amount	Will insert client specific lifetime maximum benefit amount for conversion to a paid-up policy
23	Questions? We’re here to help. Please contact:	Bracketed section appears if policyholder has an Ameriprise advisor. If policyholder does not have an Ameriprise advisor, the following appears: **Questions? We’re here to help. Please contact:** • Your financial advisor, John Smith at 999-999-9999, or A RiverSource client service representative at **1-800-862-7919** and say “Long-Term Care” at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.
24	Advisor Name	If client has an advisor, will insert client’s advisor
25	Advisor or Advisor Center Phone Number	Will insert either advisor’s phone number or Amerprise Advisor Center phone number
26	Client Service Phone Number	If phone number were to change, we will update.
27	Officer (Ex. Vice President) Signature block	Will update if signer or title changes.

RIVERSOURCE LIFE INSURANCE COMPANY
October 15, 2020

STATEMENT OF VARIABILITY
RE: 115745 – Multi-Phase Non-Waiver Letter

Brackets have been placed around various items in the forms in order to indicate that they are variable and subject to change by us as explained below. Formatting may change due to future changes in typestyle and/or electronic generation of the forms. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state.

Item Number	Section/Content	Scope of Variation
1	Company Address/website	If company address or website changes, will insert new address/website.
2	Logo	If company logo changes, will insert new logo.
3	Letter Date	Will insert date of letter.
4	Client Name/Address	Will insert policy owner name and/or address where applicable.
5	Circle 2 and Circle 3	If no options are available, Circle 2 “Adjust your coverage to help reduce your future premium” will be removed and Circle 3 “Convert to paid-up policy with reduced benefits” becomes Circle 2.
6	Client Service Phone Number	If number were to change, we would update.
7	Client Policy Number	Section will include client policy number.
8	Dear Client Letter Opening/Closing	This section is bracketed in the event we revise how the client is addressed other than “Dear” or “Sincerely”. If revised, we will submit a revised Statement of Variability (SOV).
9	%	Will insert approved percent increase and/or each year percent increase.
10	Number of	Will indicate the number of policy anniversary year(s) that premium increases will occur.
11	Anniversary Date	Will insert the next policy anniversary date.
12	Premium Frequency	Will vary depending on current premium mode (monthly, quarterly, semi-annually, annually).
13	Current Premium	Will insert policyholder’s current modal premium.
14	New Premium	Will insert policyholder’s new modal premium.
15	Future anniversary dates	Will indicate the future anniversaries that increases will occur.
16	Copyright Date	Will update copyright date as form changes
17	Administrative Information	The version letter/print date, will be changed if any future changes are made.
18	Bullets 2-4: On [Future Anniversary Date]	If two or more future increases, section will include a bulleted list of the increases. If only one more increase information will be in a sentence. Will indicate new modal premium on that date.
19	Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
20	Web Address	If Bureau of Virginia’s website address changes, will insert new web address.
21	Daily Benefit Amount	Will insert client specific benefit period for each option.

22	Benefit Period	Will insert client specific benefit period for each option.
23	New Premium as of	Will insert client specific new premium dollar amount for each option listed.
24	Circle 3	If policyholder does not have a nonforfeiture benefit rider, it will read as shown in example letter. If policyholder has a nonforfeiture benefit rider, will read as follows: "Because you purchased the Nonforfeiture Benefit Rider, you have the option to stop paying premiums and convert to a paid-up policy with a reduced lifetime benefit. Please refer to your policy for additional details regarding this rider. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because you may significantly reduce your policy benefits.**"
25	Lifetime Maximum Benefit Amount	Will insert client specific lifetime maximum benefit amount for conversion to a paid-up policy
26	Return Date	Will insert when form is due to company (30 days prior to anniversary date)
27	Convert to a paid-up policy	If policyholder does not have a nonforfeiture benefit rider, it will read as in sample letter. If policyholder has a nonforfeiture benefit rider, it will read as follows: "Complete the enclosed form and return it to us in the envelope provided."
28	Because this premium increase is spread out over a number of-year period, your premium rate will increase again on your next policy anniversary	This may be modified to reflect the number of years before another premium increase would be effective.
29	Questions? We're here to help. Please contact:	Bracketed section appears if policyholder has an Ameriprise advisor. If policyholder does not have an Ameriprise advisor, the following appears: **Questions? We're here to help. Please contact:** • A financial advisor at the Ameriprise Advisor Center at 1-800-297-2012, Monday through Friday, 8 a.m. to 6 p.m. Central time, or A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.
30	Advisor Name	If client has an advisor, will insert client's advisor
31	Agent or Advisor Center Phone Number	Will insert either advisor's phone number or Amerprise Advisor Center phone number
32	Officer (Ex. Vice President) Signature block	Will update if signer or title changes.

RIVERSOURCE LIFE INSURANCE COMPANY
October 15, 2020

STATEMENT OF VARIABILITY
RE: 115747 – Multi-Phase Waiver Letter

Brackets have been placed around various items in the forms in order to indicate that they are variable and subject to change by us as explained below. Formatting may change due to future changes in typestyle and/or electronic generation of the forms. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state.

Item Number	Section/Content	Scope of Variation
1	Company Address/website	If company address or website changes, will insert new address/website.
2	Logo	If company logo changes, will insert new logo.
3	Letter Date	Will insert date of letter.
4	Letter Notification Header	This section is bracketed in the even we revise the header. If revised, we will submit a revised Statement of Variability (SOV).
5	Client Name/Client Address	Will insert policy owner name and/or address where applicable.
6	Client Policy Number	Section will include client policy number.
7	Dear Client Letter Opening/Closing	This section is bracketed in the event we revise how the client is addressed other than “Dear” or “Sincerely”. If revised, we will submit a revised Statement of Variability (SOV).
8	%	Will insert approved percent increase and/or each year percent increase.
9	Number of	Will indicate the number of year(s) that premium increases will occur.
10	Anniversary Date	Will insert the next policy anniversary date.
11	Premium Frequency	Will vary depending on current premium mode. (monthly, quarterly, semi-annually, annually).
12	Current Premium	Will insert policyholder’s current modal premium.
13	New Premium	Will insert policyholder’s new modal premium.
14	Future anniversary dates	Will indicate the future anniversaries that increases will occur.
15	Bullets 2-4: On [Future Anniversary Date]	Will indicate the future anniversaries that increases will occur.
16	Copyright Date	Will update copyright date as form changes
17	Administrative Information	The version letter/print date will be changed if any future changes are made.
18	Virginia State Corporation Commission	If the Virginia State Corporation Commission name changes, will insert updated name.
19	Web Address	If Bureau of Virginia’s website address changes, will insert new web address.
20	Daily Benefit Amount	Will insert client specific benefit period for each option.
21	Benefit Period	Will insert client specific benefit period for each option.
22	New Premium as of	Will insert client specific new premium dollar amount for each option listed.
23	Lifetime Maximum Benefit	Will insert client specific lifetime maximum

	Amount	benefit amount for conversion to a paid-up policy
24	Circle 2 and Circle 3	Number 2 will only appear if the policy has options, if not, it will not appear, and Number 3 will be renumbered to Number 2.
25	Circle 3	If policyholder does not have a nonforfeiture benefit rider, it will read as shown in example letter. If policyholder has a nonforfeiture benefit rider, will read as follows: "Because you purchased the Nonforfeiture Benefit Rider, you have the option to stop paying premiums and convert to a paid-up policy with a reduced lifetime benefit. Please refer to your policy for additional details regarding this rider. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because you may significantly reduce your policy benefits.**"
26	Questions? We're here to help. Please contact:	Bracketed section appears if policyholder has an Ameriprise advisor. If policyholder does not have an Ameriprise advisor, the following appears: **Questions? We're here to help. Please contact:** • A financial advisor at the Ameriprise Advisor Center at 1-800-297-2012, Monday through Friday, 8 a.m. to 6 p.m. Central time, or A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.
27	Advisor Name	If client has an advisor, will insert client's advisor
28	Agent or Advisor Center Phone Number	Will insert either advisor's phone number or Amerprise Advisor Center phone number
29	Client Service Phone Number	If number were to change, we would update.
30	Officer Signature block	Will update if signer or title changes.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

December 12, 2018

Mr. Bill Dismore
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Mr. Dismore:

Thank you for reviewing our filing.

Per the company's request via SERFF Note sent on November 13, 2018, we are revising this filing at this time to request a 40% premium rate increase on the premium associated with the nursing home policy only for policies issued in Virginia.

A revised Actuarial Memorandum that reflects updated experience through June 30, 2018 and current best-estimate assumptions with the revised premium rate increase request has been provided with this response.

In addition to the revised Actuarial Memorandum, this letter provides the additional information requested in your September 17, 2018 objection letter as well as updates to my July 12, 2018 letter providing responses to the August 11, 2017 objection letter from Janet Houser. The additional information provided in this letter for both the August 11, 2017 and September 17, 2018 objection letters are based on the experience updated through June 30, 2018 underlying the revised Actuarial Memorandum. I have restated the requests from both objection letters in italics for reference. Note that any reference to the Actuarial Memorandum in the responses below are to the revised Actuarial Memorandum provided with this response, as described above.

Microsoft Excel workbooks with the information provided in Exhibits 11 and 12 of the Actuarial Memorandum and Attachments 1, 2 through 6 and 8 through 13 to this letter as described in the following has been provided with this response. Note that the earned premiums and claims in these exhibits and attachments are projected using an external projection model and are therefore hard-coded numbers.

As demonstrated in the Actuarial Memorandum, much larger premium rate increases are currently actuarially justifiable. However, the company believes it is appropriate to limit the current premium rate increase request to 40% in order to minimize the impact on policyholders to the extent we can,

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates.

If it is the Bureau's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Bureau inform the company prior to approving the requested premium rate increase, as the company would like to amend this filing to request a significantly larger premium rate increase at this time.

Objection Letter Dated August 11, 2017

Objection 1

1) *Please update the Company Rate Information on the Rate/Rule Schedule to reflect the Overall Percentage Rate Impact and update the Percent Rate Change Request under the Rate Action Information to reflect the same percentage which is the percentage increase being requested at this time and not the previously approved increase.*

   The "Percent Rate Change Request" field on the Rate/Rule Schedule of SERFF has been updated to reflect the currently requested 40% premium rate increase. The "Overall Percentage Rate Impact" field has been updated to reflect a 39.8% premium rate increase, as described in item #2.

2) *According to the revised Actuarial Memorandum, the proposed increase is 32.3%; however, this increase only applies to nursing home portion only of the premium and the Rate/Rule Schedule indicates a range of 0% - 32.3%. This is confirmed by Exhibit XVI which demonstrates a range of 0% - 32.3% with a premium cap of $998.98 resulting no increases for some individuals. Since there is a range, the expectation is that the Overall Percentage rate impact and the proposed rate increase should fall between 0% - 32.3%. Please amend the filing accordingly.*

   Of the 1,662 Virginia policyholders inforce as of June 30, 2018, there are four policyholders who have a proposed premium rate with an increase less than the requested 40% and one policyholder who will have no increase in premium. Therefore, the "Overall Percentage Rate Impact" for this filing is 39.8%. The Rate/Rule Schedule of SERFF has been updated to reflect this.

3) *There are two options included in the rate sheets: simple benefit increase option and compound benefit increase option. Are the premiums for these benefits a dollar amount or a percentage of the base policy? If these are form numbers separate from the base policy, please add the form numbers to the Rate/Rule Schedule and attach a factor or premium rate table for each. If not, please amend the rate attachment to indicate what those factors are on the premium attachment for the base policy.*

   At the time of original pricing, the premium rates for policies with the Simple Benefit Increase Option ("Simple BIO") and the Compound Benefit Increase Option ("Compound BIO") were determined separately from those for policies with No Benefit Increase Option ("No BIO"). The cumulative premium rate increase previously approved in Virginia for policy form 30225-VA has been applied uniformly to all premium rates regardless of the BIO (subject to a maximum premium rate cap of $999.98). All premium rates shown in Exhibits XVI and XVII of the revised

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

Actuarial Memorandum are per $10 of Original Daily Benefit Amount. There is no separate form number for policies with a Simple or Compound BIO, i.e. there is no "base policy" as referenced in the Bureau's objection.

4) *Are there any other riders that would affected by this rate increase? If so, please add the form number exactly as approved with a corresponding rate schedule.*

   An optional home care rider was offered with this policy form at the time of issue. Of the 1,662 Virginia policies inforce as of June 30, 2018, 653 policies have the optional home care rider. We are currently requesting a premium rate increase of 40% on the premium associated with the nursing home policy only. No rate increase has been or is being requested for the premium associated with the optional home care rider.

5) *Please update the Rate Request Summary for consistency with the affected form numbers and rate information on page 1.*

   The Rate Request Summary has been updated to reflect the "Average Requested Percentage Rate Change Per Member" and "Average Annual Premium Member" to be consistent with the change to be consistent with the change to the "Overall Percentage Rate Impact" in SERFF, as described in item #2 above.

<u>Objection 2</u>

Please provide the following:

1) *Re-state the nationwide experience using Virginia approved rates.*

   Attachment 1 to this response provides the nationwide actual historical and projected future earned premiums and incurred claims based on actual policies inforce as of June 30, 2018 where actual and projected premiums have been restated to reflect the cumulative 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis. Note that the loss ratios in before and after the requested premium rate increase in Attachment 1 correspond to the incurred loss ratios shown in Exhibit 11 of the revised Actuarial Memorandum provided with this response.

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2) *Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.*

   Attachment 2 to this response provides the nationwide experience assuming the proposed Virginia premium rate level (i.e. with cumulative 212.3% rate increase) from inception.

3) *Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.*

   As described above, a Microsoft Excel workbook with Exhibits 11 and 12 of the Actuarial Memorandum and a Microsoft Excel workbook with Attachments 1, 2, 4 through 6 and 8 through 13 to this letter have been provided with this response. Note that the projected policies inforce, earned premiums, paid claims and incurred claims in these exhibits and attachments are a summary of the seriatim-level results projected on a seriatim basis using an external projection model and are therefore hard-coded numbers in the Microsoft Excel workbooks. The formulas used for determining the loss ratios before and after interest are intact in this file.

   The following provides a description of the projected experience provided in Exhibits 11 and Attachments 1 and 3. The projected experience provided in Attachments 4, 5 and 13 is described in item #5 below, and a description of the experience provided in Attachment 6 and 12 is provided in item #6 below.

   Starting with actual business inforce as of June 30, 2018, we project each policy on a seriatim basis in Exhibits 11 and 12 and Attachments 1 and 2, using the current premium rate increase assumptions as described in section 5 of the Actuarial Memorandum.

   The actual and projected earned premiums in Exhibit 11 and Attachment 1 reflect the cumulative 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis. The actual and projected earned premiums in Attachment 2 have been adjusted to reflect the cumulative 212.3% proposed premium rate increase from inception, as described in item #2 of Objection 2 above.

   The projected paid and incurred claims in Exhibits 11 and 12 and Attachments 1 and 2 are based on the actual benefit provisions inforce at the time of projection. Claims and deaths are assumed to occur on a monthly basis, while lapses are assumed to occur on policy anniversaries.

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

   Attachment 4 to this response provides a list of the forty-six jurisdictions (including the District of Columbia) where policy form series 30225 was offered with the status of all currently requested premium rate increases as of December 12, 2018 and the history of all previous rate revisions which first began in 2005.

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Minneapolis, MN 55474

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

   Attachments 4 and 5 to this response provide two different versions of loss ratio projections for nationwide experience in accordance with this response, where the historical experience from January 1, 1992 through June 30, 2018 differs as follows:

   - historical earned premiums in Attachment 4 have been restated to the original Virginia premium level (i.e. before any rate increases); and
   - historical earned premiums in Attachment 6 have been restated to reflect the cumulative 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis (i.e. the same as Exhibit 11 of the Actuarial Memorandum and Attachment 1 of this response).

   The projected earned premiums in both attachments are based on policies inforce as of June 30, 2018, restated to the original Virginia premium level (i.e. before any premium rate increases), and future experience for earned premiums and incurred claims are projected using all original pricing assumptions for morbidity, mortality and lapse. The average maximum valuation rate of 4.59% is used to accumulate historical experience to the valuation date, and the original pricing interest rate of 5.0% is used to discount projected future experience in both attachments.

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

   Attachment 6 to this response provides the developed of the nationwide expected lifetime loss ratio for policy form series 30225, where expected experience has been developed using the distribution of business actually sold projected from issue using all original pricing assumptions.

7) *Please provide the reserve basis and justification for the reserve levels provided.*

   Attachment 8 to this response provides the active life reserve ("ALR") balances for nationwide and Virginia experience as of December 31st for calendar years 1992 through 2017 and June 30, 2018.

   The valuation bases used to develop the ALR for this block of business vary by issue year. The reserve methods and assumptions used to calculate the ALR prior to September 30, 2011 are shown in the following Table 1:

Table 1
Active Life Statutory Reserve Assumptions
For Reserve Calculations Prior to September 30, 2011

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Issue Year	Interest Rate	Reserve Method	Mortality Table	Lapse Rate	Morbidity Basis	Morbidity Load
1992 – 1994	5.0%	1-Year FPT	IAM 83a	0.0%	Original Pricing	1.05
1995 – 1996	4.5%	1-Year FPT	IAM 83a	0.0%	Original Pricing	1.05
1997 – 2002	4.5%	1-Year FPT	GAM 83a	2.0%	Original Pricing	1.05

Beginning September 30, 2011 and with the permission of the Minnesota Department of Commerce, we revised the statutory valuation bases to:

- move interest rates and mortality rates to the minimum statutory requirements
- create consistency in lapse assumptions and valuation methods; and
- update morbidity assumptions to reflect recent company experience.

The reserve method and assumptions used to calculate the ALR on or after September 30, 2011 are shown in the following Table 2:

Table 2
Active Life Statutory Reserve Assumptions
For Reserve Calculations On or After September 30, 2011

Issue Year	Interest Rate	Reserve Method	Mortality Table	Lapse Rate	Morbidity Basis	Morbidity Load
1992 – 1994	5.0%	1-Year FPT	GAM 83a	2010 Best Estimate Capped at 4%[1]	2010 Best Estimate	1.00
1995 – 2002	4.5%	1-Year FPT	GAM 83a	2010 Best Estimate Capped at 4%[1]	2010 Best Estimate	1.00

[1] Lapse assumption is 80% of 2010 best estimate for durations 1-4, capped at 4% for durations 5+

The company performs asset adequacy analysis in aggregate for our inforce long-term care block of business every year, and, if indicated, holds additional asset adequacy analysis reserves. Note that the additional asset adequacy analysis reserve balances are not included in Attachment.

8) *If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?*

As described in the cover letter provided with the initial submission, a premium rate increase that is much larger than the currently requested 40% increase is strongly actuarially justified and supportable at this time. Table 3 shows the isolated impact on the projected lifetime incurred loss ratio of future deviations in each key driver from original assumptions and the corresponding

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premium rate increase needed to produce a lifetime incurred loss ratio of 100.6%, which represents the lifetime incurred loss ratio using historical experience combined with projections based on our original pricing assumptions.

The lifetime incurred loss ratios in the table below reflect actual historical experience (i.e. only the projection period assumptions vary). Note that Table 3 has been developed using nationwide historical experience through June 30, 2018, where actual and projected premiums reflect the accumulated premium rate increases as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis, and the lifetime incurred loss ratio with all current assumptions corresponds to Exhibit 11 of the Actuarial Memorandum and Attachment 1 to this response before the requested premium rate increase. Note that the information shown in Table 3 below is also provided in Table 1 in section 16 of the Actuarial Memorandum.

Table 3
RiverSource Life Insurance Company
Impact on Lifetime Loss Ratio of Changing from Original Pricing to Current Assumptions
Nationwide Experience Before Any Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form 30225

Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Premium Rate Increase Needed to Produce a Lifetime Loss Ratio of 100.6%
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions	100.6%	N/A	N/A
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	108.2%	7.6%	76.1%
Mortality	102.0%	1.4%	13.6%
Lapse	115.9%	15.3%	129.9%
Interest	104.6%	4.0%	38.0%
Historical Experience through 6/30/2018 & Projections with All Current Assumptions	135.0%	34.4%	266.1%

Note that the lifetime loss ratio for each changed assumption in Table 3 does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the lifetime loss ratio (i.e. 34.4%) is greater than the sum of each changed assumption's impact on the lifetime loss ratio (i.e. 28.9% = 28.3% = 7.6% + 1.4% + 15.3% + 4.0%).

As the results in Table 3 show, a premium rate increase that far exceeds the requested increase is currently actuarially justified. RiverSource Life is requesting a premium rate increase at this time that is lower than the current actuarially justified increase, as we believe that it is

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Minneapolis, MN 55474

appropriate to limit the current premium rate increase request to 40% in order to minimize the impact on policyholders to the extent that we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates.

If it is the Bureau's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Bureau inform the company prior to approving the requested premium rate increase, as the company would like to amend this filing to request a significantly larger premium rate increase at this time.

9) *Please note for pre-stability policies, as set forth in 14VAC5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia. Please provide updated exhibits if appropriate.*

As described above, the exhibits in the Actuarial Memorandum Exhibits and Table 1 shown in section 16 of the Actuarial Memorandum have been updated to use an interest rate of 4.59%, which is the average maximum statutory valuation interest rate used for contract reserves determined by weighting the active life reserve balance as of June 30, 2018 by issue year, to accumulate historical experience and discount projected future experience in the determination of the loss ratios. The loss ratios shown in the attachments to this response and Table 3 of this response use the 4.62% interest rate to accumulate historical experience and discount projected future experience, and the loss ratios shown in Attachments 5 and 6 use the 4.59% interest rate to accumulate historical experience only.

<u>Objection Letter Dated September 17, 2018:</u>

1. *The memorandum describes how professional judgment is used in setting the morbidity factors for durations and ages beyond which the Company has credible experience. In addition, A/E factors are increased by attained age beyond the actual experience. Please provide some measure of the impact of this implicit conservatism.*

   As additional experience as emerged over the last twenty-four months since the time of the original filing, there has been little change in the morbidity A/E factors. Therefore, we believe the A/E factors are not overly conservative.

2. *Please provide the Excel file used to produce Attachment 4 status of filings.*

   Attachment 3 has been provided in the Microsoft Excel workbook, as described above.

3. *For all projections requested in the next question, the baseline should comply with the following:*
   a. *Any limited-pay paid-up policies should be removed, both from historical experience and future projections.*

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9550 Ameriprise Financial Center
Minneapolis, MN 55474

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There are no limited-pay policies in this block of business.

b. *For this pre-stability block, assumptions should be best-estimate, without margins for moderately adverse conditions.*

The assumptions used in this rate filing are based on actual inforce experience of RiverSource Life and are deemed reasonable for these particular policy forms. These are best-estimate assumptions and do not include any provision for profit or contingencies.

c. *Premiums should be at the Virginia rate level for both historical and projected future.*

The actual and projected premiums for nationwide experience in the exhibits of the Actuarial Memorandum and attachments to this letter reflect the accumulated premium rate increases as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis.

d. *Please use the appropriate average maximum valuation interest rate for each product series for accumulation and discounting of this block as specified in 14VAC5-200-150.*

The accumulation of historical experience and discounting of projected future experience occur at 4.59%, which is the average maximum statutory valuation interest rate used for contract reserves determined by weighting the active life reserve balance as of June 30, 2018 by issue year, and assume mid-year values, for all exhibits of the Actuarial Memorandum and Attachments 1 and 2, 8 through 11 and 13 to this letter.

e. *Please ensure that the discount/accumulation formulas are working formulas and specify the interest rates used in each exhibit.*

The formulas used to calculate the accumulation and discounting factors are provided in the Microsoft Excel workbooks provided with this response.

4. *Because the Bureau has observed that the experience of policies with different benefit characteristics can vary significantly, we are requesting that the following projections be provided to assist the Bureau in determining the appropriateness of this increase. For each of the six subsets of the business corresponding to the combinations of (non-lifetime/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:*

When preparing this response, I misinterpreted your question and therefore have provided the experience in Attachments 8 through 13 as described below is provided separately in four subset: (a) for policies with a lifetime benefit period with inflation, (b) policies with a lifetime benefit period with no inflation, policies with (c) non-lifetime benefit periods with inflation and (d) policies with non-lifetime benefit periods with no inflation. If you need the experience of (a) and (c) further broken down between simple and compound inflation, please let me know and we will provide the more detailed information. I apologize for this oversight.

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9550 Ameriprise Financial Center
Minneapolis, MN 55474

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a. *current assumptions and current rates*

Attachment 8 to this response provides the nationwide actual historical and projected future earned premiums and incurred claims before the requested premium rate increases, based on actual policies inforce as of June 30, 2018 where actual and projected premiums have been restated to reflect the accumulated 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis.

b. *current assumptions and current rates, including paid-up policies (if any)*

There are no paid-up policies included in Attachment 8.

c. *current assumptions with the proposed rate increase*

Attachment 9 provides the nationwide actual historical and projected future earned premiums and incurred claims with the requested premium rate increases, based on actual policies inforce as of June 30, 2018 where actual and projected premiums have been restated to reflect the accumulated 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis. Attachment 9 includes additional lapses, reductions in benefit and adverse selection due to the premium rate increase, as described in section 5 of the Actuarial Memorandum.

d. *current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)*

Attachment 10 provides similar information as Attachment 9, however there are no additional lapses, reductions in benefit and adverse selection due to the premium rate increase included in Attachment 10.

e. *current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*

Attachment 11 provides the nationwide actual historical and projected future earned premiums and incurred claims, based on actual policies inforce as of June 30, 2018 where actual and projected premiums have been restated assuming the proposed Virginia premium rate level (i.e. with cumulative 230.6% rate increase) from inception.

f. *original assumptions and original premiums from inception with the actual distribution of business sold*

Attachment 12 to this response provides the development of the nationwide expected lifetime loss ratio for policy form series 30225 for all policies in total, where expected experience has been developed using the distribution of business actually sold projected from issue using all original pricing assumptions.

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9550 Ameriprise Financial Center
Minneapolis, MN 55474

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g. *actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception.*

   Attachments 13 provides the nationwide actual historical and projected future earned premiums and incurred claims, based on actual policies inforce as of June 30, 2018 where actual premiums have been restated to reflect the accumulated 136.1% premium rate increase as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis and projected premiums have been restated to assume the original Virginia premium rate level (i.e. with no prior rate increases and future experience is projected using all original pricing assumptions.

Projections a-g can be separate tabs or combined into separate columns on the same exhibit.

5. *For each of the four subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.*

Table 4
Active Life Reserve Balances
As of June 30, 2018

Benefit Period	With Inflation	Without Inflation
Lifetime	$1,329,379,837	$60,221,872
Non-Lifetime	$291,573,403	$17,350,409

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Mr. Dismore, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

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RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Attachment 1:	Nationwide Experience Restated to Current Virginia Premium Level
Attachment 2:	Nationwide Experience with Proposed Virginia Premium Levels since Inception
Attachment 3:	Virginia Experience with Proposed Virginia Premium Levels since Inception
Attachment 4:	Status of Long-Term Care Premium Rate Increase Filings as of July 12, 2018
Attachment 5:	Nationwide Experience with Historical and Projected Experience Restated to Original Virginia Premium Levels since Inception
Attachment 6:	Nationwide Experience with Historical Experience Restated to Current Virginia Premium Level and Projected Experience Restated to Original Virginia Premium Level
Attachment 7:	Expected Lifetime Loss Ratio Based on Original Pricing Assumptions
Attachment 8:	Active Life Reserve Balances by Calendar Year
Enclosures:	Revised Actuarial Memorandum and Premium Rate Tables
	Revised Rate Revision Checklist
	Revised Rate Request Summary
	Microsoft Excel Workbook with Actuarial Memorandum Exhibits
	Microsoft Excel Workbook with Response Attachments

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Minneapolis, MN 55474

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May 6, 2019

Mr. Bill Dismore
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your letter dated April 12, 2019 objection letter regarding information needed for this premium rate increase filing. I restate your comments in italics for reference.

1) *In your response of 12/12/2018, the Company states that they can actuarially justify a much larger rate increase than the 40% requested. Please provide a detailed explanation of the Company's plans for future rate increase if the 40% rate increase were approved. Provide a description of the lifetime loss ratio to which the Company will manage this block of business going forward and what would trigger a request for an additional rate increase.*

   As described in section 16 of the revised Actuarial Memorandum provided at the time of my December 12, 2018 response, the reason for the requested premium rate increase is due to a combination of actual lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A premium rate increase is considered an effective way to reduce projected losses.

   Table 1 shows the isolated impact on the projected lifetime loss ratios of future deviations in each key driver from original assumptions and the corresponding premium rate increase needed to produce the target lifetime loss ratio, separately for policies with a lifetime benefit period and policies with non-lifetime benefit periods. This target lifetime loss ratio represents the lifetime loss ratio using historical experience combined with projected future experience based on our original pricing assumptions and is 110.1% for policies with a lifetime benefit period and 82.8% for policies with non-lifetime benefit periods.

   Note that Table 1 has been developed using nationwide historical experience through June 30, 2018, where actual and projected premiums reflect the accumulated rate increases as approved in Virginia and implemented from 2006 through 2016 on a nationwide basis.

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Minneapolis, MN 55474

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Table 1
RiverSource Life Insurance Company
Impact on Lifetime Loss Ratio of Changing from Original Pricing to Current Assumptions
Nationwide Experience Before Any Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form 30225

Policies with a Lifetime Benefit Period			
Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Premium Rate Increase Needed to Produce a Lifetime Loss Ratio of 110.1%
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions	110.1%	N/A	N/A
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	120.9%	10.8%	86.6%
Mortality	111.8%	1.7%	13.0%
Lapse	130.4%	20.3%	134.5%
Interest	114.6%	4.5%	33.9%
Historical Experience through 6/30/2018 & Projections with All Current Assumptions	155.9%	45.8%	277.7%

Policies with Non-Lifetime Benefit Periods			
Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Premium Rate Increase Needed to Produce a Lifetime Loss Ratio of 82.8%
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions	82.8%	N/A	N/A
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	84.3%	1.5%	24.8%
Mortality	83.6%	0.8%	13.7%
Lapse	88.4%	5.6%	84.4%
Interest	85.8%	3.0%	47.6%
Historical Experience through 6/30/2018 & Projections with All Current Assumptions	94.8%	12.0%	164.9%

Note that the lifetime loss ratio for each changed assumption in Table 1 does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the lifetime loss ratio for policies with a lifetime benefit period (i.e. 45.8%) is greater than the sum of

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

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the impact of each changed assumption (i.e. 37.3% = 10.8% + 1.7% + 20.3% + 4.5%) and the total impact of all current assumptions on the lifetime loss ratio for policies with non-lifetime benefit periods (i.e. 12.0%) is greater than the sum of the impact of each changed assumption (i.e. 10.9% = 1.5% + 0.8% + 5.6% + 3.0%).

As the results in Table 1 show, premium rate increases that far exceed the requested increase are currently actuarially justified.

The company is currently requesting premium rate increases in most states to bring the cumulative increase to 349.7% for policies with a lifetime benefit period and 295.0% for policies with non-lifetime benefit periods. To bring the premiums on this policy form in Virginia to this level currently being requested nationwide, a 90.4% premium rate increase for policies with a lifetime benefit period and an 67.3% premium rate increase for policies with non-lifetime benefit periods are necessary. These premium rate increases necessary to bring premiums in Virginia in the nationwide level are much lower than the actuarially justifiable premium rate increases shown in Table 1 above. However, the company believes it is appropriate to limit the current premium rate increase request to 40% in order to minimize the impact on policyholders to the extent we can, with the understanding that the company anticipates seeking additional premium rate increases in Virginia at the end of the three-year rate guarantee period.

If it is the Bureau's preference, we are willing to modify this rate filing to request the following premium rate increases to bring premiums on this policy form in Virginia to the level currently being requested nationwide:

- a 90.4% premium rate increase for policies with a lifetime benefit period, spread over four years with an implementation schedule of four consecutive annual premium rate increases of 17.5% each; and
- a 67.3% premium rate increase for policies with non-lifetime benefit periods, spread over four years with an implementation schedule of four consecutive annual premium rate increases of 13.7% each.

As indicated in my December 12, 2018 response and above, the company does anticipate seeking additional premium rate increases in the future, above a 90.4% increase for policies with a lifetime benefit period and 67.3% for policies with non-lifetime benefit periods, even if experience does not deteriorate from current best estimates.

If it is the Bureau's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we believe a 118.2% premium rate increase for policies with a lifetime benefit period and an 89.2% premium rate increase for policies with non-lifetime benefit periods would be required at this time. If there is deterioration from current best-estimates, additional premium rate increases beyond this level would be required in the future.

2) *If the 40% rate increase were to be approved, the VA Cumulative Rate Increase would equal 231% while the nationwide increase is 196%. Please provide an explanation for this discrepancy in support of the Company's 40% rate increase request compared to a lesser increase of 25% which would bring the VA cumulative increase in line with the nationwide cumulative increase.*

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As described above, the company is currently requesting premium rate increases in most states to bring the cumulative increase to 349.7% for policies with a lifetime benefit period and 295.0% for policies with non-lifetime benefit periods. The company has requested or anticipated eventually requesting premium rate increases in all fifty jurisdictions where policy form series 30225 was sold, in order the bring premiums in each jurisdiction to the level currently being requested nationwide. Attachment 1 to this letter provides a list of the fifty jurisdictions (including the District of Columbia) where policy form series 30225 was offered, with the status of all currently requested premium rate increases as of May 6, 2019 and the history of all previous rate revisions which first began in 2005.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Mr. Dismore, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Attachment 1: Status of Long-Term Care Premium Rate Increase Filings as of May 6, 2019

Attachment 1
RiverSource Life Insurance Company
Status of Long Term Care Premium Rate Increase Filings as of May 5, 2019
Policy Form 30225

POLICIES WITH A LIFETIME BENEFIT PERIOD

State	First Nationwide Request			Follow-Up Request			Second Nationwide Request			Third Nationwide Request			Fourth Nationwide Request			Fifth Nationwide Request			Sixth Nationwide Request			Seventh Nationwide Request			Eighth Nationwide Request				Cumulative Rate Increase	Inforce as of 6/30/2018	
	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Submission	Date of Disposition	Rate Increase	Effective Date		Policies	Annualized Premium
Alabama	11/3/2004	35.0%	2/2005				12/11/2007	15.0%	4/2008	12/17/2008	15.0%	4/2009	8/9/2011	15.0%	1/2012	12/4/2012	15.0%	4/2013	7/25/2015	15.0%	11/2015	6/19/2017	15.0%	10/2017					212.3%	430	727,204
Alaska [1]	8/12/2004	35.0%	1/2005				N/A	15.0%	4/2008	N/A	15.0%	4/2009	N/A	15.0%	5/2011	N/A	15.0%	4/2013	N/A	15.0%	9/2015	N/A	15.0%	11/2017	N/A	N/A	44.0%[9]	6/2019	349.7%	2	8,662
Arizona	4/4/2005	25.0%	7/2005	4/6/2007	8.0%	7/2007	3/12/2008	15.0%	7/2008	2/3/2009	15.0%	7/2009	8/25/2011	15.0%	1/2012	8/5/2013	15.0%	11/2013	8/28/2015	15.0%	12/2015	5/22/2018	5.0%	9/2018					185.1%	390	621,703
Arkansas	8/15/2005	35.0%	12/2005				1/11/2008	15.0%	4/2008	1/30/2009	15.0%	5/2009	12/8/2015	15.0%	3/2016	12/8/2015	8.7%	3/2016				4/25/2018	25.0%	8/2018					179.0%	205	232,329
California	12/15/2004	25.0%	4/2005	11/1/2006	8.0%	5/2007	11/5/2009	15.0%	3/2010	9/9/2011	15.0%	12/2011	10/20/2015	15.0%	2/2016	10/20/2015	4.3%	2/2016											114.2%	2,509	3,823,734
Colorado	3/10/2005	35.0%	6/2005				4/28/2008	15.0%	8/2008	9/1/2009	15.0%	12/2009	8/8/2011	15.0%	11/2011	8/8/2013	15.0%	1/2014	6/26/2015	15.0%	10/2015								171.5%	352	613,937
Connecticut	4/7/2008	10.0%	7/2008	5/29/2009	19.0%	9/2009	3/1/2011	15.0%	10/2011	9/24/2013	10.0%	1/2014	7/10/2015	19.9%	1/2016	10/17/2017	19.9%	1/2018	4/3/2019	15.0%	7/2019								173.8%	639	1,375,885
Delaware	12/29/2004	20.0%	3/2005	1/30/2007	12.5%	5/2007	7/23/2008	15.0%	10/2008	9/21/2009	15.0%	12/2009	8/4/2011	15.0%	11/2011	3/6/2013	15.0%	6/2013	10/26/2015	15.0%	2/2016	12/4/2017	15.0%	3/2018					212.3%	107	160,624
District of Columbia																													0.0%	26	19,503
Florida	10/20/2008	7.0%	1/2009	3/16/2017	41.0%[3]	4/2018																							50.9%	934	802,428
Georgia	3/2/2005	15.0%	6/2005	10/12/2006	10.0%	5/2007	4/15/2008	10.0%	7/2008	2/24/2009	10.0%	7/2009	2/16/2011	12.5%	5/2011	1/16/2013	9.9%	4/2013	2/23/2015	12.0%	6/2015	4/5/2017	12.0%	7/2017	1/3/2019	2/4/2019	12.0%	6/2019	165.9%	307	414,606
Hawaii	5/3/2006	25.0%	8/2006	6/13/2008	8.0%	9/2008	8/31/2010	15.0%	12/2010	6/27/2013	15.0%	10/2013	40% Increase - Submitted 8/11/2015																78.5%	184	371,633
Idaho	2/9/2005	35.0%	5/2005				1/17/2008	15.0%	4/2008	2/13/2009	15.0%	5/2009	5/12/2011	15.0%	8/2011	12/19/2013	15.0%	4/2014	2/11/2016	15.0%	5/2016								171.5%	48	85,879
Illinois	9/8/2004	35.0%	1/2005				2/8/2008	15.0%	5/2008	1/7/2009	15.0%	5/2009	3/29/2011	15.0%	7/2011	7/1/2013	15.0%	10/2013	4/25/2016	15.0%	8/2016								171.5%	1,338	2,153,714
Indiana	8/25/2005	35.0%	12/2005				4/25/2008	15.0%	8/2008	5/22/2009	15.0%	8/2009	4/10/2013	10.0%	7/2013	12/7/2015	10.0%	3/2016											116.0%	611	924,399
Iowa	7/1/2005	35.0%	10/2005				4/17/2008	15.0%	7/2008	12/21/2009	15.0%	3/2010	8/19/2011	15.0%	11/2011	4/3/2013	15.0%	7/2013	8/25/2015	15.0%	12/2015	9/13/2017	15.0%	12/2017	12/21/2018	4/10/2019	30.0%[10]	7/2019	305.9%	1,308	2,074,241
Kansas	1/11/2005	25.0%	4/2005	1/9/2007	8.0%	5/2007	3/6/2009	15.0%	6/2009	3/22/2010	10.0%	6/2010	1/15/2013	10.0%	12/2013				2/19/2016	23.26%	9/2016								131.5%	733	1,021,300
Kentucky	12/17/2004	25.0%	3/2005	10/2/2006	8.0%	5/2007	1/15/2008	15.0%	5/2008	3/4/2009	15.0%	6/2009	2/22/2011	15.0%	6/2011	4/23/2013	15.0%	8/2013	8/25/2015	15.0%[7]	12/2015	8/16/2017	15.0%[7]	12/2017	44.0% Rate Increase - Submitted 1/23/2019				212.3%	254	447,070
Louisiana	10/15/2004	35.0%	3/2005				12/15/2009	15.0%	7/2010	6/6/2012	15.0%	9/2012	7/17/2015	15.0%	10/2015	9/7/2018	20.0%	10/2018											146.4%	291	306,201
Maine	12/7/2004	35.0%	3/2005				1/29/2008	15.0%	5/2008	1/20/2010	15.0%	5/2010	2/9/2015	14.0%	10/2015	2/1/2018	9.0%	6/2018	9.4% Rate Increase - Submitted 4/2/2019										121.9%	164	214,357
Maryland	12/28/2004	20.0%	3/2005	10/31/2006	12.5%	5/2007	1/29/2008	15.0%	5/2008	10/15/2010	15.0%	1/2011	1/18/2013	15.0%	9/2013	6/25/2015	15.0%	2/2016											136.1%	875	1,411,465
Massachusetts [2]	11/3/2004	35.0%	5/2005				12/11/2007	15.0%	4/2008	12/17/2008	15.0%	4/2009	8/9/2011	15.0%	1/2012	12/4/2012	15.0%	4/2013	7/25/2015	15.0%	11/2015	6/19/2017	15.0%	12/2017					212.3%	552	1,443,595
Massachusetts [3]	10/6/2004	35.0%	8/2005				12/20/2007	15.0%	12/2011	12/20/2007	15.0%	12/2012	1/20/2017	20.0%[8]	9/2017														115.3%	92	158,941
Michigan	10/7/2005	35.0%	3/2006				4/1/2008	15.0%	7/2008	2/4/2009	15.0%	7/2009	12/9/2010	15.0%	7/2011	11/28/2012	15.0%	4/2013	5/6/2015	15.0%	9/2015	4/21/2017	15.0%	10/2017	11/29/2018	1/3/2019	44.0%[9]	6/2019	349.7%	2,008	3,375,058
Mississippi	12/6/2004	25.0%	3/2005	6/4/2007	8.0%	10/2007	3/23/2008	15.0%	10/2008	4/23/2009	15.0%	10/2009	3/1/2011	15.0%	6/2011	4/22/2013	15.0%	8/2013	5/14/2015	15.0%	9/2015								171.5%	96	146,175
Missouri	12/22/2004	12.0%	3/2005	10/16/2006	20.5%	5/2007	3/6/2008	15.0%	6/2008	3/24/2009	15.0%	6/2009	1/24/2012	15.0%	6/2012	8/28/2013	15.0%	12/2013	3/10/2015	15.0%	9/2015	4/13/2017	15.0%	10/2017	11/13/2018	12/17/2018	44.0%[9]	6/2019	349.7%	689	1,111,791
Montana	9/27/2004	35.0%	1/2005				4/20/2008	15.0%	7/2008	3/20/2009	15.0%	7/2009	1/14/2011	15.0%	5/2011	2/21/2013	15.0%	4/2013											136.1%	160	205,176
Nebraska	10/12/2004	35.0%	1/2005				1/29/2008	15.0%	5/2008	2/16/2009	15.0%	5/2009	5/11/2011	15.0%	8/2011	3/21/2013	15.0%	7/2013	2/23/2016	34.5%	9/2016								217.6%	588	955,768
Nevada	11/12/2004	35.0%	2/2005				10/3/2008	15.0%	1/2009	5/15/2009	15.0%	1/2010	4/27/2012	15.0%	8/2012	10/15/2014	15.0%	1/2015				12/21/2017	32.3%[8]	5/2018					212.3%	123	194,916
New Hampshire	8/20/2004	35.0%	1/2005				1/24/2008	15.0%	4/2008	3/9/2009	15.0%	6/2009	6/21/2011	15.0%	9/2011	9/13/2013	10.0%	8/2015				2/5/2018	38.0%[8]	10/2018					211.7%[8]	236	436,023
New Jersey [2]	11/3/2004	35.0%	2/2005				12/11/2007	15.0%	4/2008	12/17/2008	15.0%	4/2009	8/9/2011	15.0%	1/2012	12/4/2012	15.0%	4/2013	7/25/2015	15.0%	11/2015	6/19/2017	15.0%	11/2017					212.3%	994	2,359,502
New Mexico	10/25/2004	35.0%	1/2005				1/14/2008	15.0%	4/2008	9/8/2009	15.0%	1/2010	10/7/2013	15.0%	1/2014	1/11/2016	15.0%	9/2016				6/12/2018	15.0%	11/2018					171.5%	113	169,272
North Carolina	3/21/2005	35.0%	6/2005				2/21/2008	15.0%	5/2008	3/18/2009	15.0%	6/2009	4/14/2011	10.0%	7/2011	1/3/2015	15.0%	4/2015				8/4/2017	20.0%	11/2017	65.9% Rate Increase - Submitted 12/19/2018				171.0%	558	880,923
North Dakota	11/16/2004	20.0%	2/2005	10/11/2006	12.5%	5/2007	3/31/2008	15.0%	7/2008	2/6/2009	15.0%	7/2009	2/15/2011	12.0%	5/2011	3/20/2013	15.0%	7/2013	6/3/2015	15.0%	9/2015	9/7/2017	18.1%	12/2017	12/5/2018	1/9/2019	44.0%[9]	6/2019	349.7%	260	462,237
Ohio	9/2/2004	35.0%	1/2005				1/7/2008	15.0%	4/2008	1/16/2009	15.0%	4/2009	3/17/2011	15.0%	6/2011	4/20/2015	15.0%	8/2015	2/1/2017	15.0%	5/2017	2/12/2019	15.0%	6/2019					212.3%	1,661	2,811,275
Oklahoma	11/16/2004	35.0%	2/2005				1/11/2008	15.0%	4/2008	12/22/2008	15.0%	4/2009	9/15/2011	15.0%	1/2012	9/16/2013	15.0%	12/2013	1/29/2016	10.0%	5/2016	3/29/2018	10.0%	7/2018					185.7%	253	342,471
Oregon	11/16/2004	35.0%	2/2005				1/11/2008	15.0%	4/2008	12/22/2008	15.0%	4/2009	9/15/2011	15.0%	1/2012	7/17/2013	15.0%	2/2014	4/5/2016	15.0%	7/2016								171.5%	212	380,096
Pennsylvania	1/3/2006	30.0%	3/2006	5/17/2007	3.8%	8/2007	1/29/2008	15.0%	8/2008	6/24/2009	10.0%	9/2009	3/23/2011	10.0%	6/2011	5/8/2013	15.0%	8/2013	9/16/2015	15.0%	12/2015	9/5/2017	10.0%	12/2017	64.5% Rate Increase - Submitted 1/25/2019				173.2%	1,600	2,903,555
Rhode Island	3/3/2006	35.0%	8/2006				4/28/2008	15.0%	8/2008	10/21/2009	15.0%	1/2010	10/20/2016	15.0%	9/2017														105.3%	70	103,943
South Carolina	10/21/2004	35.0%	1/2005				5/12/2008	15.0%	8/2008	4/3/2009	15.0%	8/2009	5/12/2011	15.0%	8/2011	3/22/2013	15.0%	7/2013	5/7/2015	15.0%	9/2015	9/1/2017	15.0%	12/2017	44.0% Rate Increase - Submitted 11/29/2018				212.3%	496	851,696
South Dakota	12/21/2004	35.0%	3/2005				12/26/2007	15.0%	4/2008	12/31/2008	15.0%	4/2009	12/14/2010	15.0%	5/2011	2/5/2013	15.0%	5/2013	9/4/2015	15.0%	12/2015	8/18/2017	15.0%	12/2017	2/6/2019	2/15/2019	44.0%[9]	6/2019	349.7%	311	580,597
Tennessee	11/17/2004	35.0%	2/2005				1/18/2008	15.0%	4/2008	1/16/2009	15.0%	4/2009	2/17/2011	6.0%	5/2011	4/8/2013	20.0%	7/2013	8/3/2015	19.6%	11/2015	10/5/2017	15.0%	1/2018	44.0% Rate Increase - Submitted 1/8/2019				212.3%	707	1,193,350
Texas	11/22/2004	35.0%	2/2005				3/6/2008	15.0%	6/2008	9/22/2009	14.0%	1/2010	9/9/2011	13.0%	12/2011	2/10/2016	35.8%	5/2016											171.5%	1,359	1,889,959
Utah	1/24/2005	35.0%	4/2005				2/13/2008	15.0%	5/2008	7/12/2009	15.0%	10/2009	3/21/2011	15.0%	6/2011	12/11/2013	15.0%	3/2014	3/2/2016	15.0%	6/2016	2/9/2018	15.0%	6/2018					212.3%	149	239,270
Vermont	12/8/2005	35.0%	3/2006				4/4/2008	15.0%	7/2008	40% Increase - Submitted 11/15/2017																			55.3%	53	50,622
Virginia	10/31/2005	35.0%	3/2006				5/13/2008	15.0%	8/2008	5/14/2009	15.0%	8/2009	5/15/2012	15.0%	10/2012	12/3/2014	15.0%	6/2015				40% Increase - Submitted 8/3/2017							136.1%	1,352	2,012,631
Washington	10/18/2004	30.0%	1/2005	11/22/2006	3.8%	5/2007	6/19/2008	15.0%	9/2008	2/1/2010	8.9%	5/2010	7/6/2012	21.5%	10/2012	2/18/2014	15.0%	6/2014	8/10/2016	15.0%	11/2016	15% Increase - Submitted 1/26/2018							171.5%	686	1,214,151
West Virginia	11/22/2004	35.0%	2/2005				1/9/2008	15.0%	4/2008	2/2/2009	15.0%	5/2009	4/29/2011	15.0%	8/2011	8/12/2013	15.0%	11/2013	7/6/2015	15.0%	10/2015	5/8/2017	15.0%	10/2017					212.3%	205	324,306
Wisconsin	1/24/2005	35.0%	4/2005				7/14/2008	15.0%[5]	10/2008	5/11/2009	15.0%[5]	10/2009	3/17/2011	15.0%[5]	6/2011	2/6/2013	15.0%[5]	6/2013	5/14/2015	15.0%[5]	9/2015	6/27/2017	15.0%[5]	10/2017	3/21/2019	4/11/2019	30.4%[5]	10/2019	307.2%[5]	941	1,738,380
Wyoming	8/11/2004	35.0%	1/2005				12/6/2007	15.0%	4/2008	12/30/2008	15.0%	4/2009	1/27/2011	15.0%	5/2011	6/13/2013	15.0%	9/2013	11/6/2015	15.0%	2/2016	4/25/2017	15.0%	2/2018	11/28/2018	12/17/2018	44.0%[9]	6/2019	349.7%	56	92,166

[1] *Alaska does not require long term care rates to be filed before use.*
[2] *Group policies, submitted and filed in Alabama where trustee is located.*
[3] *Individual policies issued in Massachusetts..*
[4] *Implemented as five consecutive 7.1% increases over five years, rate increase varies by issue age.*
[5] *Rate increases vary pursuant to Wisconsin regulations.*
[6] *Implemented over two years as a 10% increase in year 1 and a 9.1% increase in year 2.*
[7] *Rate increases vary by benefit period.*
[8] *Rate increases vary by issue age.*
[9] *Implemented as two consecutive 20% increases over two years.*

Attachment 1
RiverSource Life Insurance Company
Status of Long Term Care Premium Rate Increase Filings as of May 5, 2019
Policy Form 30225

POLICIES WITH NON-LIFETIME BENEFIT PERIODS

State	First Nationwide Request			Follow-Up Request			Second Nationwide Request			Third Nationwide Request			Fourth Nationwide Request			Fifth Nationwide Request			Sixth Nationwide Request			Seventh Nationwide Request			Eighth Nationwide Request				Cumulative	Inforce as of 6/30/2018	
	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Disposition	Rate Increase	Effective Date	Date of Submission	Date of Disposition	Rate Increase	Effective Date	Rate Increase	Policies	Annualized Premium
Alabama	11/3/2004	35.0%	2/2005				12/11/2007	15.0%	4/2008	12/17/2008	15.0%	4/2009	8/9/2011	15.0%	1/2012	12/4/2012	15.0%	4/2013	7/25/2015	15.0%	11/2015	6/19/2017	15.0%	10/2017					212.3%	0	0
Alaska [1]	8/12/2004	35.0%	1/2005				N/A	15.0%	4/2008	N/A	15.0%	4/2009	N/A	15.0%	5/2011	N/A	15.0%	4/2013	N/A	15.0%	9/2015	N/A	15.0%	11/2017	N/A	N/A	26.5%[9]	6/2019	295.0%	158	210,823
Arizona	4/4/2005	25.0%	7/2005	4/6/2007	8.0%	7/2007	3/12/2008	15.0%	7/2008	2/3/2009	15.0%	7/2009	8/25/2011	15.0%	1/2012	8/5/2013	15.0%	11/2013	8/28/2015	15.0%	12/2015	5/22/2018	5.0%	9/2018					185.1%	65	77,106
Arkansas	8/15/2005	35.0%	12/2005				1/11/2008	15.0%	4/2008	1/30/2009	15.0%	5/2009	12/8/2015	15.0%	3/2016	12/8/2015	8.7%	3/2016				4/25/2018	25.0%	8/2018					179.0%	1,762	2,190,237
California	12/15/2004	25.0%	4/2005	11/1/2006	8.0%	5/2007	11/5/2009	15.0%	3/2010	9/9/2011	15.0%	12/2011	10/20/2015	15.0%	2/2016	10/20/2015	4.3%	2/2016											114.2%	151	185,518
Colorado	3/10/2005	35.0%	6/2005				4/28/2008	15.0%	8/2008	9/1/2009	15.0%	12/2009	8/8/2011	15.0%	11/2011	8/8/2013	15.0%	1/2014	6/26/2015	15.0%	10/2015								171.5%	601	1,063,983
Connecticut	4/7/2008	10.0%	7/2008	5/29/2009	19.0%	9/2009	3/1/2011	15.0%	10/2011	9/24/2013	10.0%	1/2014	7/10/2015	19.9%	1/2016	10/17/2017	19.9%	1/2018	4/3/2019	15.0%	7/2019								173.8%	59	75,225
Delaware	12/29/2004	20.0%	3/2005	1/30/2007	12.5%	5/2007	7/23/2008	15.0%	10/2008	9/21/2009	15.0%	12/2009	8/4/2011	15.0%	11/2011	3/6/2013	15.0%	6/2013	10/26/2015	15.0%	2/2016	12/4/2017	15.0%	3/2018					212.3%	15	10,912
District of Columbia																													0.0%	613	437,259
Florida	10/20/2008	7.0%	1/2009	3/16/2017	41.0%[3]	4/2018																							50.9%	71	78,463
Georgia	3/2/2005	15.0%	6/2005	10/12/2006	10.0%	5/2007	4/15/2008	10.0%	7/2008	2/24/2009	10.0%	7/2009	2/16/2011	12.5%	5/2011	1/16/2013	9.9%	4/2013	2/23/2015	12.0%	6/2015	4/5/2017	12.0%	7/2017	1/3/2019	2/4/2019	12.0%	6/2019	165.9%	229	343,232
Hawaii	5/3/2006	25.0%	8/2006	6/13/2008	8.0%	9/2008	8/31/2010	15.0%	12/2010	6/27/2013	15.0%	10/2013	40% Increase - Submitted 8/11/2015																78.5%	25	31,528
Idaho	2/9/2005	35.0%	5/2005				1/17/2008	15.0%	4/2008	2/13/2009	15.0%	5/2009	5/12/2011	15.0%	8/2011	12/19/2013	15.0%	4/2014	2/11/2016	15.0%	5/2016								171.5%	395	543,829
Illinois	9/8/2004	35.0%	1/2005				2/8/2008	15.0%	5/2008	1/7/2009	15.0%	5/2009	3/29/2011	15.0%	7/2011	7/1/2013	15.0%	10/2013	4/25/2016	15.0%	8/2016								171.5%	226	277,089
Indiana	8/25/2005	35.0%	12/2005				4/25/2008	15.0%	8/2008	5/22/2009	15.0%	8/2009	4/10/2013	10.0%	7/2013	12/7/2015	10.0%	3/2016											116.0%	228	305,318
Iowa	7/1/2005	35.0%	10/2005				4/17/2008	15.0%	7/2008	12/21/2009	15.0%	3/2010	8/19/2011	15.0%	11/2011	4/3/2013	15.0%	7/2013	8/25/2015	15.0%	12/2015	9/13/2017	15.0%	12/2017	12/21/2018	4/10/2019	26.5%[10]	7/2019	295.0%	120	140,221
Kansas	1/11/2005	25.0%	4/2005	1/9/2007	8.0%	5/2007	3/6/2009	15.0%	6/2009	3/22/2010	10.0%	6/2010	1/15/2013	10.0%	12/2013				2/19/2016	23.26%	9/2016								131.5%	72	96,608
Kentucky	12/17/2004	25.0%	3/2005	10/2/2006	8.0%	5/2007	1/15/2008	15.0%	5/2008	3/4/2009	15.0%	6/2009	2/22/2011	15.0%	6/2011	4/23/2013	15.0%	8/2013	8/25/2015	15.0%[7]	12/2015	8/16/2017	15.0%[7]	12/2017	26.5% Rate Increase - Submitted 1/23/2019				212.3%	70	63,779
Louisiana	10/15/2004	35.0%	3/2005				12/15/2009	15.0%	7/2010	6/6/2012	15.0%	9/2012	7/17/2015	15.0%	10/2015	9/7/2018	20.0%	10/2018											146.4%	104	136,825
Maine	12/7/2004	35.0%	3/2005				1/29/2008	15.0%	5/2008	1/20/2010	15.0%	5/2010	2/9/2015	14.0%	10/2015	2/1/2018	9.0%	6/2018	9.4% Rate Increase - Submitted 4/2/2019										121.9%	180	239,531
Maryland	12/28/2004	20.0%	3/2005	10/31/2006	12.5%	5/2007	1/29/2008	15.0%	5/2008	10/15/2010	15.0%	1/2011	1/18/2013	15.0%	9/2013	6/25/2015	15.0%	2/2016											136.1%	567	1,203,157
Massachusetts [2]	11/3/2004	35.0%	5/2005				12/11/2007	15.0%	4/2008	12/17/2008	15.0%	4/2009	8/9/2011	15.0%	1/2012	12/4/2012	15.0%	4/2013	7/25/2015	15.0%	11/2015	6/19/2017	15.0%	12/2017					212.3%	99	151,664
Massachusetts [3]	10/6/2004	35.0%	8/2005				12/20/2007	15.0%	12/2011	12/20/2007	15.0%	12/2012	1/20/2017	20.0%[8]	9/2017														115.3%	948	1,289,028
Michigan	10/7/2005	35.0%	3/2006				4/1/2008	15.0%	7/2008	2/4/2009	15.0%	7/2009	12/9/2010	15.0%	7/2011	11/28/2012	15.0%	4/2013	5/6/2015	15.0%	9/2015	4/21/2017	15.0%	10/2017	11/29/2018	1/3/2019	26.5%[9]	6/2019	295.0%	13	13,802
Mississippi	12/6/2004	25.0%	3/2005	6/4/2007	8.0%	10/2007	3/23/2008	15.0%	10/2008	4/23/2009	15.0%	10/2009	3/1/2011	15.0%	6/2011	4/22/2013	15.0%	8/2013	5/14/2015	15.0%	9/2015								171.5%	135	197,084
Missouri	12/22/2004	12.0%	3/2005	10/16/2006	20.5%	5/2007	3/6/2008	15.0%	6/2008	3/24/2009	15.0%	6/2009	1/24/2012	15.0%	6/2012	8/28/2013	15.0%	12/2013	3/10/2015	15.0%	9/2015	4/13/2017	15.0%	10/2017	11/13/2018	12/17/2018	26.5%[9]	6/2019	295.0%	76	80,712
Montana	9/27/2004	35.0%	1/2005				4/20/2008	15.0%	7/2008	3/20/2009	15.0%	7/2009	1/14/2011	15.0%	5/2011	2/21/2013	15.0%	4/2013											136.1%	52	70,598
Nebraska	10/12/2004	35.0%	1/2005				1/29/2008	15.0%	5/2008	2/16/2009	15.0%	5/2009	5/11/2011	15.0%	8/2011	3/21/2013	15.0%	7/2013	2/23/2016	34.5%	9/2016								217.6%	86	108,185
Nevada	11/12/2004	35.0%	2/2005				10/3/2008	15.0%	1/2009	5/15/2009	15.0%	1/2010	4/27/2012	15.0%	8/2012	10/15/2014	15.0%	1/2015				12/21/2017	32.3%[8]	5/2018					212.3%	135	182,419
New Hampshire	8/20/2004	35.0%	1/2005				1/24/2008	15.0%	4/2008	3/9/2009	15.0%	6/2009	6/21/2011	15.0%	9/2011	9/13/2013	10.0%	8/2015				2/5/2018	38.0%[8]	10/2018					211.7%[8]	542	1,072,588
New Jersey [2]	11/3/2004	35.0%	2/2005				12/11/2007	15.0%	4/2008	12/17/2008	15.0%	4/2009	8/9/2011	15.0%	1/2012	12/4/2012	15.0%	4/2013	7/25/2015	15.0%	11/2015	6/19/2017	15.0%	11/2017					212.3%	42	55,067
New Mexico	10/25/2004	35.0%	1/2005				1/14/2008	15.0%	4/2008	9/8/2009	15.0%	1/2010	10/7/2013	15.0%	1/2014	1/11/2016	15.0%	9/2016				6/12/2018	15.0%	11/2018					171.5%	217	291,996
North Carolina	3/21/2005	35.0%	6/2005				2/21/2008	15.0%	5/2008	3/18/2009	15.0%	6/2009	4/14/2011	10.0%	7/2011	1/3/2015	15.0%	4/2015				8/4/2017	20.0%	11/2017	45.8% Rate Increase - Submitted 12/19/2018				171.0%	14	25,375
North Dakota	11/16/2004	20.0%	2/2005	10/11/2006	12.5%	5/2007	3/31/2008	15.0%	7/2008	2/6/2009	15.0%	7/2009	2/15/2011	12.0%	5/2011	3/20/2013	15.0%	7/2013	6/3/2015	15.0%	9/2015	9/7/2017	18.1%	12/2017	12/5/2018	1/9/2019	26.5%[9]	6/2019	295.0%	879	1,253,714
Ohio	9/2/2004	35.0%	1/2005				1/7/2008	15.0%	4/2008	1/16/2009	15.0%	4/2009	3/17/2011	15.0%	6/2011	4/20/2015	15.0%	8/2015	2/1/2017	15.0%	5/2017	2/12/2019	15.0%	6/2019					212.3%	52	59,912
Oklahoma	11/16/2004	35.0%	2/2005				1/11/2008	15.0%	4/2008	12/22/2008	15.0%	4/2009	9/15/2011	15.0%	1/2012	9/16/2013	15.0%	12/2013	1/29/2016	10.0%	5/2016	3/29/2018	10.0%	7/2018					185.7%	152	196,142
Oregon	11/16/2004	35.0%	2/2005				1/11/2008	15.0%	4/2008	12/22/2008	15.0%	4/2009	9/15/2011	15.0%	1/2012	7/17/2013	15.0%	2/2014	4/5/2016	15.0%	7/2016								171.5%	930	1,451,719
Pennsylvania	1/3/2006	30.0%	3/2006	5/17/2007	3.8%	8/2007	1/29/2008	15.0%	8/2008	6/24/2009	10.0%	9/2009	3/23/2011	10.0%	6/2011	5/8/2013	15.0%	8/2013	9/16/2015	15.0%	12/2015	9/5/2017	10.0%	12/2017	44.5% Rate Increase - Submitted 1/31/2019				173.2%	94	106,865
Rhode Island	3/3/2006	35.0%	8/2006				4/28/2008	15.0%	8/2008	10/21/2009	15.0%	1/2010	10/20/2016	15.0%	9/2017														105.3%	87	120,508
South Carolina	10/21/2004	35.0%	1/2005				5/12/2008	15.0%	8/2008	4/3/2009	15.0%	8/2009	5/12/2011	15.0%	8/2011	3/22/2013	15.0%	7/2013	5/7/2015	15.0%	9/2015	9/1/2017	15.0%	12/2017	26.5% Rate Increase - Submitted 11/29/2018				212.3%	34	57,255
South Dakota	12/21/2004	35.0%	3/2005				12/26/2007	15.0%	4/2008	12/31/2008	15.0%	4/2009	12/14/2010	15.0%	5/2011	2/5/2013	15.0%	5/2013	9/4/2015	15.0%	12/2015	8/18/2017	15.0%	12/2017	2/6/2019	2/15/2019	26.5%[9]	6/2019	294.9%	142	218,303
Tennessee	11/17/2004	35.0%	2/2005				1/18/2008	15.0%	4/2008	1/16/2009	15.0%	4/2009	2/17/2011	6.0%	5/2011	4/8/2013	20.0%	7/2013	8/3/2015	19.6%	11/2015	10/5/2017	15.0%	1/2018	26.5% Rate Increase - Submitted 1/8/2019				212.3%	454	521,862
Texas	11/22/2004	35.0%	2/2005				3/6/2008	15.0%	6/2008	9/22/2009	14.0%	1/2010	9/9/2011	13.0%	12/2011	2/10/2016	35.8%	5/2016											171.5%	111	147,624
Utah	1/24/2005	35.0%	4/2005				2/13/2008	15.0%	5/2008	7/12/2009	15.0%	10/2009	3/21/2011	15.0%	6/2011	12/11/2013	15.0%	3/2014	3/2/2016	15.0%	6/2016	2/9/2018	15.0%	6/2018					212.3%	25	19,544
Vermont	12/8/2005	35.0%	3/2006				4/4/2008	15.0%	7/2008	40% Increase - Submitted 11/15/2017																			55.3%	310	381,744
Virginia	10/31/2005	35.0%	3/2006				5/13/2008	15.0%	8/2008	5/14/2009	15.0%	8/2009	5/15/2012	15.0%	10/2012	12/3/2014	15.0%	6/2015				40% Increase - Submitted 8/3/2017							136.1%	338	546,671
Washington	10/18/2004	30.0%	1/2005	11/22/2006	3.8%	5/2007	6/19/2008	15.0%	9/2008	2/1/2010	8.9%	5/2010	7/6/2012	21.5%	10/2012	2/18/2014	15.0%	6/2014	8/10/2016	15.0%	11/2016	15% Increase - Submitted 1/26/2018							171.5%	58	79,384
West Virginia	11/22/2004	35.0%	2/2005				1/9/2008	15.0%	4/2008	2/2/2009	15.0%	5/2009	4/29/2011	15.0%	8/2011	8/12/2013	15.0%	11/2013	7/6/2015	15.0%	10/2015	5/8/2017	15.0%	10/2017					212.3%	410	643,180
Wisconsin	1/24/2005	35.0%	4/2005				7/14/2008	15.0%[5]	10/2008	5/11/2009	15.0%[5]	10/2009	3/17/2011	15.0%[5]	6/2011	2/6/2013	15.0%[5]	6/2013	5/14/2015	15.0%[5]	9/2015	6/27/2017	15.0%[5]	10/2017	3/21/2019	4/11/2019	26.5%[5]	10/2019	295.0%[5]	12	16,741
Wyoming	8/11/2004	35.0%	1/2005				12/6/2007	15.0%	4/2008	12/30/2008	15.0%	4/2009	1/27/2011	15.0%	5/2011	6/13/2013	15.0%	9/2013	11/6/2015	15.0%	2/2016	4/25/2017	15.0%	2/2018	11/28/2018	12/17/2018	26.5%[9]	6/2019	295.0%	0	0

[1] Alaska does not require long term care rates to be filed before use.
[2] Group policies, submitted and filed in Alabama where trustee is located.
[3] Individual policies issued in Massachusetts..
[4] Implemented as five consecutive 7.1% increases over five years, rate increase varies by issue age.
[5] Rate increases vary pursuant to Wisconsin regulations.
[6] Implemented over two years as a 10% increase in year 1 and a 9.1% increase in year 2.
[7] Rate increases vary by benefit period.
[8] Rate increases vary by issue age.

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RiverSource Insurance

November 25, 2019

Mr. Bill Dismore
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your letter dated October 1, 2019 objection letter regarding information needed for this premium rate increase filing. I restate your comments in italics for reference.

Objection 1 – Sample Policyholder Notification Letters (Supporting Document)
Please explain or clarify the statement in your objection response of 5/06/2019 in which the Company states that with a 40% rate increase, the company will pursue future rate increase at the end of the three-year rate guarantee period. The policyholder notification letter states in the third paragraph, under the section labeled, "Reasons for this increase"; "...we may request regulatory approval for additional premium increases in the state of Virginia in the future but not for at less three years." The response letter indicates that the Company "will" pursue additional rate increases, while the policyholder notification letter indicates that the company "may" pursue additional increases.

Describe the triggers that will prompt the Company to request additional rate increases and explain how this is communicated to the policyholder.

The company recently developed new long-term care premium increase notification letters that are more policyholder-friendly by simplifying the language, making the letter more visually appealing, presenting multiple benefit reduction options to help mitigate the impact of the premium increase and providing more clarity on how the policyholder can get assistance with any questions. The letters are being submitted with this filing as proposed policy forms as described below:

- policy form 115743 is the letter for a single-year increase to be provided to policyholders who are not on waiver of premium at the time of the premium rate increase;
- policy form 115744 is the letter for a single-year increase to be provided to policyholders who are on waiver of premium at the time of the premium rate increase;
- policy form 115745 is the letter for a multi-year increase to be provided to policyholders who are not on waiver of premium at the time of the premium rate increase;

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Minneapolis, MN 55474

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- policy form 115747 is the letter for a multi-year increase to be provided to policyholders who are on waiver of premium at the time of the premium rate increase; and
- policy form 115746 is the coverage change request form to be provided to policyholders who are not on waiver of premium at the time of rate increase in conjunction with either policy form 115743 or policy form 115745.

The Statements of Variability and Readability Certificates for forms 115743, 115744, 155745, 115757 and 115746 have also been provided in this filing.

While the company currently has no formal plan to seek additional premium rate increases on these policy forms, premium rate increases that far exceed the requested increases are currently actuarially justified as demonstrated in Table 1 of my prior response dated May 6, 2019. We are requesting a premium rate increase at this time that are lower than the current actuarially justified increases, as we believe that it is appropriate to limit the current premium rate increase request to 40% in order to minimize the impact on policyholders to the extent that we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates.

If it is the Bureau's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Bureau inform the company prior to approving the requested premium rate increase, as the company would like to amend this filing to request significantly larger premium rate increase at this time.

In the proposed premium increase notification letters for a single-year increase, we have provided the following language:

> "As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia; however, Virginia requires that premium rates cannot increase for at least three years."

Similar information is provided in the premium increase notification letters for a multi-year increase with an added reference to the first year of the multi-year premium increase.

Objection 2 – Sample Policyholder Notification Letters (Supporting Document)
Please provide "John Doe" letters for both the Waiver and Non-Waiver Policyholder Notification letters without the bracketed language. The BOI would like to see the letter as it will appear to a policyholder.

A John Doe version of the proposed premium increase notification letter for a policy not on waiver at the time of the premium increase (form 115743) along with the proposed coverage change requested form (form 115746) have been provided with this response. A John Doe version of the proposed premium increase notification letter for a policy on waiver at the time of the premium increase (form 115744) has also been provided with this response.

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9550 Ameriprise Financial Center
Minneapolis, MN 55474

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Objection 3 – L&H Actuarial Memorandum (Supporting Document)
Please explain the statement, "Experience for all policies issued under policy form 30225 series, including both those issued without and with the 1997 revised rates, is used in the study since the benefit provisions are essentially identical." The BOI is unclear regarding how the experience of the revised 1997 rates affect the outcome of the morbidity study and its affect on the factor results.

Nationwide policy form series 30225 issued with 1997 revised rates was introduced in 1997 and 1998 in most states, not including Virginia. Different underlying assumptions for morbidity and persistency were used to develop the premium rates for policies issued with 1997 revised rates than were used to develop the premium rates for policies issued with the original premium rates.

The original premium rates determined at the time of original pricing for policy form series 30225 with 1997 revised rates were generally higher than the premium rates determined at the time of original pricing for policy form series 30225, although the difference in premium rates varies across benefit periods, elimination periods, benefit inflation options and issue age.

Policy form series issued with 1997 revised rates is a relatively small block of business. As of June 30, 2018, there have 423 claims on a nationwide basis for policies issued with 1997 revised rates as compared to 12,501 claims on a nationwide basis for policies issued without the revised rates.

Objection 4 – L&H Actuarial Memorandum (Supporting Document)

1. *Section 4. Applicability mentions two riders, optional home care and optional nonforfeiture benefit. Please explain if these riders are a percentage of the base premium or if they are a flat rate.*

   The premium rates for both the optional home care rider and the optional nonforfeiture benefit rider are flat rates and calculated separately from the premium for the nursing home policy.

2. *Explain if the premiums collected from these riders are included in the premium and claim experience data.*

   Experience for the both the optional home care rider and the optional nonforfeiture benefit rider are excluded from all historical and projected experience provided with this filing.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Mr. Dismore, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

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9550 Ameriprise Financial Center
Minneapolis, MN 55474

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

January 3, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your letter dated December 3, 2019 objection letter regarding information needed for this premium rate increase filing. I restate your comments in italics for reference.

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

Objection 1 – Response 11/24/2019 (Supporting Document)
In your response to our Objection #4, the company states that "Experience for the optional home care rider is excluded from all historical and projected experience provided with this filing. Please provide an explanation for the exclusion of this rider from all historical and projected experience provided with this filing.

14VAC5-130-50 A. and 14VAC5-130-65 A. require that all rate filings include all related riders and endorsements.

14VAC5-200-40. Definitions states, "Policy" means any individual or group policy of insurance, contract, subscriber agreement, certificate, rider or endorsement delivered or issued for delivery in this Commonwealth by an insurer.

The optional home care rider was available to be added to the base nursing home policy on or after the time the base nursing home policy was originally issued, until the company stopping offering long-term care business in 2002. If the optional home care rider was added to the base nursing home policy, the policyholder selected the benefit provisions of the rider at the time that the rider was issued.

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The experience for the optional home care rider is not included in the experience supporting the requested premium rate increase for the base nursing home policy because the premium rates and the benefit provisions for the optional home care rider are separate and distinct from those for the base nursing home policy.

As of June 30, 2018, the annual premium inforce in Virginia for the nursing home base plan was $2,394,375 and the annual premium inforce in Virginia for the optional home care rider was $254,916.

Attachment 1 of this response provides actual historical and projected future nationwide experience for the optional home care rider. Attachment 2 provides actual historical and projected future nationwide experience for the nursing home base policy, both before and after the requested premium rate increases; this is the same information as provided in Exhibit 11 of the Actuarial Memorandum.

Attachment 3 provides actual historical and projected future nationwide experience for the nursing home base plan and the optional home care rider combined. As Attachment 3 shows, the lifetime loss ratios for the combined experience before and after the requested premium rate increases exceed the minimum loss ratio of 60%.

Objection 2 – Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
On page 2, first paragraph, please explain the basis for the statement included in the letter that reads, ". . .Virginia requires that premium rates cannot increase for at least three years.

This filing has been prepared in accordance with the NAIC Model Bulletin for Alternative Filing Requirements for Long-Term Care Premium Rate Increases ("the Bulletin"), as adopted by the NAIC on December 18, 2013. This is consistent with the company's prior 2014 premium rate increase filing for policy form 30225-VA, in an objection letter dated March 24, 2014, the Bureau stated:

> "*Attached is a NAIC's Executive/Plenary bulletin adopted on December 18, 2013. We have now added this to our review process and ask that the company advise if this filing is or is not consistent with the recommendations.*"

In my response letter dated May 30, 2014, the company indicated that premiums would be guaranteed for three years, as this is consistent with recommendations set forth in the Bulletin. We believed that the Bureau required a three-year rate guarantee; however, if this is not the case, we will remove this language from the proposed letters.

Objection 3 – L&H Actuarial Memorandum (Supporting Document; Single Phase Non Waiver Premium policyholder letter, 115743 (Form)
Please advise if the Company has any partnership policies. If the answer is yes, explain how this is addressed in the policyholder notification letter.

RiverSource Life does not have any partnership policies issued in Virginia or any other state.

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9550 Ameriprise Financial Center
Minneapolis, MN 55474

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Objection 4 – Single Phase Non Waiver Premium policyholder letter, 115743 (Form); Single Phase Waiver Premium policyholder letter, 115744 (Form); Multi-Phase Non Waiver Premium policyholder letter, 115745 (Form); Multi-Phase Waiver Premium policyholder letter, 115747 (Form)

1) *Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.*

   The premium increase notification letters will be sent to Virginia policyholders approximately 90 days prior to the effective date of the premium increase.

2) *The last sentence in the first paragraph under, "Carefully consider your options outlined below" is a disclosure and should appear in bold text. The sentence ends with "... these options may not all be of equal value to you." Those final words of the sentence should be in bold.*

   The NonWaiver Premium Increase Notification letters form 115743 and form 115745 have been updated such that the second sentence in this section, i.e. "*Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.*" is now in bold text.

3) *The circled 3 should be bracketed for variability under "Convert to a paid-up policy with reduced benefits" in the event the "Adjust your coverage option" is not available as explained on the Statement of Variability.*

   Forms 115743 and 15745 have been updated to bracket the circled 3.

4) *Signature block, officer name and title should be variable and described on the Statement of Variability form for all letter forms.*

   Forms 115743, 115744, 115745 and 115747 have been updated to bracket the signature block, officer name and title, and the Statement of Variability ("SOV") has been updated for these items.

5) *Please provide a description of all the items that are included in the policyholder notification packet (i.e. Policy Change Request Form, Frequently Asked Questions, etc.).*

   All policyholders will receive a letter with details of the upcoming premium increase, as well as a Frequently Asked Questions ("FAQ") document. In addition, for policyholders not on claim with waived premiums at the time of the increase, the Long Term Care Policy Change Request Form (form 115746) will also be provided with the premium increase notification letter.

   I have provided a copy of the FAQ document with this response.

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9550 Ameriprise Financial Center
Minneapolis, MN 55474

<u>Objection 5 – Statements of Variability (Supporting Document)</u>
Notice of Premium Box

1) *Item - Date in form 115743 should be variable to be consistent with all the other policyholder letter forms.*

   Form 115743 has been updated to bracket the date.

2) *Item - There are three options and options 2 and 3 are variable. Option 3 is not described under the Scope of Variation, but should be. This should be consistent across all the forms.*

   Forms 115743, 115744, 115745 and 115747 have been updated to bracket Option 3, and the SOV has been updated to describe Option 3.

3) *The box descriptions and variable options should be displayed consistently across all policyholder notification letters. It is not consistent on form 115744 and 115747.*

   The box with the options only appears for the premium increase notification letters for policyholders not on waiver of premium at the time of the premium increase, and therefore is a variable item for forms 115743 and 115745 only.

   Since policyholders who are on waiver at the time of the premium increase do not need to take action, the "Notice of Premium Increase" box does not include an options and this box is not variable for forms 115474 and 115747.

<u>Objection 6 – Statements of Variability (Supporting Document)</u>
Change Request Form - 115746

Item 14 refers to bullets 2-5. However only bullets 2, 3 and 4 are bracketed. Please revise.

All policyholders will have the option to convert to a paid-up policy, so this option is not a variable item. Bullets 1-4 will only appear if the policyholder has options available to reduce coverage. The Scope of Variation for Item 14 of the SOV has been updated to correctly reflect the variable items.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Mr. Dismore, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

Attachment 1: Lifetime Loss Ratio Demonstration for Optional Home Care Rider
Attachment 2: Lifetime Loss Ratio Demonstration for Nursing Home Base Policy
Attachment 3: Lifetime Loss Ratio Demonstration for Nursing Home Base Policy and Optional Home Care Rider Combined
Enclosure: Policyholder Frequently Asked Questions

Attachment 1
RiverSource Life Insurance Company
Nationwide Experience
Optional Home Care Rider Form 30227

	Calendar Year	Loss Ratios Without Interest: Earned Premiums	Incurred Claims	Loss Ratio	Loss Ratios With Interest: Earned Premiums	Incurred Claims	Loss Ratio	Interest Rate	Mid-Year Disc / Accum Factor
Historical Experience	1992	55	0	0.0%	177	0	0.0%	4.59%	3.2156
	1993	424,199	25,839	6.1%	1,304,136	79,439	6.1%	4.59%	3.0743
	1994	2,195,416	10,524	0.5%	6,452,968	30,932	0.5%	4.59%	2.9393
	1995	4,933,463	199,669	4.0%	13,863,871	561,104	4.0%	4.59%	2.8102
	1996	8,713,509	234,256	2.7%	23,410,762	629,381	2.7%	4.59%	2.6867
	1997	12,968,734	217,920	1.7%	33,312,711	559,769	1.7%	4.59%	2.5687
	1998	15,436,252	220,394	1.4%	37,909,156	541,254	1.4%	4.59%	2.4559
	1999	15,027,973	687,791	4.6%	35,285,198	1,614,910	4.6%	4.59%	2.3480
	2000	14,196,571	289,980	2.0%	31,868,784	650,953	2.0%	4.59%	2.2448
	2001	13,599,550	910,170	6.7%	29,187,470	1,953,416	6.7%	4.59%	2.1462
	2002	13,168,185	889,888	6.8%	27,020,148	1,825,985	6.8%	4.59%	2.0519
	2003	12,749,309	1,097,120	8.6%	25,011,419	2,152,314	8.6%	4.59%	1.9618
	2004	12,390,323	1,095,025	8.8%	23,239,362	2,053,835	8.8%	4.59%	1.8756
	2005	11,993,075	1,200,641	10.0%	21,506,118	2,153,003	10.0%	4.59%	1.7932
	2006	11,522,185	1,834,255	15.9%	19,754,053	3,144,714	15.9%	4.59%	1.7144
	2007	11,114,197	2,014,892	18.1%	18,217,523	3,302,654	18.1%	4.59%	1.6391
	2008	10,747,526	2,700,107	25.1%	16,842,619	4,231,380	25.1%	4.59%	1.5671
	2009	10,279,908	4,256,267	41.4%	15,402,111	6,377,050	41.4%	4.59%	1.4983
	2010	9,850,150	4,754,409	48.3%	14,109,894	6,810,476	48.3%	4.59%	1.4325
	2011	9,442,112	5,298,873	56.1%	12,931,234	7,256,952	56.1%	4.59%	1.3695
	2012	9,060,016	6,346,863	70.1%	11,862,867	8,310,359	70.1%	4.59%	1.3094
	2013	8,674,512	6,176,192	71.2%	10,859,144	7,731,636	71.2%	4.59%	1.2518
	2014	8,302,898	5,076,774	61.1%	9,937,341	6,076,147	61.1%	4.59%	1.1969
	2015	7,909,293	7,851,339	99.3%	9,050,404	8,984,090	99.3%	4.59%	1.1443
	2016	7,565,499	9,138,321	120.8%	8,276,711	9,997,391	120.8%	4.59%	1.0940
	2017	7,199,184	9,611,414	133.5%	7,529,973	10,053,040	133.5%	4.59%	1.0459
	1/1/2018-6/30/2018	3,433,320	6,085,996	177.3%	3,472,097	6,154,733	177.3%	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	3,340,335	3,932,773	117.7%	3,303,030	3,888,852	117.7%	4.59%	0.9888
	2019	6,351,184	7,957,420	125.3%	6,072,180	7,607,854	125.3%	4.59%	0.9561
	2020	5,911,771	7,966,732	134.8%	5,403,776	7,282,156	134.8%	4.59%	0.9141
	2021	5,474,589	7,884,351	144.0%	4,784,330	6,890,260	144.0%	4.59%	0.8739
	2022	5,040,935	7,741,521	153.6%	4,211,828	6,468,236	153.6%	4.59%	0.8355
	2023	4,612,760	7,554,629	163.8%	3,684,769	6,034,795	163.8%	4.59%	0.7988
	2024	4,192,396	7,325,619	174.7%	3,201,855	5,594,788	174.7%	4.59%	0.7637
	2025	3,782,310	7,061,025	186.7%	2,761,763	5,155,810	186.7%	4.59%	0.7302
	2026	3,386,255	6,767,010	199.8%	2,363,952	4,724,065	199.8%	4.59%	0.6981
	2027	3,008,763	6,449,155	214.3%	2,008,154	4,304,392	214.3%	4.59%	0.6674
	2028	2,652,679	6,098,855	229.9%	1,692,714	3,891,770	229.9%	4.59%	0.6381
	2029	2,320,070	5,719,481	246.5%	1,415,435	3,489,357	246.5%	4.59%	0.6101
	2030	2,012,942	5,324,383	264.5%	1,174,113	3,105,617	264.5%	4.59%	0.5833
	2031	1,732,180	4,922,331	284.2%	965,965	2,744,981	284.2%	4.59%	0.5577
	2032	1,477,901	4,508,617	305.1%	787,959	2,403,819	305.1%	4.59%	0.5332
	2033	1,250,358	4,099,337	327.9%	637,357	2,089,594	327.9%	4.59%	0.5097
	2034	1,049,357	3,701,891	352.8%	511,401	1,804,105	352.8%	4.59%	0.4873
	2035	873,675	3,315,094	379.4%	407,079	1,544,628	379.4%	4.59%	0.4659
	2036	721,474	2,940,787	407.6%	321,395	1,310,031	407.6%	4.59%	0.4455
	2037	590,757	2,579,454	436.6%	251,603	1,098,590	436.6%	4.59%	0.4259
	2038	479,541	2,234,724	466.0%	195,265	909,959	466.0%	4.59%	0.4072
	2039	385,820	1,915,521	496.5%	150,201	745,718	496.5%	4.59%	0.3893
	2040	307,606	1,628,127	529.3%	114,491	605,991	529.3%	4.59%	0.3722
	2041	242,982	1,372,674	564.9%	86,465	488,467	564.9%	4.59%	0.3559
	2042	190,122	1,145,575	602.5%	64,683	389,745	602.5%	4.59%	0.3402
	2043	147,328	946,598	642.5%	47,922	307,902	642.5%	4.59%	0.3253
	2044	113,041	774,451	685.1%	35,154	240,841	685.1%	4.59%	0.3110
	2045	85,858	627,004	730.3%	25,528	186,422	730.3%	4.59%	0.2973
	2046	64,537	502,561	778.7%	18,345	142,858	778.7%	4.59%	0.2843
	2047	47,993	399,226	831.8%	13,043	108,499	831.8%	4.59%	0.2718
	2048	35,297	314,037	889.7%	9,171	81,598	889.7%	4.59%	0.2598
	2049	25,665	244,363	952.1%	6,376	60,705	952.1%	4.59%	0.2484
	2050	18,441	188,126	1020.2%	4,380	44,681	1020.2%	4.59%	0.2375
	2051	13,088	143,204	1094.1%	2,972	32,518	1094.1%	4.59%	0.2271
	2052	9,171	107,660	1173.9%	1,991	23,373	1173.9%	4.59%	0.2171
	2053	6,341	80,089	1263.0%	1,316	16,623	1263.0%	4.59%	0.2076
	2054	4,324	58,855	1361.1%	858	11,679	1361.1%	4.59%	0.1984
	2055	2,905	42,621	1467.2%	551	8,086	1467.2%	4.59%	0.1897
	2056	1,921	30,389	1581.9%	348	5,512	1581.9%	4.59%	0.1814
	2057	1,249	21,286	1704.7%	217	3,692	1704.7%	4.59%	0.1734
	2058	796	14,569	1829.4%	132	2,416	1829.4%	4.59%	0.1658
	Past	252,897,413	78,224,918	30.9%	467,618,250	103,236,916	22.1%		
	Future	61,966,719	126,642,125	204.4%	46,740,067	85,850,984	183.7%		
	Lifetime	314,864,132	204,867,043	65.1%	514,358,317	189,087,900	36.8%		

Attachment 2
RiverSource Life Insurance Company
Nationwide Experience
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Nursing Home Policy Form 30225

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	145	0	0.0%	466	0	0.0%	4.59%	3.2156
	1993	2,909,024	147,512	5.1%	8,943,349	453,503	5.1%	4.59%	3.0743
	1994	14,056,704	1,815,958	12.9%	41,316,756	5,337,630	12.9%	4.59%	2.9393
	1995	29,135,421	3,976,229	13.6%	81,875,487	11,173,880	13.6%	4.59%	2.8102
	1996	46,810,205	7,171,649	15.3%	125,765,938	19,268,216	15.3%	4.59%	2.6867
	1997	64,570,203	7,987,382	12.4%	165,861,095	20,517,140	12.4%	4.59%	2.5687
	1998	74,151,184	14,712,431	19.8%	182,104,365	36,131,560	19.8%	4.59%	2.4559
	1999	72,417,515	19,544,568	27.0%	170,034,000	45,890,017	27.0%	4.59%	2.3480
	2000	69,236,806	20,192,843	29.2%	155,424,352	45,329,351	29.2%	4.59%	2.2448
	2001	66,450,827	25,399,853	38.2%	142,617,334	54,513,382	38.2%	4.59%	2.1462
	2002	64,118,028	33,643,796	52.5%	131,565,485	69,034,599	52.5%	4.59%	2.0519
	2003	61,783,221	37,046,031	60.0%	121,205,477	72,676,396	60.0%	4.59%	1.9618
	2004	59,832,034	35,024,517	58.5%	112,221,315	65,692,190	58.5%	4.59%	1.8756
	2005	53,683,352	31,693,273	59.0%	96,265,595	56,832,736	59.0%	4.59%	1.7932
	2006	56,406,223	45,574,231	80.8%	96,704,877	78,134,116	80.8%	4.59%	1.7144
	2007	65,081,269	48,500,553	74.5%	106,676,131	79,498,318	74.5%	4.59%	1.6391
	2008	63,265,813	51,078,855	80.7%	99,144,865	80,046,489	80.7%	4.59%	1.5671
	2009	67,159,184	56,215,312	83.7%	100,622,807	84,225,897	83.7%	4.59%	1.4983
	2010	71,979,064	55,138,167	76.6%	103,106,751	78,982,928	76.6%	4.59%	1.4325
	2011	69,544,731	78,247,815	112.5%	95,243,429	107,162,544	112.5%	4.59%	1.3695
	2012	66,057,789	72,340,623	109.5%	86,493,747	94,720,269	109.5%	4.59%	1.3094
	2013	68,707,515	81,909,392	119.2%	86,011,161	102,537,864	119.2%	4.59%	1.2518
	2014	67,092,737	89,010,438	132.7%	80,300,078	106,532,322	132.7%	4.59%	1.1969
	2015	64,435,154	98,047,291	152.2%	73,731,524	112,193,046	152.2%	4.59%	1.1443
	2016	67,205,605	109,589,969	163.1%	73,523,424	119,892,228	163.1%	4.59%	1.0940
	2017	63,363,878	121,389,881	191.6%	66,275,324	126,967,509	191.6%	4.59%	1.0459
	1/1/2018-6/30/2018	29,807,845	60,912,847	204.4%	30,144,501	61,600,811	204.4%	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	29,008,150	65,614,704	226.2%	28,684,184	64,881,913	226.2%	4.59%	0.9888
	2019	54,718,180	138,413,899	253.0%	52,314,434	132,333,436	253.0%	4.59%	0.9561
	2020	50,380,169	147,328,093	292.4%	46,051,034	134,668,288	292.4%	4.59%	0.9141
	2021	46,137,938	155,584,336	337.2%	40,320,680	135,967,631	337.2%	4.59%	0.8739
	2022	42,012,580	163,077,958	388.2%	35,102,569	136,255,742	388.2%	4.59%	0.8355
	2023	38,031,723	169,674,924	446.1%	30,380,536	135,539,880	446.1%	4.59%	0.7988
	2024	34,226,876	175,247,448	512.0%	26,140,060	133,841,570	512.0%	4.59%	0.7637
	2025	30,624,725	179,503,174	586.1%	22,361,524	131,069,408	586.1%	4.59%	0.7302
	2026	27,245,362	182,442,635	669.6%	19,020,051	127,363,630	669.6%	4.59%	0.6981
	2027	24,098,387	184,190,013	764.3%	16,084,107	122,934,862	764.3%	4.59%	0.6674
	2028	21,182,699	184,491,500	871.0%	13,516,995	117,726,770	871.0%	4.59%	0.6381
	2029	18,498,054	183,199,348	990.4%	11,285,344	111,766,764	990.4%	4.59%	0.6101
	2030	16,046,607	180,390,374	1124.2%	9,359,699	105,218,474	1124.2%	4.59%	0.5833
	2031	13,823,139	176,059,212	1273.7%	7,708,594	98,180,961	1273.7%	4.59%	0.5577
	2032	11,820,077	170,123,295	1439.3%	6,302,005	90,703,114	1439.3%	4.59%	0.5332
	2033	10,033,691	162,625,880	1620.8%	5,114,569	82,896,837	1620.8%	4.59%	0.5097
	2034	8,456,680	153,620,302	1816.6%	4,121,337	74,866,374	1816.6%	4.59%	0.4873
	2035	7,075,900	143,295,744	2025.1%	3,296,930	66,766,923	2025.1%	4.59%	0.4659
	2036	5,876,288	131,865,406	2244.0%	2,617,707	58,742,014	2244.0%	4.59%	0.4455
	2037	4,842,399	119,588,988	2469.6%	2,062,379	50,932,974	2469.6%	4.59%	0.4259
	2038	3,958,735	106,964,306	2702.0%	1,611,960	43,554,859	2702.0%	4.59%	0.4072
	2039	3,209,952	94,484,750	2943.5%	1,249,644	36,783,186	2943.5%	4.59%	0.3893
	2040	2,581,072	82,494,719	3196.1%	960,678	30,704,615	3196.1%	4.59%	0.3722
	2041	2,057,678	71,240,036	3462.2%	732,225	25,350,792	3462.2%	4.59%	0.3559
	2042	1,626,089	60,918,714	3746.3%	553,225	20,725,643	3746.3%	4.59%	0.3402
	2043	1,273,530	51,617,808	4053.1%	414,244	16,789,846	4053.1%	4.59%	0.3253
	2044	988,263	43,328,775	4384.3%	307,333	13,474,525	4384.3%	4.59%	0.3110
	2045	759,669	36,006,974	4739.8%	225,866	10,705,663	4739.8%	4.59%	0.2973
	2046	578,279	29,592,526	5117.3%	164,382	8,411,992	5117.3%	4.59%	0.2843
	2047	435,778	24,015,497	5510.9%	118,433	6,526,770	5510.9%	4.59%	0.2718
	2048	324,971	19,220,471	5914.5%	84,439	4,994,139	5914.5%	4.59%	0.2598
	2049	239,713	15,157,009	6323.0%	59,550	3,765,304	6323.0%	4.59%	0.2484
	2050	174,829	11,774,053	6734.6%	41,523	2,796,420	6734.6%	4.59%	0.2375
	2051	126,007	9,007,179	7148.2%	28,613	2,045,291	7148.2%	4.59%	0.2271
	2052	89,702	6,798,011	7578.4%	19,474	1,475,836	7578.4%	4.59%	0.2171
	2053	63,033	5,062,149	8030.9%	13,083	1,050,705	8030.9%	4.59%	0.2076
	2054	43,689	3,717,117	8508.1%	8,670	737,636	8508.1%	4.59%	0.1984
	2055	29,839	2,688,887	9011.2%	5,661	510,151	9011.2%	4.59%	0.1897
	2056	20,057	1,913,581	9540.8%	3,638	347,106	9540.8%	4.59%	0.1814
	2057	13,244	1,337,345	10097.4%	2,297	231,926	10097.4%	4.59%	0.1734
	2058	8,573	915,678	10681.1%	1,421	151,823	10681.1%	4.59%	0.1658
	Past	1,499,261,475	1,206,311,414	80.5%	2,633,179,635	1,735,344,941	65.9%		
	Future	512,742,327	3,844,592,819	749.8%	388,451,096	2,343,791,795	603.4%		
	Lifetime	2,012,003,802	5,050,904,233	251.0%	3,021,630,731	4,079,136,736	135.0%		

Attachment 2
RiverSource Life Insurance Company
Nationwide Experience
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase
Nursing Home Policy Form 30225

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	145	0	0.0%	466	0	0.0%	4.59%	3.2156
	1993	2,909,024	147,512	5.1%	8,943,349	453,503	5.1%	4.59%	3.0743
	1994	14,056,704	1,815,958	12.9%	41,316,756	5,337,630	12.9%	4.59%	2.9393
	1995	29,135,421	3,976,229	13.6%	81,875,487	11,173,880	13.6%	4.59%	2.8102
	1996	46,810,205	7,171,649	15.3%	125,765,938	19,268,216	15.3%	4.59%	2.6867
	1997	64,570,203	7,987,382	12.4%	165,861,095	20,517,140	12.4%	4.59%	2.5687
	1998	74,151,184	14,712,431	19.8%	182,104,365	36,131,560	19.8%	4.59%	2.4559
	1999	72,417,515	19,544,568	27.0%	170,034,000	45,890,017	27.0%	4.59%	2.3480
	2000	69,236,806	20,192,843	29.2%	155,424,352	45,329,351	29.2%	4.59%	2.2448
	2001	66,450,827	25,399,853	38.2%	142,617,334	54,513,382	38.2%	4.59%	2.1462
	2002	64,118,028	33,643,796	52.5%	131,565,485	69,034,599	52.5%	4.59%	2.0519
	2003	61,783,221	37,046,031	60.0%	121,205,477	72,676,396	60.0%	4.59%	1.9618
	2004	59,832,034	35,024,517	58.5%	112,221,315	65,692,190	58.5%	4.59%	1.8756
	2005	53,683,352	31,693,273	59.0%	96,265,595	56,832,736	59.0%	4.59%	1.7932
	2006	56,406,223	45,574,231	80.8%	96,704,877	78,134,116	80.8%	4.59%	1.7144
	2007	65,081,269	48,500,553	74.5%	106,676,131	79,498,318	74.5%	4.59%	1.6391
	2008	63,265,813	51,078,855	80.7%	99,144,865	80,046,489	80.7%	4.59%	1.5671
	2009	67,159,184	56,215,312	83.7%	100,622,807	84,225,897	83.7%	4.59%	1.4983
	2010	71,979,064	55,138,167	76.6%	103,106,751	78,982,928	76.6%	4.59%	1.4325
	2011	69,544,731	78,247,815	112.5%	95,243,429	107,162,544	112.5%	4.59%	1.3695
	2012	66,057,789	72,340,623	109.5%	86,493,747	94,720,269	109.5%	4.59%	1.3094
	2013	68,707,515	81,909,392	119.2%	86,011,161	102,537,864	119.2%	4.59%	1.2518
	2014	67,092,737	89,010,438	132.7%	80,300,078	106,532,322	132.7%	4.59%	1.1969
	2015	64,435,154	98,047,291	152.2%	73,731,524	112,193,046	152.2%	4.59%	1.1443
	2016	67,205,605	109,589,969	163.1%	73,523,424	119,892,228	163.1%	4.59%	1.0940
	2017	63,363,878	121,389,881	191.6%	66,275,324	126,967,509	191.6%	4.59%	1.0459
	1/1/2018-6/30/2018	29,807,845	60,912,847	204.4%	30,144,501	61,600,811	204.4%	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	29,008,150	65,614,704	226.2%	28,684,184	64,881,913	226.2%	4.59%	0.9888
	2019	60,336,290	138,263,658	229.2%	57,685,743	132,189,795	229.2%	4.59%	0.9561
	2020	67,818,769	148,062,040	218.3%	61,991,147	135,339,168	218.3%	4.59%	0.9141
	2021	62,393,083	154,942,133	248.3%	54,526,309	135,406,400	248.3%	4.59%	0.8739
	2022	56,814,455	160,713,530	282.9%	47,469,909	134,280,202	282.9%	4.59%	0.8355
	2023	51,431,199	165,466,284	321.7%	41,084,318	132,177,930	321.7%	4.59%	0.7988
	2024	46,285,926	169,434,257	366.1%	35,349,907	129,401,867	366.1%	4.59%	0.7637
	2025	41,414,729	173,141,765	418.1%	30,240,156	126,424,442	418.1%	4.59%	0.7302
	2026	36,844,787	175,873,905	477.3%	25,721,432	122,777,985	477.3%	4.59%	0.6981
	2027	32,589,090	177,473,673	544.6%	21,751,099	118,452,142	544.6%	4.59%	0.6674
	2028	28,646,152	177,686,528	620.3%	18,279,535	113,384,416	620.3%	4.59%	0.6381
	2029	25,015,645	176,371,538	705.0%	15,261,614	107,601,235	705.0%	4.59%	0.6101
	2030	21,700,486	173,603,818	800.0%	12,657,505	101,259,997	800.0%	4.59%	0.5833
	2031	18,693,620	169,379,067	906.1%	10,424,661	94,455,720	906.1%	4.59%	0.5577
	2032	15,984,809	163,618,608	1023.6%	8,522,477	87,235,068	1023.6%	4.59%	0.5332
	2033	13,569,009	156,364,729	1152.4%	6,916,660	79,705,281	1152.4%	4.59%	0.5097
	2034	11,436,351	147,669,094	1291.2%	5,573,470	71,966,072	1291.2%	4.59%	0.4873
	2035	9,569,063	137,713,550	1439.2%	4,458,590	64,165,968	1439.2%	4.59%	0.4659
	2036	7,946,774	126,702,769	1594.4%	3,540,045	56,442,217	1594.4%	4.59%	0.4455
	2037	6,548,600	114,885,937	1754.4%	2,789,050	48,929,944	1754.4%	4.59%	0.4259
	2038	5,353,580	102,740,653	1919.1%	2,179,927	41,835,027	1919.1%	4.59%	0.4072
	2039	4,340,967	90,740,056	2090.3%	1,689,951	35,325,366	2090.3%	4.59%	0.3893
	2040	3,490,503	79,214,138	2269.4%	1,299,169	29,483,579	2269.4%	4.59%	0.3722
	2041	2,782,692	68,398,186	2458.0%	990,222	24,339,518	2458.0%	4.59%	0.3559
	2042	2,199,034	58,481,590	2659.4%	748,151	19,896,489	2659.4%	4.59%	0.3402
	2043	1,722,253	49,547,267	2876.9%	560,201	16,116,357	2876.9%	4.59%	0.3253
	2044	1,336,473	41,586,444	3111.7%	415,621	12,932,689	3111.7%	4.59%	0.3110
	2045	1,027,335	34,555,776	3363.6%	305,449	10,274,190	3363.6%	4.59%	0.2973
	2046	782,033	28,397,358	3631.2%	222,301	8,072,253	3631.2%	4.59%	0.2843
	2047	589,323	23,043,710	3910.2%	160,162	6,262,664	3910.2%	4.59%	0.2718
	2048	439,473	18,441,345	4196.2%	114,190	4,791,695	4196.2%	4.59%	0.2598
	2049	324,175	14,541,608	4485.7%	80,532	3,612,426	4485.7%	4.59%	0.2484
	2050	236,429	11,295,293	4777.5%	56,153	2,682,711	4777.5%	4.59%	0.2375
	2051	170,405	8,640,421	5070.5%	38,694	1,962,010	5070.5%	4.59%	0.2271
	2052	121,308	6,520,853	5375.4%	26,336	1,415,665	5375.4%	4.59%	0.2171
	2053	85,243	4,855,517	5696.1%	17,693	1,007,817	5696.1%	4.59%	0.2076
	2054	59,083	3,565,219	6034.3%	11,725	707,493	6034.3%	4.59%	0.1984
	2055	40,353	2,578,894	6390.8%	7,656	489,282	6390.8%	4.59%	0.1897
	2056	27,124	1,835,228	6766.2%	4,920	332,894	6766.2%	4.59%	0.1814
	2057	17,911	1,282,537	7160.6%	3,106	222,421	7160.6%	4.59%	0.1734
	2058	11,593	878,119	7574.3%	1,922	145,596	7574.3%	4.59%	0.1658
	Past	1,499,261,475	1,206,311,414	80.5%	2,633,179,635	1,735,344,941	65.9%		
	Future	669,204,274	3,724,121,801	556.5%	501,861,894	2,278,385,905	454.0%		
	Lifetime	2,168,465,749	4,930,433,215	227.4%	3,135,041,529	4,013,730,846	128.0%		

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience
Nursing Home Premium Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Nursing Home Policy Form 30225 + Optional Home Care Rider Form 30227

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	200	0	0.0%	642	0	0.0%	4.59%	3.2156
	1993	3,333,224	173,351	5.2%	10,247,485	532,942	5.2%	4.59%	3.0743
	1994	16,252,120	1,826,481	11.2%	47,769,724	5,368,562	11.2%	4.59%	2.9393
	1995	34,068,884	4,175,898	12.3%	95,739,358	11,734,984	12.3%	4.59%	2.8102
	1996	55,523,713	7,405,905	13.3%	149,176,700	19,897,597	13.3%	4.59%	2.6867
	1997	77,538,937	8,205,301	10.6%	199,173,806	21,076,908	10.6%	4.59%	2.5687
	1998	89,587,436	14,932,825	16.7%	220,013,521	36,672,815	16.7%	4.59%	2.4559
	1999	87,445,488	20,232,358	23.1%	205,319,197	47,504,928	23.1%	4.59%	2.3480
	2000	83,433,377	20,482,822	24.5%	187,293,136	45,980,304	24.5%	4.59%	2.2448
	2001	80,050,376	26,310,023	32.9%	171,804,804	56,466,797	32.9%	4.59%	2.1462
	2002	77,286,213	34,533,685	44.7%	158,585,633	70,860,585	44.7%	4.59%	2.0519
	2003	74,532,530	38,143,150	51.2%	146,216,896	74,828,710	51.2%	4.59%	1.9618
	2004	72,222,357	36,119,542	50.0%	135,460,678	67,746,025	50.0%	4.59%	1.8756
	2005	65,676,427	32,893,914	50.1%	117,771,713	58,985,738	50.1%	4.59%	1.7932
	2006	67,928,408	47,408,486	69.8%	116,458,930	81,278,830	69.8%	4.59%	1.7144
	2007	76,195,465	50,515,446	66.3%	124,893,654	82,800,972	66.3%	4.59%	1.6391
	2008	74,013,338	53,778,962	72.7%	115,987,484	84,277,869	72.7%	4.59%	1.5671
	2009	77,439,092	60,471,578	78.1%	116,024,919	90,602,947	78.1%	4.59%	1.4983
	2010	81,829,215	59,892,576	73.2%	117,216,646	85,793,404	73.2%	4.59%	1.4325
	2011	78,986,843	83,546,688	105.8%	108,174,663	114,419,496	105.8%	4.59%	1.3695
	2012	75,117,805	78,687,486	104.8%	98,356,614	103,030,628	104.8%	4.59%	1.3094
	2013	77,382,027	88,085,584	113.8%	96,870,305	110,269,500	113.8%	4.59%	1.2518
	2014	75,395,636	94,087,212	124.8%	90,237,418	112,608,469	124.8%	4.59%	1.1969
	2015	72,344,447	105,898,630	146.4%	82,781,929	121,177,135	146.4%	4.59%	1.1443
	2016	74,771,105	118,728,290	158.8%	81,800,135	129,889,618	158.8%	4.59%	1.0940
	2017	70,563,062	131,001,295	185.7%	73,805,297	137,020,549	185.7%	4.59%	1.0459
	1/1/2018-6/30/2018	33,241,165	66,998,843	201.6%	33,616,598	67,755,544	201.6%	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	32,348,485	69,547,477	215.0%	31,987,214	68,770,765	215.0%	4.59%	0.9888
	2019	61,069,364	146,371,319	239.7%	58,386,613	139,941,290	239.7%	4.59%	0.9561
	2020	56,291,939	155,294,824	275.9%	51,454,810	141,950,444	275.9%	4.59%	0.9141
	2021	51,612,527	163,468,687	316.7%	45,105,010	142,857,891	316.7%	4.59%	0.8739
	2022	47,053,515	170,819,480	363.0%	39,314,397	142,723,978	363.0%	4.59%	0.8355
	2023	42,644,483	177,229,552	415.6%	34,065,306	141,574,675	415.6%	4.59%	0.7988
	2024	38,419,272	182,573,067	475.2%	29,341,915	139,436,358	475.2%	4.59%	0.7637
	2025	34,407,035	186,564,198	542.2%	25,123,287	136,225,219	542.2%	4.59%	0.7302
	2026	30,631,617	189,209,644	617.7%	21,384,004	132,087,695	617.7%	4.59%	0.6981
	2027	27,107,150	190,639,168	703.3%	18,092,261	127,239,254	703.3%	4.59%	0.6674
	2028	23,835,378	190,590,355	799.6%	15,209,709	121,618,540	799.6%	4.59%	0.6381
	2029	20,818,124	188,918,829	907.5%	12,700,779	115,256,121	907.5%	4.59%	0.6101
	2030	18,059,550	185,714,757	1028.3%	10,533,812	108,324,091	1028.3%	4.59%	0.5833
	2031	15,555,319	180,981,542	1163.5%	8,674,560	100,925,942	1163.5%	4.59%	0.5577
	2032	13,297,978	174,631,912	1313.2%	7,089,964	93,106,934	1313.2%	4.59%	0.5332
	2033	11,284,048	166,725,216	1477.5%	5,751,925	84,986,431	1477.5%	4.59%	0.5097
	2034	9,506,037	157,322,192	1655.0%	4,632,737	76,670,479	1655.0%	4.59%	0.4873
	2035	7,949,576	146,610,838	1844.3%	3,704,009	68,311,552	1844.3%	4.59%	0.4659
	2036	6,597,762	134,806,193	2043.2%	2,939,102	60,052,045	2043.2%	4.59%	0.4455
	2037	5,433,156	122,168,442	2248.6%	2,313,982	52,031,564	2248.6%	4.59%	0.4259
	2038	4,438,276	109,199,030	2460.4%	1,807,224	44,464,818	2460.4%	4.59%	0.4072
	2039	3,595,772	96,400,272	2680.9%	1,399,844	37,528,904	2680.9%	4.59%	0.3893
	2040	2,888,679	84,122,846	2912.2%	1,075,169	31,310,605	2912.2%	4.59%	0.3722
	2041	2,300,659	72,612,711	3156.2%	818,690	25,839,258	3156.2%	4.59%	0.3559
	2042	1,816,211	62,064,289	3417.2%	617,908	21,115,388	3417.2%	4.59%	0.3402
	2043	1,420,858	52,564,405	3699.5%	462,166	17,097,748	3699.5%	4.59%	0.3253
	2044	1,101,304	44,103,227	4004.6%	342,487	13,715,367	4004.6%	4.59%	0.3110
	2045	845,527	36,633,978	4332.7%	251,394	10,892,085	4332.7%	4.59%	0.2973
	2046	642,815	30,095,088	4681.8%	182,727	8,554,851	4681.8%	4.59%	0.2843
	2047	483,771	24,414,723	5046.8%	131,476	6,635,269	5046.8%	4.59%	0.2718
	2048	360,268	19,534,508	5422.2%	93,610	5,075,737	5422.2%	4.59%	0.2598
	2049	265,378	15,401,372	5803.6%	65,925	3,826,008	5803.6%	4.59%	0.2484
	2050	193,270	11,962,179	6189.4%	45,903	2,841,101	6189.4%	4.59%	0.2375
	2051	139,095	9,150,383	6578.5%	31,585	2,077,809	6578.5%	4.59%	0.2271
	2052	98,873	6,905,672	6984.4%	21,465	1,499,209	6984.4%	4.59%	0.2171
	2053	69,375	5,142,239	7412.2%	14,400	1,067,329	7412.2%	4.59%	0.2076
	2054	48,013	3,775,971	7864.5%	9,528	749,315	7864.5%	4.59%	0.1984
	2055	32,744	2,731,509	8341.9%	6,212	518,237	8341.9%	4.59%	0.1897
	2056	21,978	1,943,971	8845.1%	3,987	352,619	8845.1%	4.59%	0.1814
	2057	14,493	1,358,632	9374.3%	2,513	235,617	9374.3%	4.59%	0.1734
	2058	9,369	930,247	9928.8%	1,553	154,239	9928.8%	4.59%	0.1658
	Past	1,752,158,888	1,284,536,332	73.3%	3,100,797,885	1,838,581,857	59.3%		
	Future	574,709,046	3,971,234,944	691.0%	435,191,163	2,429,642,779	558.3%		
	Lifetime	2,326,867,934	5,255,771,276	225.9%	3,535,989,049	4,268,224,636	120.7%		

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience
Nursing Home Premium Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase
Nursing Home Policy Form 30225 + Optional Home Care Rider Form 30227

		Loss Ratios Without Interest			Loss Ratios With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	**Interest Rate**	**Mid-Year Disc / Accum Factor**
Historical Experience	1992	200	0	0.0%	642	0	0.0%	4.59%	3.2156
	1993	3,333,224	173,351	5.2%	10,247,485	532,942	5.2%	4.59%	3.0743
	1994	16,252,120	1,826,481	11.2%	47,769,724	5,368,562	11.2%	4.59%	2.9393
	1995	34,068,884	4,175,898	12.3%	95,739,358	11,734,984	12.3%	4.59%	2.8102
	1996	55,523,713	7,405,905	13.3%	149,176,700	19,897,597	13.3%	4.59%	2.6867
	1997	77,538,937	8,205,301	10.6%	199,173,806	21,076,908	10.6%	4.59%	2.5687
	1998	89,587,436	14,932,825	16.7%	220,013,521	36,672,815	16.7%	4.59%	2.4559
	1999	87,445,488	20,232,358	23.1%	205,319,197	47,504,928	23.1%	4.59%	2.3480
	2000	83,433,377	20,482,822	24.5%	187,293,136	45,980,304	24.5%	4.59%	2.2448
	2001	80,050,376	26,310,023	32.9%	171,804,804	56,466,797	32.9%	4.59%	2.1462
	2002	77,286,213	34,533,685	44.7%	158,585,633	70,860,585	44.7%	4.59%	2.0519
	2003	74,532,530	38,143,150	51.2%	146,216,896	74,828,710	51.2%	4.59%	1.9618
	2004	72,222,357	36,119,542	50.0%	135,460,678	67,746,025	50.0%	4.59%	1.8756
	2005	65,676,427	32,893,914	50.1%	117,771,713	58,985,738	50.1%	4.59%	1.7932
	2006	67,928,408	47,408,486	69.8%	116,458,930	81,278,830	69.8%	4.59%	1.7144
	2007	76,195,465	50,515,446	66.3%	124,893,654	82,800,972	66.3%	4.59%	1.6391
	2008	74,013,338	53,778,962	72.7%	115,987,484	84,277,869	72.7%	4.59%	1.5671
	2009	77,439,092	60,471,578	78.1%	116,024,919	90,602,947	78.1%	4.59%	1.4983
	2010	81,829,215	59,892,576	73.2%	117,216,646	85,793,404	73.2%	4.59%	1.4325
	2011	78,986,843	83,546,688	105.8%	108,174,663	114,419,496	105.8%	4.59%	1.3695
	2012	75,117,805	78,687,486	104.8%	98,356,614	103,030,628	104.8%	4.59%	1.3094
	2013	77,382,027	88,085,584	113.8%	96,870,305	110,269,500	113.8%	4.59%	1.2518
	2014	75,395,636	94,087,212	124.8%	90,237,418	112,608,469	124.8%	4.59%	1.1969
	2015	72,344,447	105,898,630	146.4%	82,781,929	121,177,135	146.4%	4.59%	1.1443
	2016	74,771,105	118,728,290	158.8%	81,800,135	129,889,618	158.8%	4.59%	1.0940
	2017	70,563,062	131,001,295	185.7%	73,805,297	137,020,549	185.7%	4.59%	1.0459
	1/1/2018-6/30/2018	33,241,165	66,998,843	201.6%	33,616,598	67,755,544	201.6%	4.59%	1.0113
Projected Future Experience	7/1/2018-12/31/2018	32,348,485	69,547,477	215.0%	31,987,214	68,770,765	215.0%	4.59%	0.9888
	2019	66,687,474	146,221,078	219.3%	63,757,922	139,797,649	219.3%	4.59%	0.9561
	2020	73,730,539	156,028,771	211.6%	67,394,923	142,621,323	211.6%	4.59%	0.9141
	2021	67,867,671	162,826,484	239.9%	59,310,640	142,296,660	239.9%	4.59%	0.8739
	2022	61,855,391	168,455,051	272.3%	51,681,737	140,748,438	272.3%	4.59%	0.8355
	2023	56,043,960	173,020,913	308.7%	44,769,088	138,212,726	308.7%	4.59%	0.7988
	2024	50,478,321	176,759,876	350.2%	38,551,761	134,996,655	350.2%	4.59%	0.7637
	2025	45,197,039	180,202,789	398.7%	33,001,919	131,580,253	398.7%	4.59%	0.7302
	2026	40,231,042	182,640,915	454.0%	28,085,384	127,502,050	454.0%	4.59%	0.6981
	2027	35,597,853	183,922,828	516.7%	23,759,253	122,756,534	516.7%	4.59%	0.6674
	2028	31,298,831	183,785,384	587.2%	19,972,249	117,276,187	587.2%	4.59%	0.6381
	2029	27,335,715	182,091,019	666.1%	16,677,049	111,090,592	666.1%	4.59%	0.6101
	2030	23,713,429	178,928,200	754.5%	13,831,618	104,365,614	754.5%	4.59%	0.5833
	2031	20,425,800	174,301,398	853.3%	11,390,626	97,200,701	853.3%	4.59%	0.5577
	2032	17,462,710	168,127,225	962.8%	9,310,437	89,638,888	962.8%	4.59%	0.5332
	2033	14,819,366	160,464,065	1082.8%	7,554,017	81,794,875	1082.8%	4.59%	0.5097
	2034	12,485,708	151,370,985	1212.4%	6,084,871	73,770,177	1212.4%	4.59%	0.4873
	2035	10,442,739	141,028,644	1350.5%	4,865,668	65,710,596	1350.5%	4.59%	0.4659
	2036	8,668,248	129,643,556	1495.6%	3,861,440	57,752,248	1495.6%	4.59%	0.4455
	2037	7,139,356	117,465,390	1645.3%	3,040,653	50,028,534	1645.3%	4.59%	0.4259
	2038	5,833,121	104,975,377	1799.6%	2,375,192	42,744,986	1799.6%	4.59%	0.4072
	2039	4,726,787	92,655,578	1960.2%	1,840,152	36,071,084	1960.2%	4.59%	0.3893
	2040	3,798,109	80,842,265	2128.5%	1,413,660	30,089,570	2128.5%	4.59%	0.3722
	2041	3,025,674	69,770,860	2306.0%	1,076,687	24,827,985	2306.0%	4.59%	0.3559
	2042	2,389,157	59,627,165	2495.7%	812,834	20,286,234	2495.7%	4.59%	0.3402
	2043	1,869,581	50,493,865	2700.8%	608,123	16,424,259	2700.8%	4.59%	0.3253
	2044	1,449,515	42,360,895	2922.4%	450,775	13,173,531	2922.4%	4.59%	0.3110
	2045	1,113,193	35,182,780	3160.5%	330,977	10,460,612	3160.5%	4.59%	0.2973
	2046	846,569	28,899,919	3413.8%	240,646	8,215,111	3413.8%	4.59%	0.2843
	2047	637,315	23,442,937	3678.4%	173,205	6,371,163	3678.4%	4.59%	0.2718
	2048	474,770	18,755,382	3950.4%	123,362	4,873,293	3950.4%	4.59%	0.2598
	2049	349,840	14,785,970	4226.5%	86,907	3,673,130	4226.5%	4.59%	0.2484
	2050	254,870	11,483,419	4505.6%	60,533	2,727,392	4505.6%	4.59%	0.2375
	2051	183,493	8,783,625	4786.9%	41,666	1,994,528	4786.9%	4.59%	0.2271
	2052	130,479	6,628,513	5080.1%	28,327	1,439,038	5080.1%	4.59%	0.2171
	2053	91,584	4,935,607	5389.1%	19,009	1,024,440	5389.1%	4.59%	0.2076
	2054	63,407	3,624,074	5715.6%	12,583	719,172	5715.6%	4.59%	0.1984
	2055	43,258	2,621,516	6060.2%	8,207	497,368	6060.2%	4.59%	0.1897
	2056	29,045	1,865,617	6423.3%	5,268	338,406	6423.3%	4.59%	0.1814
	2057	19,160	1,303,824	6805.0%	3,323	226,112	6805.0%	4.59%	0.1734
	2058	12,390	892,688	7205.0%	2,054	148,011	7205.0%	4.59%	0.1658
	Past	1,752,158,888	1,284,536,332	73.3%	3,100,797,885	1,838,581,857	59.3%		
	Future	731,170,993	3,850,763,926	526.7%	548,601,961	2,364,236,889	431.0%		
	Lifetime	2,483,329,881	5,135,300,258	206.8%	3,649,399,846	4,202,818,746	115.2%		

Options to reduce your premium

Depending on your policy, you may have additional options to help minimize your premium increase or reduce your premium. Below is an explanation of some features on your policy that may be available to adjust.

Benefit Period:
The total length of time benefits will be paid under your policy while on claim. The Benefit Period is referenced in your enclosed letter.

Current Daily Benefit Amount:
Dollar amount that represents the maximum daily benefit we will pay according to your policy. Selecting a lower daily benefit amount will reduce the amount that we will pay for covered services received. Keep in mind that your policy may contain other benefit amounts that will be decreased proportionately if you reduce your daily benefit amount.

Elimination Period:
Number of days you need to receive covered long-term care services before your policy begins to pay you benefits. During the Elimination Period, you must pay for your long-term care needs. For example, if your policy has a 20-day Elimination Period, you must be receiving covered services for 20 days before we start paying benefits for services received on or after the 21st day.

Live confidently every day.

As a company with a long history of strength, stability and expertise, we're committed to serving your needs and interests. We offer a range of products and services that give you the flexibility you need and the stability you desire as you live for today, make plans for retirement and prepare for your personal legacy.

RiverSource Insurance

riversource.com/insurance

1-800-862-7919

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115222 A (4/19)

RiverSource Insurance

Understanding Your RiverSource Long-Term Care Policy

Frequently asked questions about premium increases

115222 A (4/19)

Can you further explain why my premiums are increasing?

When pricing a long-term care insurance product, insurance companies use information available to predict how policyholders might use their benefit in the future. This involves reviewing a variety of factors like life expectancy, length of time policyholders keep their policy and stay on claim, and cost of receiving care. Based on these factors, premium increases may become necessary to ensure policies are appropriately priced.

Does my policy allow for an increase in premium?

As stated in your long-term care insurance policy, your premiums will not increase due to a change in your age or health. However, we can increase your premiums based on your premium class, provided we increase the premiums for all policies like yours, in the state your long-term care application was signed.

Are my rates going up because I filed a claim?

No. This rate increase is not the result of any individual claims you may have submitted. We analyze claims across all policies like yours when reviewing rate increases.

My policy says it is "guaranteed renewable." How can my rates be increasing?

A policy that is guaranteed renewable means that it cannot be canceled because of a change in your health. It also means that rates can only increase on your policy if they are increased on for all other policies like yours. As long as you pay the premium, it cannot be canceled.

How do I know this premium increase is justified?

Insurance is a heavily regulated industry. Before implementing this premium increase, RiverSource Life Insurance Company and RiverSource Life Insurance Co. of New York are required to file a detailed request with most state insurance regulators. This request includes data to support the proposed rate increase. From there, the state reviews the request before the increase can be implemented.

Will my rates increase again in the future?

In some states, this rate increase is spread out over multiple years. If this applies to you, it will be detailed in the enclosed letter.

Future rate increases are possible on all long-term care policies, including those issued at other companies. However, any future rate increase requires a new request to be filed with most state insurance regulators before it can be implemented. If a future premium rate increase becomes necessary, you will receive another notification from us prior to the effective date.

For more information on long-term care and to view cost of care by state, visit longtermcare.gov.

Will I get a refund if I cancel my policy or let my policy lapse?

If you cancel your policy, the only refund you will receive is a return of any premium that you may have already paid for coverage between the time you cancel your policy and your next premium due date. If you let your policy lapse, you will not receive a refund.

What does it mean to have a paid-up policy?

You may have the option to convert to a paid-up policy and stop paying premiums within 120 days following your policy anniversary. By electing this option, your new Lifetime Maximum Benefit Amount available will equal the sum of all premiums you have paid into your policy to date.

If your policy includes a Benefit Increase Option, it will continue to apply to the daily benefit amount. Once the total benefit paid under your policy reaches your Lifetime Maximum Benefit Amount, your policy will terminate.

While this eliminates future premiums, it's important to understand that a paid-up policy will significantly reduce your policy benefits. If you convert to a paid-up policy, you will not be able to increase your coverage in the future. Please note, the option to convert to a paid-up policy is not available in all states.

Do I need to modify my scheduled premium payment?

You may need to take action to modify your premium payment depending on the following payment options:

- **Credit card or bank authorization:** No action is needed. Your premium will automatically increase or decrease to the new premium amount.
- **Systematic payment from another *Ameriprise Financial*® account:**
  - If taxes are being withheld, the gross payment amount may need to be adjusted. Contact your Ameriprise financial advisor or call our corporate office at 1-800-862-7919 for more information.
  - If taxes are not being withheld, no action is needed. The payment amount will automatically increase to the new premium amount.
- **Systematic payment from an account at another company or Bill Payment from a bank:** Action is needed. Contact the company or your bank to adjust the payment amount to the new premium.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

January 13, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your January 13, 2020 objection letter regarding information needed for this premium rate increase filing. I restate your comments in italics for reference.

Due to administrative constraints, the proposed premium rates are subject to a maximum rate of $999.98. The affected fields on the Rate/Rule tab of SERFF have been updated to reflect this cap.

1) *The Rate Request Summary indicates a Minimum Requested Percentage Change Per Member of 0.0%. However, the Company Rate Information shows the Minimum Requested Change as 40% and the Overall Average % Change as 40% (not 39.8% as indicated on the Rate Request Summary). Please correct the inconsistencies.*

   The Rate/Rule Schedule tab of SERFF has been updated to correctly reflect the Minimum % Change of 0.000%. The Overall % Indicated Rate Change and the Overall % Rate Impact fields have also been updated to correctly reflect an average rate increase of 39.8%.

   A corrected version of the Virginia Long Term Care Insurance Rate Request Summary has been provided with this response, where the average annual premium is $2,015.

2) *Please confirm that the propose rate increase schedules are accurate and reflect the appropriate increase from the current approved rate schedule.*

   I have verified the premium rate schedules provided on December 12, 2018 on the Rate/Rule Schedule tab of SERFF correctly reflect the requested 40% rate increase, subject to a maximum rate of $999.98 as described above.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

♦♦♦

Mr. Dismore, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director – Actuary
RiverSource Life Insurance Company

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource Insurance

April 10, 2020

JOHN DOE
STREET ADDRESS
City, VA 99999-9999

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning July 15, 2020.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

For more information, review the enclosed Frequently Asked Questions or call our office at **1-800-862-7919**.

Policy Number: 9100-3000000-7 004.

Dear JOHN DOE,

Thank you for choosing RiverSource Insurance for your long-term care needs. We are writing to inform you of some important information regarding your ~~*RiverSource*~~® long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the premium for your policy will increase on your policy anniversary, July 15, 2020; however, there are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage.

Please note that you have a right to a revised premium or rate schedule upon request.

On July 15, 2020, your annual premium will increase from $3,686.00 to $4,961.40.

Reasons for this increase

We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours ~~and has been filed with the Virginia State Corporation Commission. The Commission has reviewed the~~ request for this premium increase ~~for compliance~~ with applicable Virginia ~~state laws, rules~~ and regulations ~~and has approved this premium increase~~. All premium rate increase filings are available for public inspection and may be

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accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of ~~Virginia; however, Virginia requires that premium rates cannot increase for at least three years.~~ Prior to this increase, there have been four premium increases approved in Virginia on policies like yours, including a 29% increase, 15% increase, 20.3% increase and 20% increase.

Carefully consider your options outlined below

Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your annual premium will increase from $3,686.00 to $4,961.40.

- Daily Benefit Amount: $100.00
- Benefit Period: Unlimited

2 **Adjust your coverage**

One way to manage your premium is to adjust your coverage by shortening your Benefit Period, reducing your Current Daily Benefit Amount, or a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you reduce your Daily Benefit Amount. The table below shows your new annual premium, beginning July 15, 2020, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$100.00	$100.00	$100.00	$74.29	$74.29
Benefit Period	$100.00	4 years	3 years	Unlimited	3 years
Current Premium	**$3,686.00**				
New Premium as of July 15, 2020	**$4,961.40**	**$3,060.00**	**$2,867.60**	**$3,685.82**	**$2,130.34**

This table represents a few options of how you can adjust your coverage – the shaded boxes reflect what options have changed. This illustrates common options; however, additional options may be available. You may contact our office or your Ameriprise financial advisor for additional information regarding your available options.

Convert to a paid-up policy with reduced benefits

3 You have the option to stop paying premiums within 120 days following your policy anniversary, July 15, 2020, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $39,658.25. This amount is equal to the sum of all premiums you have paid into your policy ~~and will never be greater than the benefit you would have received if you continue to pay premiums~~. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach

this Lifetime Maximum Benefit Amount, no additional benefits are payable. **Please carefully consider this option before you select it because you may be significantly reducing your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps

Action may be needed depending on which option you choose. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage
No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, July 15, 2020.

Adjust your coverage
Complete the enclosed form and return it to us in the envelope provided by June 15, 2020 to ensure changes to your coverage are processed before the effective date of this increase.

Convert to a paid-up policy
Complete the enclosed form and return it to us in the envelope provided by June 15, 2020 to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

Questions? We're here to help. Please contact:

- A financial advisor at the Ameriprise Advisor Center at 1-800-297-2012, Monday through Friday, 8 a.m. to 6 p.m. Central time, or
- A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

~~Thank you for choosing RiverSource Insurance.~~ We value you as a client and look forward to continuing to serve you.

Sincerely,

Jay Poor
Vice President – RiverSource Service Operations and Contract Administration

Enclosures: Long-Term Care Policy Change Request Form and Frequently Asked Questions

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource Insurance

April 10, 2020

Notice of Premium Rate Increase

JOHN DOE
STREET ADDRESS
City, VA 99999-9999

Policy Number: 9100-1000000-7 004.

Dear JOHN DOE,

Thank you for choosing RiverSource ~~Insurance~~ for your long-term care needs. We are writing to inform you of some important information regarding your ~~*RiverSource*®~~ long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the premium for your policy will increase on your policy anniversary, July 15, 2020.

On July 15, 2020, your annual premium will increase from $3,686.00 to $4,961.40.

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits. Your obligation to pay premiums for your policy will not restart as long as you meet the policy's provisions for having your premiums waived.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours ~~and has been filed with the Virginia State Corporation Commission~~. The ~~Commission has reviewed the~~ request for this premium increase ~~for compliance~~ with applicable Virginia ~~state laws, rules~~ and regulations ~~and has approved this premium increase~~. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of ~~Virginia; however, Virginia requires that premium rates cannot increase for at least three years.~~ Prior to this increase, there have been four premium increases approved in

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Virginia on policies like yours, including a 29% increase, 15% increase, 20.3% increase and 20% increase.

Your available options

~~You do not need to take any action to adjust your coverage at this time.~~ Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, you may have the options outlined below available to you. **Note that the amounts shown below may not be of equal value to you. You do not need to take any action to adjust your coverage at this time.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your annual premium will increase from $3,686.00 to $4,961.40.

- Daily Benefit Amount: $100.00
- Benefit Period: Unlimited

2 **Adjust your coverage**

One way to manage your premium is to adjust your coverage by shortening your Benefit Period, reducing your Current Daily Benefit Amount, or a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you reduce your Daily Benefit Amount. The table below shows your new annual premium, beginning July 15, 2020, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$100.00	$100.00	$100.00	$74.29	$74.29
Benefit Period	Unlimited	4 years	3 years	$74.29	3 years
Current Premium	**$3,686.00**				
New Premium as of July 15, 2020	**$4,961.40**	**$3,060.00**	**$4,961.40**	**$3,060.00**	**$4,961.40**

This table represents a few options of how you can adjust your coverage – the shaded boxes reflect what options have changed. This illustrates common options; however, additional options may be available. You may contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**

You have the option to stop paying premiums within 120 days following your policy anniversary, July 15, 2020, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $39,658.25. This amount is equal to the sum of all premiums you have paid into your policy ~~and will never be greater than the benefit you would have received if you continue to pay premiums.~~ It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **Please carefully consider this option before you select it because you may be significantly reducing your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

No action is needed at this time
Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, feel free to contact us to discuss potential options you may have to minimize the impact of this premium increase.

Questions? We're here to help. Please contact:

- A financial advisor at the Ameriprise Advisor Center at 1-800-297-2012, Monday through Friday, 8 a.m. to 6 p.m. Central time, or
- A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

~~Thank you for choosing RiverSource Insurance.~~ We value you as a client and look forward to continuing to serve you.

Sincerely,

Jay Poor
Vice President – RiverSource Service Operations and Contract Administration

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70100 Ameriprise Financial Center
Minneapolis, MN 55474
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RiverSource Insurance

April 10, 2020

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning July 15, 2020.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

For more information, review the enclosed Frequently Asked Questions or call our office at **1-800-862-7919**.

JOHN DOE
STREE ADDRESS
City, VA 99999-9999

Policy Number: 9100-4000000-7 004.

Dear JOHN DOE,

Thank you for choosing RiverSource ~~Insurance~~ for your long-term care needs. We are writing to inform you of some important information regarding your ~~*RiverSource*®~~ long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the premium for your policy will increase over the next five years. The first increase will be applied on your policy anniversary, July 15, 2020; however, there are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage.

Please note that you have a right to a revised premium or rate schedule upon request.

On July 15, 2020, your annual premium will increase from $3,167.80 to $3,643.00.

There will be an additional premium increase on your next four policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your annual premium will increase in future years as follows:

- On July 15, 2021, your premium will increase to $4,189.40.
- On July 15, 2022, your premium will increase to $4,817.80.
- On July 15, 2023, your premium will increase to $5,540.40.
- On July 15, 2024, your premium will increase to $6,371.40.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to

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people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours ~~and has been filed with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this premium increase.~~ All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of ~~Virginia; however, Virginia requires that premium rates cannot increase for at least three years from July 15, 2020.~~ Prior to this increase, there have been three premium increases approved in Virginia on policies like yours, including three consecutive 10% increases.

Carefully consider your options outlined below

Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your annual premium will increase from $3,167.80 to $3,643.00.

- Daily Benefit Amount: $100.00
- Benefit Period: Unlimited

2 **Adjust your coverage**

One way to manage your premium is to adjust your coverage by shortening your Benefit Period, reducing your Current Daily Benefit Amount, or a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you reduce your Daily Benefit Amount. The table below shows your new annual premium, beginning July 15, 2020, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$100.00	$100.00	$100.00	$86.96	$86.96
Benefit Period	Unlimited	6 years	4 years	Unlimited	4 years
Current Premium	**$3,167.80**				
New Premium as of July 15, 2020	**$3,643.00**	**$2,816.40**	**$2,296.00**	**$3,167.95**	**$1,996.60**

This table represents a few options of how you can adjust your coverage – the shaded boxes reflect what options have changed. This illustrates common options; however, additional options may be available. You may contact our office or your Ameriprise financial advisor for additional information regarding your available options. Your premium rate will increase again on your next policy anniversary.

3 **Convert to a paid-up policy with reduced benefits**
You have the option to stop paying premiums within 120 days following your policy anniversary, July 15, 2020, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $24,627.50. This amount is equal to the sum of all premiums you have paid into your policy ~~and will never be greater than the benefit you would have received if you continue to pay premiums.~~ It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **Please carefully consider this option before you select it because you may be significantly reducing your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps
Action may be needed depending on which option you choose. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage
No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, July 15, 2020.

Adjust your coverage
Complete the enclosed form and return it to us in the envelope provided by June 15, 2020 to ensure changes to your coverage are processed before the effective date of this increase.

Convert to a paid-up policy
Complete the enclosed form and return it to us in the envelope provided by June 15, 2020 to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

As a reminder, any adjustments you make to your coverage now, will result in a new premium for this upcoming year. Because this premium increase is spread out over a five-year period, your premium rate will increase again on your next policy anniversary.

Questions? We're here to help. Please contact:

- Your financial advisor, John Smith at 999-999-9999, or
- A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

Thank you for choosing RiverSource Insurance. We value you as a client and look forward to continuing to serve you.

Sincerely,

Jay Poor
Vice President – RiverSource Service Operations and Contract Administration

Enclosures: Long-Term Care Policy Change Request Form and Frequently Asked Questions

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RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource Insurance

April 10, 2020

~~Notice of Premium Rate Increase~~

JOHN DOE
STREET ADDRESS
City, VA 99999-9999

Policy Number: 9100-2000000-7 004.

Dear JOHN DOE,

Thank you for choosing RiverSource ~~Insurance~~ for your long-term care needs. We are writing to inform you of some important information regarding your ~~*RiverSource*®~~ long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the premium for your policy will increase on your policy anniversary, July 15, 2020.

On July 15, 2020, your annual premium will increase from $3,167.80 to $3,643.00.

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits. Your obligation to pay premiums for your policy will not restart as long as you meet the policy's provisions for having your premiums waived.

There will be an additional premium increase on your next four policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your annual premium will increase in future years as follows:

- On July 15, 2021, your premium will increase to $4,189.40.
- On July 15, 2022, your premium will increase to $4,817.80.
- On July 15, 2023, your premium will increase to $5,540.40.
- On July 15, 2024, your premium will increase to $6,371.40.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours ~~and has been filed with the Virginia State Corporation Commission. The Commission has reviewed the request for this premium increase for compliance with applicable Virginia state laws, rules and regulations and has approved this~~

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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~~premium increase.~~ All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of ~~Virginia; however, Virginia requires that premium rates cannot increase for at least three years from July 15, 2020.~~ Prior to this increase, there have been three premium increases approved in Virginia on policies like yours, including three consecutive 10% increases.

Your available options

~~You do not need to take any action to adjust your coverage at this time.~~ Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, you may have the options outlined below available to you~~; however, the amounts shown below may not be of equal value you to.~~

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your annual premium will increase from $3,167.80 to $3,643.00.

- Daily Benefit Amount: $100.00
- Benefit Period: Unlimited

2 **Adjust your coverage**

One way to manage your premium is to adjust your coverage by shortening your Benefit Period, reducing your Current Daily Benefit Amount, or a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you reduce your Daily Benefit Amount. The table below shows your new annual premium, beginning July 15, 2020, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$100.00	$100.00	$100.00	$86.96	$86.96
Benefit Period	Unlimited	6 years	4 years	Unlimited	4 years
Current Premium	**$3,167.80**				
New Premium as of July 15, 2020	**$3,643.00**	**$2,816.40**	**$2,296.00**	**$3,167.95**	**$1,996.60**

This table represents a few options of how you can adjust your coverage – the shaded boxes reflect what options have changed. This illustrates common options; however, additional options may be available. You may contact our office or your Ameriprise financial advisor for additional information regarding your available options. Your premium rate will increase again on your next policy anniversary.

3 **Convert to a paid-up policy with reduced benefits**

You have the option to stop paying premiums within 120 days following your policy anniversary, July 15, 2020, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $24,627.50. This amount is equal to the sum of all premiums you have paid into your policy and ~~will never be greater than the benefit you would have received if you continue to pay premiums.~~ It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach

this Lifetime Maximum Benefit Amount, no additional benefits are payable. **Please carefully consider this option before you select it because you may be significantly reducing your policy benefits.**

No action is needed at this time

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, feel free to contact us to discuss potential options you may have to minimize the impact of this premium increase.

Questions? We're here to help. Please contact:

- Your financial advisor, John Smith at 999-999-9999, or
- A RiverSource client service representative at **1-800-862-7919** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

Thank you for choosing RiverSource Insurance. We value you as a client and look forward to continuing to serve you.

Sincerely,

Jay Poor
Vice President – RiverSource Service Operations and Contract Administration

Enclosures: Frequently Asked Questions

RiverSource Life Insurance Company
Company Address
Company website

RiverSource Insurance

Long-Term Care Policy Change Request Form – Return this page

Policy Owner
Client Name

Policy number
Client Policy Number

Important information

- Do not complete this form if you wish to keep your current coverage. Instead, pay your increased premium when it becomes effective, Anniversary Date. At that time, your premium frequency will increase from $Current Premium to $New Premium.
- Your policy may contain other benefit amounts that will decrease proportionally if you reduce your Daily Benefit Amount.
- To adjust your coverage, complete this form and return it to us in the enclosed envelope by **Return Date** to ensure your request is processed as of your anniversary date.
- The coverage change options shown are common; however, you may have alternative options available to minimize the impact of this premium increase. For more information, call our office at **Service Center Phone Number**.

Select one coverage adjustment below
If you adjust your benefits or convert to a paid-up policy, you cannot increase your coverage in the future.

	Coverage Change Options	New Premium as of Anniversary Date
O	Shorten your Benefit Period from Benefit Period to Benefit Period	$ **Current Premium as of**
O	Shorten your Benefit Period from Benefit Period to Benefit Period	$ **Current Premium as of**
O	Reduce your Daily Benefit Amount from $ Daily Benefit Amount to $ Daily Benefit Amount	$ **Current Premium as of**
O	Shorten your Benefit Period from Benefit Period to Benefit Period and reduce your Daily Benefit Amount from $ Daily Benefit Amount to $ Daily Benefit Amount	$ **Current Premium as of**
O	Convert to a paid-up policy and stop paying premiums	$0.00

Your premium rate will increase again on your next policy anniversary.

Detail other coverage adjustments below, if the options above do not meet your needs – please call our office or your Ameriprise financial advisor to learn more.

Acknowledge and Sign
By signing this form, you authorize RiverSource Life Insurance Company to modify your coverage based on your selection above.

X

Policy Signature

Date

If signing as fiduciary, in what capacity are you acting?
For fiduciary requirements, contact Service Center Phone Number.

Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuities in New York.

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(12/19)

RiverSource Life Insurance Company
1. Company Address
Company website

2. RiverSource Insurance

3. Letter Date

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning Anniversary Date. 10.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

5.

For more information, review the enclosed Frequently Asked Questions or call our office at **Service Center Phone Number**. 6.

4. Client Name
Client Address

Policy Number: Client Policy Number. 7.

8. Dear Client Name, 4.

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a % increase on all policies like yours. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued. 9.

The premium for your policy will increase on your policy anniversary, Anniversary Date. There are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage. 10.

On Anniversary Date, your premium frequency will increase from $Current Premium to $New Premium. 10. 11. 12. 13.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase

We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your

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policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations for long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Carefully consider your options outlined below

Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances (such as your age, health, financial position and availability for support from caregivers or family) and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your premium frequency will increase from $Current Premium to $New Premium.

- Daily Benefit Amount: $Daily Benefit Amount
- Benefit Period: Benefit Period

2 **Adjust your coverage**

A few common options to adjust your coverage and manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new premium frequency, beginning Anniversary Date, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount
Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
Current Premium	**$Current Premium**				
New Premium as of Anniversary Date	**$New Premium**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

21.

3 **Convert to a paid-up policy with reduced benefits**

10. 22. You have the option to stop paying premiums within 120 days following your policy anniversary, Anniversary Date, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $Lifetime Maximum Benefit Amount. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps

Before making a decision, we suggest you discuss the options outlined in this letter with our Ameriprise advisor or someone else you trust. Action may be needed depending on which option you select. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage

No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, Anniversary Date. 10.

Adjust your coverage

23. Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

24. **Convert to a paid-up policy**

23. Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

Questions? We're here to help. Please contact:

27.

25. • A financial advisor at the Ameriprise Advisor Center at Advisor/Advisor Center Phone Number, 26. Monday through Friday, 8 a.m. to 6 p.m. Central time, or

6. • A RiverSource client service representative at **Service Center Phone Number** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

8. Sincerely,

28. Officer Signature Block

Enclosures:
Long-Term Care Policy Change Request Form
Business Reply Envelope
Frequently Asked Questions

RiverSource Life Insurance Company
Company Address
Company website

Letter Date

Notice of Premium Rate Increase

Client Name
Client Address

Policy Number: Client Policy Number.

Dear Client Name,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a % increase on all policies like yours. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued. The premium for your policy will increase on your policy anniversary, Anniversary Date.

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits. Your obligation to pay premiums for your policy will not restart as long as you meet the policy's provisions for having your premiums waived.

On Anniversary Date, your premium frequency will increase from $Current Premium to $New Premium.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium increase has been reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

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Your available options

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, you may have the options outlined below available to you. **Note that the amounts shown below may not be of equal value to you. You do not need to take any action to adjust your coverage at this time.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your premium frequency will increase from $Current Premium to $New Premium.

- Daily Benefit Amount: $ Daily Benefit Amount
- Benefit Period: Benefit Period

2 **Adjust your coverage**

A few common options to adjust your coverage and manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new premium frequency, beginning Anniversary Date, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount
Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
Current Premium	$ Current Premium				
New Premium as of Anniversary Date	**$New Premium**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

3 **Convert to a paid-up policy with reduced benefits**

You have the option to stop paying premiums within 120 days following your policy anniversary, Anniversary Date, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $ Lifetime Maximum Benefit Amount. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

No action is needed at this time

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, feel free to contact us to discuss potential options you may have to minimize the impact of this premium increase.

Questions? We're here to help. Please contact:

- A financial advisor at the Ameriprise Advisor Center at Advisor/Advisor Center Phone Number, Monday through Friday, 8 a.m. to 6 p.m. Central time, or
- A RiverSource client service representative at **Service Center Phone Number** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Officer Signature Block

RiverSource Life Insurance Company
Company Address
Company Website

RiverSource Insurance

Letter Date

Notice of Premium Rate Increase

The premium on your long-term care insurance policy is increasing beginning Anniversary Date.

You have three options:

1. Keep your current coverage the same and accept the premium increase.
2. Adjust your coverage to help reduce your future premium.
3. Convert to a paid-up policy with reduced benefits.

For more information, review the enclosed Frequently Asked Questions or call our office at **Service Center Phone Number**.

Client Name
Client Address

Policy Number: Client Policy Number.

Dear Client Name,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a % increase on all policies like yours. The premium for your policy will increase up to % each year, over number of years. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

Please note that you have a right to a revised premium or rate schedule upon request.

The first increase will be applied on your policy anniversary, Anniversary Date. There are options explained on the next page that will allow you to minimize the impact of this premium increase or reduce your premium by adjusting your coverage.

On Anniversary Date, your premium frequency will increase from $Current Premium to $New Premium. This is the first increase in premium over this number of-year period.

There will be an additional premium increase (up to % each year) on your next number of policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your premium frequency will increase in future years as follows:

- On Future Anniversary Date, your premium will increase to $New Premium.
- On Future Anniversary Date, your premium will increase to $New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.

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- On Future Anniversary Date, your premium will increase to $New Premium.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium rate increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Carefully consider your options outlined below
Given this change, we're offering you options to adjust your coverage. It's important that you determine which option best suits your individual circumstances (such as your age, health, financial position and availability for support from caregivers or family) and anticipated future needs. **Please carefully consider the need and expenses associated with long-term care before you make any decisions and understand that these options may not all be of equal value to you.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your premium frequency will increase from $Current Premium to $New Premium.

- Daily Benefit Amount: $Daily Benefit Amount
- Benefit Period: Benefit Period

2 **Adjust your coverage**
A few common options to adjust your coverage and to manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new premium frequency, beginning Anniversary Date, should you adjust these features.

	Keep Current Coverage	Shorten Benefit Period	Further Shorten Benefit Period	Reduce Daily Benefit Amount	Shorten Benefit Period & Reduce Daily Benefit Amount
Daily Benefit Amount	21. $Daily Benefit Amount	21. $Daily Benefit Amount	21. $Daily Benefit Amount	21. $Daily Benefit Amount	21. $Daily Benefit Amount
Benefit Period	22. Benefit Period	22. Benefit Period	22. Benefit Period	22. Benefit Period	22. Benefit Period
Current Premium	13. **$Current Premium**				
11. **New Premium as of Anniversary Date**	14. **$New Premium**	23. **$New Premium as of**	23. **$New Premium as of**	23. **$New Premium as of**	23. **$New Premium as of**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

24. 3 **Convert to a paid-up policy with reduced benefits**

11. You have the option to stop paying premiums within 120 days following your policy anniversary, Anniversary Date, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of approximately $Lifetime Maximum Benefit Amount. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

25.

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

Your next steps

Before making a decision, we suggest you discuss the options outlined in this letter with our Ameriprise advisor or someone else you trust. Action may be needed depending on which option you select. *Keep in mind, if you adjust your coverage or convert to a paid-up policy, you will not be able to increase it again in the future.*

Keep your current coverage

No action is needed to keep your current coverage other than paying your increased premium when it becomes effective, Anniversary Date. 11.

Adjust your coverage

26.

Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

27. **Convert to a paid-up policy**

26.

Complete the enclosed form and return it to us in the envelope provided by Return Date to ensure changes to your coverage are processed before the effective date of this increase.

Depending on your payment method and tax withholding election, your payment amount may automatically update as a result of this premium increase. However, there are situations where you may

need to take action to adjust your payment amount. Please see the enclosed Frequently Asked Questions document for additional information.

As a reminder, any adjustments you make to your coverage now, will result in a new premium for this upcoming year. Because this premium increase is spread out over a number of-year period, your premium rate will increase again on your next policy anniversary.

Questions? We're here to help. Please contact:

- Your financial advisor, Advisor Name at Advisor Phone Number, or
- A RiverSource client service representative at **Service Center Phone Number** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

Sincerely,

Officer Signature Block

Enclosures:
Long-Term Care Policy Change Request Form
Business Reply Envelope
Frequently Asked Question

RiverSource Life Insurance Company
Company Address
Company website

Letter Date

RiverSource Insurance

Notice of Premium Rate Increase

Client Name
Client Address

Policy Number: Client Policy Number

Dear Client Name,

Thank you for choosing RiverSource Life Insurance Company (RiverSource) for your long-term care needs. We are writing to inform you of some important information regarding your long-term care insurance policy referenced above.

To ensure we can keep our commitments to you and meet your long-term care needs, the state of Virginia has approved a % increase on all policies like yours. The premium for your policy will increase up to % each year, over number of years. The actual increase in your premium will vary based on certain factors, including any optional riders you may have or your age at the time the policy was issued.

Please note that you have a right to a revised premium or rate schedule upon request.

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits. Your obligation to pay premiums for your policy will not restart as long as you meet the policy's provisions for having your premiums waived.

The first increase will be applied on your policy anniversary, Anniversary Date.

On Anniversary Date, your premium frequency will increase from $Current Premium to $New Premium.

There will be an additional premium increase (up to % each year) on your next number of policy anniversaries. We will mail you a letter approximately 90 days prior to these dates to inform you of these increases. If you keep your current coverage as-is, your premium frequency will increase in future years as follows:

- On Future Anniversary Date, your premium will increase to $New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.
- On Future Anniversary Date, your premium will increase to $ New Premium.

Please note that you have a right to a revised premium or rate schedule upon request.

Reasons for this increase
We continuously review our long-term care business to give you confidence that the coverage you

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purchased is available when you need it. Unfortunately, we determined that a premium increase is necessary on all policies like yours because the cost of care continues to rise across the country due to people living longer, filing more claims, and staying on claims longer than initially anticipated.

We want you to be aware this increase is not due to a change in your health, age or claims history and in no way reflects on the integrity of your policy or the strength of our company. It is an increase based on our claims experience with all long-term care insurance policies like yours. As explained in your policy, premium rates are not guaranteed and are likely to increase again in the future, if allowed by the state of Virginia. The request for this premium rate increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate increase filings are available for public inspection and may be accessed online through the Commission's website at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Your available options

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, you may have the options outlined below available to you. **Note that the amounts shown below may not be of equal value to you. You do not need to take any action to adjust your coverage at this time.**

The below feature(s) of your policy may be adjusted to manage your premium. Please be aware, there may be other features, not listed below, that can be adjusted to help minimize this premium increase or reduce your premium.

- Daily Benefit Amount: Maximum daily benefit we will pay according to your policy.
- Benefit Period: Total length of time benefits will be paid under your policy.

1 **Keep your current coverage –** your premium frequency will increase from $Current Premium to $New Premium.

- Daily Benefit Amount: $Daily Benefit Amount
- Benefit Period: Benefit Period

2 **Adjust your coverage**

A few common options to adjust your coverage and manage your premium include (1) shorten your Benefit Period, (2) reduce your Current Daily Benefit Amount or (3) a combination of the two. Keep in mind, your policy may contain other benefit amounts that will decrease proportionally if you adjust your coverage. The table below shows your new premium frequency, beginning Anniversary Date, should you adjust these features.

	Keep Current Coverage	**Shorten Benefit Period**	**Further Shorten Benefit Period**	**Reduce Daily Benefit Amount**	**Shorten Benefit Period & Reduce Daily Benefit Amount**
Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount	$Daily Benefit Amount
Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
Current Premium	**$Current Premium**				
New Premium as of Anniversary Date	**$New Premium**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**	**$New Premium as of**

Helpful information when reading this table:

- The shaded boxes reflect what options have changed.
- You may have other options available that are not listed in this table. Contact our office or your Ameriprise financial advisor for additional information regarding your available options.

25. 3 **Convert to a paid-up policy with reduced benefits**

You have the option to stop paying premiums within 120 days following your policy anniversary, 10. Anniversary Date, and convert to a paid-up policy with a Lifetime Maximum Benefit Amount of 23. approximately $Lifetime Maximum Benefit Amount. This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount. It's an estimate as of the date of this letter and can change. Once the total benefits paid on your policy reach this Lifetime Maximum Benefit Amount, no additional benefits are payable. **While a paid-up policy has the advantage of no future premiums, please carefully consider this option before you select it because it will significantly reduce your policy benefits.**

Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.

No action is needed at this time

Please be assured that we remain committed to helping you meet your long-term protection needs. If you begin paying premiums again, feel free to contact us to discuss potential options you may have to minimize the impact of this premium increase.

Questions? We're here to help. Please contact:

26. 27. • Your financial advisor, Advisor Name at Advisor Phone Number, or 28.
29. • A RiverSource client service representative at **Service Center Phone Number** and say "Long-Term Care" at the prompt. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time.

We value you as a client and look forward to continuing to serve you.

7. Sincerely,

30. Officer Signature Block

RiverSource Life Insurance Company
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

Flesch Score Certification

Date: July 28, 2020

Form Number	Form Name
115743	Single Phase Non-Waiver Policyholder Letter
115744	Single Phase Waiver Premium Policyholder letter
115745	Multi-Phase Non-Waiver Policyholder letter
115746	Policy Change Request Form
115747	Multi-Phase Waiver Premium Policyholder letter

I hereby certify that above referenced forms have a minimum Flesch score of 50 in accordance with 14 VAC 5-101-70.

Lynn M. Blount

Lynn Blount
Assistant Secretary
RiverSource Life Insurance Company

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
248 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

July 28, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your June 22, 2020 objection letter regarding information needed for this premium rate increase filing. I restate your comments in italics for reference.

<u>Objection Letter 1</u>

1. *115744, 115747 (Form): Please describe the process the company goes through when a policyholder is no longer on waiver of premium. For example, what correspondence do they receive, how much time do they have to select an option or make a decision about paying the rate increase, etc.*

   When a policyholder is no longer eligible to have premiums waived, the company sends a letter to the policyholder with information regarding any premium that might be due. The policyholder will receive three notices for premiums due before the policy is considered a lapse.

   There is no separate correspondence with the policyholder regarding options related to premium rate increases that would have occurred while the premiums were being waived. If the policyholder has a relationship with an Ameriprise advisor at the time the waiver of premium ends, we do notify the advisor that the premiums for the policy are no longer being waiver so that the advisor can discuss options available with the policyholder. There are also customer representatives available to the policyholder who are well-trained in the options available.

2. *115743, 115744, 115745, 115747 (Form): The last page of the policyholder letter should list the attachments that are included with each letter. The attachments must not be variable.*

   The letters have been updated to include a list of the attachments enclosed with each letter.

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Minneapolis, MN 55474

RiverSource Insurance

Objection Letter 2

1. *Forms 115743, et al: Please provide us with the certification of compliance that is required for the forms by 14 VAC 5-100-40.*

   The Certification of Compliance has been completed and has been provided on the Supporting Documentation tab.

2. *Forms 115743, et al: Please provide us with the certification of readability as required by 14 VAC 5-110-60.*

   The Certification of Readability has been completed and has been provided on the Supporting Documentation tab.

3. *Statement of Variability (Support Document), 115743, 115744, 115745, 115746, 115747 (Form): 14 VAC 5-100-50 3 provides that the final print version of the form that will be issued should be attached to the Form Schedule. This version would include those bracketed fields considered variable. The annotated version of the form is very helpful in understanding the intended variability; however, it should be attached as supporting documentation.*

   The Form Schedule has been updated with the final print versions of forms 115743, 115744, 115745, 115746 and 115747. Annotated versions of these forms with brackets and updated Statements of Variability have been provided on the Supporting Documentation tab.

4. *115743, 115744, 115745, 115746, 115747 (Form): The presentation of the full and proper corporate name is not in conformity with regulatory requirements. 14 VAC 5-100-50 5 provides that text appearing in all forms should be printed using a type size of at least 10 point. 14 VAC 5-100-50 2 provides that the full and proper corporate name shall appear prominently in the form. The corporate name is printed in less than 10 point and is in a type size smaller than other text appearing in the form.*

   The name and address of the company is displayed in the header portion of the letters and policy change request form using the company's corporate standard of 9-point type. However, to comply with the Bureau's request, we have updated the letters to increase the company name in the header portion to a 10-point type.

5. *115743, 115744, 115745, 115747 (Form): The letter should contain a mechanism to indicate that the shortened version of the company name means the same thing as the licensed corporate name. An example would be RiverSource Life Insurance Company (RiverSource).*

   The letters have been updated to add language to indicate the shortened version of the company's name is the same of the full name of the company.

6. *115743, 115745 (Form): The letters refer to the enclosed Frequently Asked Questions. Please advise if the Frequently Asked Questions document is part of the premium increase notification package. If so, please attach it to the Form Schedule.*

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Minneapolis, MN 55474

RiverSource Insurance

The Frequently Asked Questions ("FAQ") document has been provided on the Supporting Documentation tab.

RiverSource Life understands the Department's position that any information provided in conjunction with a premium increase needs to be approved by the Department. However, the FAQ is a generic document included with all premium increase notification letter that is sent to policyholders and does not provide any information specific to a given policy. It would be very difficult to administer multiple versions of the FAQ that are based on specific premium rate increases for each policy form in New Hampshire. Therefore, RiverSource Life is requesting that the Department allow the company to provide the FAQ as is to Virginia policyholders, i.e. not as an approved form.

7. *115743, 115744, 115745, 115747 (Form): The statement required by 14 VAC 5-200-75 D 4 should more closely mirror the regulatory language. Specifically, the regulation states,*

   The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

   The second paragraph of the section titled "Reasons for this increase" of the letters has been updated with the following sentence:

   > *"The request for this premium rate increase was reviewed by the Virginia State Corporate Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance."*

8. *115743, 115744, 115745, 115747 (Form): The statement appearing near the top of the second page, Virginia requires that premium rates cannot increase for at least three years is not accurate and should be deleted.*

   The statement has been removed from the letters.

9. *115743, 115744, 115745, 115747 (Form): The Convert to a paid-up policy with reduced benefits section should also state that the paid-up benefit will not be less than 30 times the daily nursing home benefit at the time of lapse pursuant to 14 VAC 5-200-185 E 3.*

   The second sentence of the section titled "**Convert to a paid-up policy with reduced benefits**" (in reference to the contingent nonforfeiture benefit) of the letters has been updated with the following sentence:

   > *"This amount is equal to the greater of (1) 100% of the sum of all premiums you have paid into your policy, and (2) 30 times your policy's current nursing home daily benefit amount."*

10. *115744 (Form): As an observation, there appears to be missing text in the Your Available Options section. The phrase If you begin paying premiums again, is an incomplete thought.*

    Form 115744 has been updated to correct this. I apologize for the error.

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Minneapolis, MN 55474

RiverSource Insurance

11. *115747 (Form): The form number 115747 was changed to 115747 A in the latest resubmission; however, the Form Schedule still reflects the previous number. Please advise which form number is correct. If the form number appearing in the lower left-hand corner on the first page of the form is correct, please revise the Form Schedule to display the correct form number. If the Form Schedule is correct, please provide us with a revised form.*

    The correct form number is 115747; the "A" was inadvertently inserted in the bottom left hand corner in the prior version. The form has been updated and now matches the Form Schedule tab.

12. *115743, 115744, 115745 (Form): The policyholder notification must contain the actual percentage increase that was approved, pursuant to 14VAC5-200-75 A. 3.*

    It is technically difficult to explicitly state the percentage increase in premium for certain policy forms where only a portion of the total policy premium is increasing, e.g. for a policy with the optional home care rider. Additionally, for a premium rate increase that is spread over multiple years, it could be misleading to state the percentage increase from the time of the final increase from before the first increase, when the values in the letter show the current year's increase.

    The premium before the increase (i.e. the current premium) and the premium after the increase are provided in the letter. The company is requesting that the Bureau deems this information sufficient to meet the requirement set forth in 14VAC5-200-75 A.3.

13. *115743, 115744, 115745, 115747 (Form): The notifications refer on the bottom of the letter, "These companies are affiliated with Ameriprise Financial, Inc." The forms also refer to an Ameriprise Financial advisor. However, we reviewed SIRCON and were not able to determine if RiverSource has an active association with Ameriprise.*

    We are unsure as to the relevancy of Ameriprise Financial to the long-term care policy premium increase notification letter. Therefore, please explain:

    1) *Who is the Ameriprise Financial advisor and how does this relate to this policyholder notification letter?*

       RiverSource Life Insurance Company is a wholly-owned subsidiary of Ameriprise Financial, Inc. The policies issued under long-term care policy forms affected by this filing (i.e. 30240-VA, 30240-VA1, 30225-VA, 30160A-VA issued with endorsement form 32100) were sold from 1989 through 2003 solely through the Ameriprise Financial advisor network.

    2) *The reference to the Ameriprise advisor is variable on the third page with the explanation that there may or may not be an Ameriprise advisor. Should the reference on page 2 be variable also?*

       If a policyholder does not have an established relationship with an Ameriprise advisor, financial advisors in the company's Ameriprise Advisor Center are available to assist the

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policyholder with the premium rate increase. Therefore, we believe it is appropriate to keep references to “your Ameriprise financial advisor” in the letter.

14. *115744 (Form): On page 2, the last sentence under the section, "Your available options" is incomplete. The sentence reads, "If you begin paying premiums again,"*

    In addition, the section must contain in bold, a statement that not all options may be of equal value pursuant to 14VAC5-200-75 D. 2.b.

    Form 115744 has been updated to correct this. I apologize for the errors.

15. *115747 (Form): Please see the second paragraph at the top of form 115747 A pertaining to the not of equal value requirement.*

    The statement, such as it is, appears but is not in bold.

    The last phrase of the last sentence is incomplete the amount shown below may not be of equal value you to. It appears the word "you" and "to" should switch places.

    Form 115747 has been updated to correct this. I apologize for the errors.

16. *115744, 115747 (Form): On page 1, under "Reasons for this increase" the third paragraph state that future increases may occur but do not describe the options that may be available in the event of a future increase.*

    The following statement appears before the section titled “No action is needed at this time” in forms 115744 and 115747:

    “*Please note that you can modify your benefits at any time and these options, or options similar to them, will be available to you if there are any additional premium increases on your policy in the future.*”

    The placement of this statement in these letters is similar as that in the Non-Waiver letters (i.e. forms 115743 and 115745), and the company feels that the placement in the Waiver letters is appropriate.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

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Minneapolis, MN 55474

Mr. Dismore, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey, FSA, MAAA
Senior Director – Actuary
RiverSource Life Insurance Company

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
248 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

October 15, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131005529
Policy Form: Nursing Home Indemnity Policy 30225-VA

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your October 1, 2020 objection letter regarding information needed for this premium rate increase filing. I restate your comments in italics for reference.

1. *115747 (Form): Please correct the word, "Corporate" to "Corporation" as previously requested. This is found in the 2nd paragraph under, "Reasons for this increase".*

   Form 115747 has been corrected. I apologize for the oversight in not correcting this in the prior letter provided on September 30, 2020.

2. *115743, 115745 (Form): In your response to our Objection #3 in our 9/10/2020 objection letter we note the company added the % rate increase. However, the sentence the company added is not clear. We don't understand why, "the actual increase for your policy may be less." Please explain or revise the sentence.*

   As a courtesy, on form 115743, the sentence, "This is the % increase in premium is not grammatically correct, ..". We recommend a revision to something similar to, "The is a premium increase of [%]." The last page of the policyholder letter should list the attachments that are included with each letter. The attachments must not be variable.

   It is difficult to state the percentage increase in premium for certain policies because the actual increase in premium may be less than the percentage increase approved by the Bureau. The following situations could occur:

   (a) For policy forms 30240-VA, 30240-VA1 and 30225-VA, the policy may have an optional home care rider which has a separately identifiable premium that is not subject to the rate

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increase. The premium provided in the letter, both before and after the increase, is the total premium for the policy, i.e. the premium for the nursing home policy plus the premium for the home care rider. Given that the premium for the home care rider is not changing, the total premium after the increase will always be less than approved percentage increase.

(b) Due to constraints within the company's administration system, a premium rate cannot exceed $999.98. The result is that the actual increase in the premium rate may be less than that approved due to the rate cap. For example, for a policy issued under policy form 30225-VA, at issue age 73 with a lifetime benefit period, 100-day elimination period and compound benefit increase option:

Premium rate before increase = $800.42
Premium rate x Requested Rate Increase = $800.42 x 1.40 = $1,120.59
Premium rate after increase = Minimum ($1,120.59, $999.98) = $999.98
Actual increase in premium rate = $999.98 / $800.42 – 1 = 24.9%

Additionally, for a premium rate increase that is spread over multiple years, it could be misleading to state the percentage increase from the time of the final increase from before the first increase, when the values in the letter show the current year's increase.

In my prior July 28, 2020 response, the company requested that the Bureau deem that providing the premium before and after the rate increase that is provided in the letters to be sufficient to meet the requirement set forth in 14VAC5-200-75 A.3. However, as you explained to me in our telephone conversation on September 1, 2020, an actual percentage increase in premium must be provided in the letters. In our conversation, you suggested that we include the approved percentage increase and add a statement to the effect of the actual percentage increase in premium might be lower.

We attempted to meet this requirement by modifying the language in the letters that were submitted on September 30, 2020. After receiving this objection, we have further modified the language as shown in the revised letters provided with this response.

3. *115745 (Form): In response to our objection #3, question 2, on page 1, last paragraph, the following sentence appears to be incomplete and missing variability, "There will be an additional premium increase on your next number of policy anniversaries." The letter must explain how many additional increases are forthcoming. Please revise.*

Form 115745 has been corrected. I apologize for the oversight in not correcting this in the prior letter provided on September 30, 2020.

I, Anju Gupta-Lavey, am an Actuary for RiverSource Life Insurance Company. I am a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

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Minneapolis, MN 55474

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Mr. Dismore, thank you for working with us to complete this filing in Virginia. Please let me know if you would find additional information helpful or if you have any questions. You can reach me directly at (612) 671-2909 or by email at anju.x.gupta-lavey@ampf.com.

Respectfully,

Anju Gupta-Lavey, FSA, MAAA
Senior Director – Actuary
RiverSource Life Insurance Company